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Grimsby Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 23 December 2015 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

Grimsby Dental Care is situated in Grimsby, North East Lincolnshire. It offers mainly NHS dental treatment but also offer private options. The services include preventative advice and treatments and routine restorative dental care.

The practice is situated in a two story building. There is step free access to the premises.

The practice has one surgery, a decontamination room, a waiting area and a reception area. The surgery, reception area and waiting area are on the ground floor of the premises.

There is one dentist and two dental nurses (one of whom is a trainee) who also cover reception duties. They are supported by a regional manager and the registered provider.

The opening hours are Monday to Friday from 9-00am to 5-00pm.

During the inspection we reviewed feedback from 12 patients. The patients were generally positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect in a clean and tidy environment, informed of treatment options and were able to make appointments in a timely manner.

Our key findings were:

Summary of findings

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Staff received training appropriate to their roles.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit.
- Patients were treated with care, respect and dignity.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions to the registered provider.

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

- Aim to undertake regular staff meetings.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing their professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

We reviewed feedback from 12 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs were given.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

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

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns in a timely manner. Staff were familiar with the complaints procedure and had access to the practice's manual to assist them.

The practice aimed to see patients with a dental emergency within 24 hours if not the same day. There were clear instructions available for patients who required emergency treatment outside opening hours.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The registered provider and regional manager were responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

They conducted patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

Grimsby Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

We informed local NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we reviewed feedback from 12 patients, spoke with one dentist, two dental nurses and the registered provider. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 clear guidance for staff about how to report incidents and accidents. We saw that a recent incident had been documented, investigated and reflected upon by the dental practice. We saw that as a result of the incident action had been taken to prevent it occurring again. Any accidents or incidents would be reported to the registered provider.

The registered provider understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The registered provider received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The registered provider was the safeguarding lead for the practice and all staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of re-sheathing devices for needles and clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' records were legible, up to date and stored securely to keep people safe and protect them from abuse.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the surgery. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder was checked on a daily basis. These checks ensured that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The registered provider told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks 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. We reviewed records of staff recruitment and these showed that all checks were in place.

Are services safe?

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Where issues had been identified, remedial action had been taken in a timely manner.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures, pregnant workers and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The COSHH folder was reviewed every year to ensure that no new hazards had been identified for the substances included in the folder.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the 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)'.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfector to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in August 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in December 2014 (Legionella is a term for particular bacteria which can contaminate water

Are services safe?

systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and also quarterly tests on the on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the washer disinfector, the autoclave and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) had been completed in June 2015 (PAT confirms that electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given to patients to keep a track of their safe use. Prescription pads were kept locked in the till at night to ensure they were secure.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken in December 2015 confirmed they were generally performing well and within the guidance of the National Radiological Protection Board.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

During the course of our inspection we discussed patient care with the dentist and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to all children who attended for an examination. The practice conducted an audit of fluoride varnish application to patients' teeth to ensure that all high risk patients received it.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. Patients were given advice regarding maintaining good oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients who smoked. There were health promotion leaflets available in the waiting room and surgery to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines, arrangements for fire evacuation procedures and the decontamination procedures. Both of the dental nurses had started working at the practice and commented that the induction process was useful. We saw evidence of completed induction checklists.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The registered provider had an account with an on-line CPD training system whereby they could check that staff had completed their mandatory training. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The dental nurses were supervised by the dentist and supported on a day to day basis by the regional manager and the registered provider. Staff told us the registered provider was readily available to speak to at all times for support and advice. The trainee dental nurse told us that the registered provider had been extremely helpful during their training programme.

The practice had a policy to have annual appraisals for all members of staff. However, because all staff had been there less than a year none had had an appraisal yet.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment in line with current NICE guidelines. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. One of the dental nurses would call up the hospital or specialist dental service a week after it had been sent to ensure that the letter had been received. Upon receiving a response letter this was viewed by the referring clinician and any relevant details were added to the patient's electronic records. The practice kept a log of all referrals which had been sent to keep a track of when they had been sent, whether they had been received and when the patient had been referred back. The practice also conducted an audit of the referrals made.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. We saw in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

We observed privacy and confidentiality was generally maintained for patients who used the service on the day of inspection. We observed staff were discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. If computers were ever left unattended then they would be locked to ensure confidential details remained secure. The practice did not keep any paper dental care records.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. They told us that they never felt pushed into any particular course of treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentist would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets and in the practice information manual which was in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an appointment system in place to respond to patients' needs. The practice had recently had a dentist who had left and so there was only a dentist present at the practice three days a week. The registered provider told us that they were actively seeking a new dentist to start as soon as possible. Staff told us that patients who requested an urgent appointment would be seen the same day if there was a dentist available that day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. If there was not a dentist available that day then the patient was either offered an emergency appointment the next day or signposted to the local emergency dental service.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. We received two comments from patients with regards to not seeing the same dentist routinely. We discussed this with the registered provider and were told that there had recently been quite a high turnover of staff but were now actively seeking a permanent full time dentist.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included step free access to the premises and a ground floor toilet. However, the toilet was not large enough to accommodate a wheelchair. We were told that it was part of the practice's refurbishment plan to install an accessible toilet and that if this was ever an issue then patients would be signposted to a local sister practice which had accessible toilet facilities. The practice also had access to translation services for those whose first language was not English. The ground floor surgery was large enough to accommodate a wheelchair.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday from 9-00am to 5-00pm. Patients were either sent a text message, an e-mail or called the day before an appointment to remind them.

Patients told us that they were rarely kept waiting for their appointment. Where treatment was urgent, patients would be seen the same day if a dentist was available or if not were offered an appointment the next day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the local out of hours emergency dental service on the telephone answering machine. Information about the out of hours emergency dental service was also displayed in the waiting area.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The registered provider was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered provider to ensure responses were made in a timely manner. There was guidance for staff of how to deal with complaints in the practice manual which was kept behind the reception desk.

Staff told us that they aimed to resolve complaints in-house initially. If the patient was not satisfied with the result then they would be given a copy of the practice's code of practice which included details of other organisations to contact to deal with the complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

We reviewed records of complaints which had been received in the past 12 months and it had been dealt with in a timely manner. It was evident from these records that

Are services responsive to people's needs?

(for example, to feedback?)

the practice had been open and transparent with the patient and an apology had been given. We also saw that learning from complaints had been derived to prevent the situation from occurring again.

Are services well-led?

Our findings

Governance arrangements

The registered provider was in charge of the day to day running of the service and was well supported by the regional manager. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, the use of equipment and infection control.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities. The trainee dental nurse told us of a time when the registered provider had been extremely helpful with her course work.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. Staff were aware of whom to raise any issue with and told us that the registered provider and regional manager were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

The practice had not had any regular staff meetings since June 2015. We were told that informal discussions were held between staff and the registered provider as and when matters needed to be discussed. The team felt happy with this arrangement and felt that because it was a very small team that this worked well. However, we were told that more formal staff meetings would be organised to cover areas including governance arrangements, significant events and complaints or compliments.

Learning and improvement

The practice had effective quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as clinical records, X-rays and infection control.

We saw that two clinical record audits had been completed in October 2015 and December 2015. The first audit had identified some minor issues with records keeping and the dentist had been made aware of these issues. The second audit was conducted to check whether improvements had been made and it showed they had.

Staff told us they we encouraged to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. The registered provider had an account with an on-line CPD service whereby staff could access on-line training. The registered provider could access the service to check what training had been completed by staff.

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

The practice were currently conducting the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 86% of patients asked said that they would recommend the practice to friends and family. The results of the FFT were displayed in the waiting room along with comments which patients had made about the service.

There was also a comments box in the waiting room for patients to make suggestions on how the service could be improved. This would be checked regularly and comments would be looked at and considered if improvements could be implemented.