The Tooth Booth Group Limited

Tooth Booth Chichester

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 August 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

Tooth Booth Chichester is a dental practice providing NHS and private treatment for both adults and children. The practice is based in a converted domestic dwelling in the centre of Chichester, West Sussex.

The practice has two dental treatment rooms both of which are based on the ground floor and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is accessible to wheelchair users, prams and patients with limited mobility.

The practice employs one dentist, one dental nurse, one receptionist and a practice manager and a part time dental hygienist who provides private dental hygiene services.

The practice's opening hours are between 8.30am and 5.30pm from Monday to Friday, between 8.30am and 1pm on Saturdays and Tuesday evenings between 5.45pm and 8pm.

There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service.

There was no registered manager at the time of our inspection at this location. We were told that the current Practice Manager was going through the CQC registration process to become the registered manager. A registered

Summary of findings

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.

We obtained the views of 12 patients on the day of our inspection.

Our key findings were:

- We found that the aim of the practice was to provide patient centred dental care in a relaxed and friendly environment.
- Staff had been trained to handle emergencies and appropriate medicines were available according to current guidelines and most of the life-saving equipment detailed in the Resuscitation Council UK guidelines was readily available.
- The practice appeared visibly clean.
- Infection control procedures followed published guidance.
- The practice had processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting of untoward incidents that occurred in the practice.
- The regular dentist working at the practice provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff we spoke were committed to providing a quality service to their patients.
  - Information from four completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Consider installing a hearing loop for patients with hearing difficulties.
- Consider providing the hygienist with the support of an appropriately trained member of the dental team.
- Review the competencies of locum dentists prior to them working in the practice specifically around the quality of record keeping, obtaining valid informed consent and safeguarding issues.
- Review the comments made on the NHS Choices website to ensure that positive comments made by patients about the practice are responded to in a timely manner
- Consider providing a portable ramp for patients who are wheelchair users.
- Review the facilities in the patient toilet to ensure that the waste bin and mirror meet the needs of wheelchair users.

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 control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained.

The practice took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

Dental care records of the regular dentist working at the practice we saw showed that dental care provided was evidence based and focussed on the needs of the patients. These records also demonstrated that the practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs.

Are services caring?

No action

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

We obtained the views of 12 patients on the day of our visit. These provided a mainly positive view of the service the practice provided.

All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?

No action

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

The service was aware of the needs of the local population and took these into account in how the practice was run.

Patients could access treatment and urgent and emergency care when required. The practice provided patients access to telephone interpreter services when required.

Summary of findings

The practice was based on the ground floor. There was a high threshold at the front door but once inside there was level access throughout the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

No action 

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

Leadership was provided by the practice owner and the practice manager. Staff had an open approach to their work and shared a commitment to continually improving the service they provided.

There was a no blame culture in the practice. The practice had clinical governance and risk management structures in place.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council.

Staff told us that they felt well supported and could raise any concerns with the practice manager and practice owner. All the staff we met said that they were happy in their work and the practice was a good place to work.

Tooth Booth Chichester

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 9 August 2016. Our inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We obtained the views of three members of staff.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records. We obtained the views of 12 patients on the day of our inspection.

Patients gave positive feedback about their experience at the practice.

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 policy in place explaining how the practice would deal with incidents relating to RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). Records showed that no such accidents occurred during 2016. We noted that there was an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. We saw an accident reporting book which showed that minor accidents had been dealt with appropriately by the practice.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). We saw that a recent national alert for August 2016 had been stored in in the safety alert where it could be accessed by all members of staff.

Reliable safety systems and processes (including safeguarding)

We spoke to the dental nurse on duty about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used a special rubber protective device when needles were recapped following the administration of dental local anaesthetics to prevent needle stick injuries from occurring. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked staff how the practice treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam. 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. We observed that the practice had in place a rubber dam kit.

The practice had systems and processes in place should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that staff had received appropriate safeguarding training for both vulnerable adults and children. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. We did note that three syringes which formed part of the emergency medicine box had exceeded their expiry date. We brought this attention to a member of staff who disposed of them immediately. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies.

Staff recruitment

All of the dentists, dental hygienist and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be

undertaken before a person started work.For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.

We looked at seven staff recruitment files and records confirmed they had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were ordered and stored securely.

The systems and processes we saw were in line with the information required by regulations. Staff recruitment records were stored securely to protect the confidentiality of staff personal information. We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). These are 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.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

The practice had in place a well maintained Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention and control in dental practices). Essential Quality Requirements for infection control was being maintained. It was observed that audit of infection control processes carried out in April 2016 confirmed compliance with HTM 01 05 guidelines.

We saw that the two dental treatment rooms, waiting area, reception and toilet were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in both treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in March 2013. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a combination of manual cleaning and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, 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 were

Are services safe?

working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were also recorded on data sheets.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in March 2016 .The practice's X-ray machines had been serviced and calibrated as specified under current national regulations in February 2016 and were due to be tested again annually according to advice from the Radiation Protection Adviser.

Portable appliance testing (PAT) had been carried out in December 2015 and was due to be carried out again in December 2016.

We noted that the dental care records recorded details of the batch numbers and expiry dates for local anaesthetics. These medicines were stored securely for the protection of patients. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

We were shown a radiation protection file which contained information 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. Included in the file were annual maintenance logs and a copy of the local rules.

Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. We did note that the dentist who works regularly at the practice had not carried out an audit of their radiographs since they started at the practice. We pointed this out to the practice owner who assured us that an audit would be carried out as soon as practically possible.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We noted from records we saw that the dentist who worked regularly at the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines.

The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. 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. These were carried out where appropriate during a dental health assessment.

On the day of our inspection a locum dentist was working at the practice, we noted that the records of this dentist were not of the same standard of the regular dentist working at the practice. We pointed this out to the practice owner who undertook an immediate audit of quality of record keeping of the locum following which the practice owner instigated a programme of improvement.

Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside of the dentists in delivering preventative dental care. This aspect of care was provided on a private basis only. Patients under NHS care had hygiene therapy provided by the dentist. Dental care records we saw demonstrated that advice given to patients included tooth brushing, dietary, smoking and alcohol advice where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

We observed a friendly atmosphere at the practice. All clinical staff had current skills to carry out their role and were encouraged to progress.

We asked 12 patients if they felt there was enough staff working at the practice and nine said yes, two were not sure and one said no.

The practice employed one dentist, one dental nurse, one receptionist and a practice manager and a dental hygienist who provided hygiene care on a private basis only. There was a structured induction programme in place for new members of staff.

Working with other services

The practice owner explained how the dentists worked with other services. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as special care dentistry and orthodontic providers.

Consent to care and treatment

The practice had systems and processes in place to ensure that informed consent was obtained before treatment was carried out. Dental care records maintained by the regular dentist working at the practice demonstrated that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

The practice had a policy and procedure on how dentists would obtain consent from a patient who suffered with any

Are services effective?

(for example, treatment is effective)

mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. This followed the guidelines of the Mental Capacity Act 2005. The consent policy dealt 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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with the dentist on duty on the day of our inspection.

Patients said that the reception staff were helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored mainly in an electronic format. Computers which contained patient confidential information were password protected and regularly backed up to ensure data security.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We obtained the views of four patients prior to the day of our visit and 12 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the dentists were good at treating them with care and concern. The majority of patients commented that treatment was explained clearly and the staff were caring and put them at ease. Comments were made about the high turnover of dentists and reception staff which hindered continuity of care. We spoke with the practice owner who assured us they were addressing this issue but explained the recruitment of dentists in Chichester was difficult.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS fees was displayed in the waiting area and on the practice website that detailed the costs of both NHS and private treatment.

We saw evidence in the dental care records we looked at that the regular dentist working at the practice recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable and estimates and treatment plans for private patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice web site also contained useful information to patients such as treatment costs and how to provide feedback to the practice. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made some reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that may hamper them from accessing services. To improve access for patients the practice had level access throughout and treatment rooms were on the ground floor. A wheelchair accessible toilet was available. We noted that a number of improvement could be made including the provision of a hearing loop for the hard of hearing, a portable ramp to improve the access for wheel chair user patients due to a slightly raised lip to the front door and the waste bin and mirror facilities in the patient toilet.

The regular dentist spoke an Eastern European language however the practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

Access to the service

The practice's opening hours were between 8.30am and 5.30pm from Monday to Friday, between 8.30am and 1pm on Saturdays and Tuesday evenings between 5.45pm and 8pm

We asked 12 patients if they were satisfied with the hours the surgery was open; all but three patients said yes. These said they did not know when the surgery was open.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided,

Information for patients about how to make a complaint was available in the practice waiting room and patient leaflet. Information 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 asked 12 patients if they knew how to make a complaint if they had an issue and six said yes, three said no and three were not sure.

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.

For example, a complaint would be acknowledged within three working days and a full response would be given in 10 days. We saw a complaints log which records confirmed three had been received and concluded satisfactorily since April 2016.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice owners and a practice manager who was responsible for the day to day running of the practice. The practice maintained a system of policies and procedures.

All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were generally kept under review by the practice owners.

Leadership, openness and transparency

Leadership was provided by the practice manager supported by the practice owners. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment.

The regular staff who worked at the practice described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did.

All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. We did find that a locum dentist working on the day if our visit lacked reasonable awareness of a number of clinical governance principles. This may have been due to the fact that they were new and had only been working in the practice for a couple of days and were unfamiliar with the practices systems and processes. We pointed this out to the practice owner who assured us that this would be addressed as soon as practically possible. Staff reported that the practice manager was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that the dental nurses received an annual appraisal.

We found there was a programme of audit taking place at the practice. These included infection control and record keeping quality. The audits demonstrated a process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

Results of the NHS Friends and family survey carried out in June 2016 indicated that 100% of patients, who responded, would recommend the practice to family and friends.

The practice's own survey carried out between December 2015 and May 2016 showed that 100% of patients, who responded, said they were satisfied with the care and treatment provided by the practice. As a result of patient feedback the practice introduced improvements which included the addition of new waiting area chairs and the redecoration of the general areas.

Staff told us the practice owners were very approachable and they felt they could give their views about how things were done at the practice. Staff told us that they had frequent meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements.