Fosse Dental Care

# Fosse Dental Care

## Inspection Report

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## Overall summary

We carried out this announced inspection on 11 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

**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**

The practice is located in Leicester in the East Midlands and provides NHS and private treatments to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including one allocated for patients who are blue badge holders, are available at the practice.

The dental team includes nine dentists, five dental nurses, four trainee dental nurses, a decontamination assistant (who works in the decontamination of dental instruments), four receptionists and a practice manager.

# Summary of findings

The practice has seven treatment rooms; four of these are on the ground floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of our inspection, the practice did not have a registered manager in post. We discussed this with the provider and they informed us they would take immediate action to address this.

On the day of inspection we collected 35 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, five dental nurses, the decontamination assistant, four receptionists and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Thursday from 9am to 6pm and Friday from 9am to 5pm.

**Our key findings were:**

- Effective leadership from the partnership and practice manager was evident.
- Staff had been trained to deal with emergencies. Appropriate medicines and most lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice.
- The practice had systems to address complaints and those received were investigated appropriately.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

There were areas where the provider could make improvements. They should:

- Review staff training and equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK) and The Intercollegiate Advisory Committee on Sedation in Dentistry document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the practice policies and protocols in relation to domiciliary care taking into account the guidance provided by the British Society for Disability and Oral Health.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. This refers particularly to staff immunity to Hepatitis B and ensure that any appropriate action is taken once received.

# 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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Whilst general risk assessments were in place, we identified others were required, specifically regarding domiciliary visits.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

**Are services effective?**

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and comfortable. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

**Are services caring?**

No action

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

We received feedback about the practice from 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, understanding and made them feel at ease. They said that they were given helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that the practice provided a good service for patients who were nervous or anxious about their visit.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

# Summary of findings

**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 practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice reviewed complaints received on a twice yearly basis to identify any trends analysis.

**Are services well-led?**

No action 

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

# Are services safe?

## Our findings

**Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had recorded three significant events within the past twelve months. Learning outcomes had been shared with staff where these had been identified. For example, an incident involving the loss of the practice's hard drive resulted in investigation of the incident and purchase of a new lockable cupboard to hold the computer.

The practice had not signed up to receive national patient safety and medicines alerts directly from the Medicines and Healthcare Products Regulatory Authority (MHRA). They had however received some alerts through another organisation. We were informed that when alerts were received, they were passed on to relevant staff. The practice had not maintained a log of alerts received that had been reviewed and actioned. Following our inspection, the provider informed us that they had strengthened their processes and had signed up to receive the alerts directly.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. The practice manager was the lead for safeguarding concerns and we noted they had undertaken appropriate training for this role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy which was displayed in the staff room. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice manager was the lead for COSHH. They had adopted a process for the review of COSHH data annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We noted that the practice had not implemented a safer sharps' system. They had however, taken measures to manage the risks of sharps' injuries by using a safeguard when handling needles. The risk assessment completed did not include a measure that nurses should not handle used sharp instruments. We were informed however; that nurses did not handle used sharp instruments and the risk assessment would be updated to reflect this.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

**Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. We noted that training had last taken place in June 2017.

Most emergency equipment and medicines were available as described in recognised guidance. We noted some exceptions as portable suction, oxygen masks with breathable reservoirs and the sizes of oropharyngeal airways were missing. We also found that some needles and syringes had expired and required replacement. This was addressed whilst we were on site. Following our inspection, we were provided with information to show that the necessary equipment had been purchased.

Staff kept records of their checks of emergency medicines and equipment.

**Staff recruitment**

# Are services safe?

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

We looked at immunisation documentation held in relation to staff Hepatitis B immunity. We noted that two staff members had provided documentation which showed they had received immunisation; however their immunity status was not recorded. The practice had not undertaken a risk assessment in relation to these staff.

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

The practice's health and safety policies and most risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had undertaken a fire risk assessment and had carried out fire drills and alarm tests. The practice had nominated three members of staff as fire marshals and we noted they had undertaken relevant training. External specialists were contracted to service and maintain fire equipment. We saw annual servicing records which were dated within the last year.

One of the dentists had undertaken some domiciliary visits to patients' homes on an ad hoc basis. We were advised that the visits mainly involved denture work, the issue of a prescription or other minor treatment. We were informed that an informal risk assessment was conducted during a pre-visit telephone call to the patient to obtain information about them and their environment. The assessment was not documented. We noted that the dentist had not considered the risks of lone working as part of their assessment. Following our inspection, the provider told us they were in the process of reviewing their risk assessments and strengthening processes.

The practice did hold a log for domiciliary visits to include information about instruments taken, the vehicle used and the name(s) of the staff visiting. We were informed that dental instruments transported were boxed appropriately (including after their use) and were labelled. We were also advised that oxygen was transported in a padded bag to protect it from any impact and damage to the cylinder. We were told that this was carried securely.

The vehicle used did not have a sign attached to inform other road users that oxygen was being transported (Treatment emergency card, TREM card). The dentist had not ensured that their car insurance included provision for the transportation of oxygen. We discussed this with the provider and they informed us they would ensure that the issues were addressed.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

**Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

There was a spacious and dedicated decontamination room which served all seven treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this.

The practice had most suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We looked at a small sample of dental instruments and found that some of these items contained signs of wear or were not all satisfactorily clean. The provider told us that action would be taken immediately and any items identified as not meeting

# Are services safe?

expected standards would be removed and replaced. After our inspection, we were informed that planned audits would include this area to ensure a robust approach was implemented.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits. The latest audit in January 2018 showed the practice was meeting the required standards. We noted that staff had also undertaken spot checks in surgeries to ensure standards were continually being met.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in October 2016.

The practice employed a cleaner. We saw details of audits undertaken on the cleanliness of the premises. The practice was clean when we inspected and patients confirmed this was usual.

**Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

**Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had most systems to help them do this safely. Most systems were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. The clinicians involved in delivering sedation were unable to produce evidence to show that they had completed an immediate life support training course, or training equivalent to this. They had however attended basic life support training delivered to all staff in the practice in June 2017.

The practice's systems included checks before and after treatment, medicines management, sedation equipment checks and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. We noted that systems required strengthening however in relation to identifying emergency equipment requirements; as the sizes of oropharyngeal airways were not all available at the time of our inspection. These would be necessary for use in the event of a medical emergency occurring whilst sedation was being provided.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Two dental nurses with appropriate additional training supported dentists treating patients under sedation.

**Health promotion & prevention**

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was one of five accredited practices that were participating in the Leicester 'Healthy Teeth, Happy Smiles' pilot scheme, an initiative led by Leicester City Council. The scheme's aims involved improving the oral health of children and adults in Leicester, and reduction of tooth decay and associated health issues.

The practice had participated in events such as National Smile Month; this included putting display boards up in the practice which contained facts about sugar consumption. Staff had attended a local shopping centre with a pop up stand to provide advice to the general public about oral health. We were informed that during Oral Cancer Awareness Month, members of the public who were not registered at the practice could attend for free oral cancer screening.

**Staffing**

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

# Are services effective?

## (for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

**Working with other services**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

**Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. One CQC comment card completed by a patient included a statement that everything was explained by the dentist in a way in which they understood.

The practice held documented information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We spoke with the dentist who undertook domiciliary visits about their understanding of the Act and how it would be applied in practice. We were provided with assurance regarding their knowledge.

The practice's consent policy referred to young peoples' competence and the dental team were aware of the need to consider this when treating people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were efficient, understanding and made them feel at ease. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. One patient comment included that they would recommend the service to any other nervous patients. Patients could choose whether they registered with a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the two separate waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they could take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. The practice had produced a leaflet for patients which provided details about how they protected information held about them.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

The patient waiting areas had televisions and there were toys to keep young children occupied, whilst waiting to be seen. Patients were invited to leave their feedback in a box located at the reception desk.

**Involvement in decisions about care and treatment**

The practice provided NHS and private dental treatments to patients of all ages. The costs for dental treatment were available to review in one of the practice information leaflets and were also displayed on the practice's website.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Discussions held with one of the dentists showed that they proactively engaged with children.

Patients told us in CQC comment cards that staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease, orthodontics and cosmetic procedures. The practice also offered sedation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept unduly waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were informed that patients with mobility problems were seen in a ground floor surgery room more accessible for their needs. We were provided with some examples from staff where they had helped patients. For example, assisting patients using wheelchairs and helping patients to enter and leave the premises. Notes could be placed on patient records to advise staff of particular requirements.

**Promoting equality**

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet. A bell had been installed at the front of the premises for patients to use if they required assistance entering the building.

Staff said they could provide information in different formats and languages to meet individual patients' needs if required. They had access to interpreter/translation services.

**Access to the service**

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum where possible. We noted that the next routine appointment was available within 24 hours.

The practice was committed to seeing patients experiencing pain on the same day. Staff told us that whilst appointments were not blocked each day for dental emergencies, patients would be offered an appointment on the same day, if this was required. They were then invited to attend the practice and sit and wait to be seen. Outside of usual working hours, patients were advised to contact NHS 111. The website, information leaflet and answerphone provided details and telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

**Concerns & complaints**

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet and their website explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if considered appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last twelve months. We reviewed four complaints. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice had also audited complaints received on a six and 12 monthly basis for trends analysis. As a result, a trend had been highlighted and staff were provided with further training to address the issue identified.

# Are services well-led?

## Our findings

**Governance arrangements**

The partnership had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and most risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We noted that risk assessments were required to be developed to support the undertaking of any domiciliary visits. Immediate life support training was also required for those staff who were providing sedation to patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

**Leadership, openness and transparency**

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held four to six weekly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Separate meetings were held after these meetings for different staff groups for example, receptionists and the partnership. Immediate discussions were arranged to share any urgent information.

**Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partnership showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We were informed about staff training opportunities provided. These included some of the dental nurses who had undertaken a fluoride application course and an oral health education course. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used comment cards to obtain patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, a floor lamp was obtained for one of the waiting areas following a patient comment that the area was dark.

Staff suggestions included an amendment to the patients' medical history form which was implemented.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. During September, October and November 2017, the practice received 40 responses. Of these, 33 were extremely likely to recommend the practice, five were likely to and two did not submit a view.