

Dr. Philip Roberts

# Park House Dental Surgery

## Inspection Report

273a Kingsbury Road  
Erdington  
Birmingham  
West Midlands  
B24 8RD  
Tel: 0121 384 6759  
Website:

Date of inspection visit: 8 October 2015  
Date of publication: 10/12/2015

### Overall summary

We carried out an announced comprehensive inspection on 8 October 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**

The practice mainly provides primary care dental services to private patients. It also provides treatment on the NHS.

The practice is open: Mondays, Tuesdays, Thursdays and Fridays from 9am to 5.30pm. It is closed on Wednesdays.

There is one dentist, one dental nurse who was also the practice manager and a trainee dental nurse. Both nurses also worked in reception. A dental therapist also worked at the practice for two days a week.

The owner of the practice is the registered provider for the practice. 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 spoke with five patients on the day of the inspection many of whom had been with the practice for a number of years. All the comments were positive about the staff and the services provided. Comments included: all staff are professional, friendly and helpful.

#### **Our key findings were:**

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

# Summary of findings

- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led and staff felt involved and supported and worked well as a team.

- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- Register to receive all relevant patient safety alerts and follow up on any relevant alerts.
- All policies should be reviewed and updated where appropriate.
- Develop a monitoring system to check the practice is effectively cleaned..

Set up a system to ensure the practice is regularly assessed for the risk of legionella.

# 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. Equipment at the practice was well maintained and regularly serviced. The practice had the equipment and medicine they might need to deal with medical emergencies except an Automated External Defibrillator (AED). However, an AED was purchased on the day of the inspection. Staff received external and internal training in medical emergencies.

Staff had received formal training in safeguarding, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental care needs including taking a medical history. Explanations were given to patients in a way they understood including any risks, benefits and options available to them. Staff were supported through training, appraisals and opportunities for development.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations. Comments we received from talking to patients included many statements saying the staff were caring, friendly, helpful and professional. The practice manager and other staff told us that for some of the most anxious patients the practice slowly implemented the treatment process over a number of appointments to build the patient's confidence and familiarise them with the surgery to help reduce levels of anxiety.

### **Are services responsive to people's needs?**

We found that this practice was providing responsive care in accordance with the relevant regulations. Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, and options were explained although it was not always documented. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner.

### **Are services well-led?**

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

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

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

## Summary of findings

The practice regularly sought feedback from patients in order to improve the quality of the service provided. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records. The practice was not securely maintaining records including records of the care and treatment provided to patients. and agreed to address this immediately after the inspection.ed. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records. The practice did not securely maintain records including records of the care and treatment provided to patients. However, the practice agreed to address this.

# Park House Dental Surgery

## Detailed findings

### Background to this inspection

The inspection was carried out on 8 October 2015 and was led by a CQC inspector. The team also included a second CQC inspector and a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and review of documents.

During the inspection we spoke with dentist, a trainee dental nurse, the practice manager who also worked as a dental nurse and a dental therapist. We also spoke with five patients. We reviewed policies, procedures, 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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. There was a patient safety policy which encouraged staff to report all incidents and near misses to the appointed safety officer who was the dentist. The practice had an accident book and we saw that the last accident recorded was in February 2013. This was a needle stick injury and the staff member followed appropriate procedures.

National patient safety and medicines alert could help to ensure the safety of patients by highlight risks within healthcare and provide guidance on preventing potential incidents that may lead to harm. The practice had not received any alerts since March 2013. We asked the provider to register online with appropriate agencies and to ensure any relevant alerts are followed up.

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

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should the need arise. We saw flowcharts in place as guidance for staff to raise any concerns and local authority safeguarding contact details were in place to facilitate this. However, some of the contact details needed to be reviewed as they were from 2012.

Staff we spoke with were able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that staff at the practice were formally trained in safeguarding adults and children. The provider had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. They had received formal training to help them with this role. No safeguarding concerns had been raised by the practice in the last three years.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of

recriminations. We saw that the policy contained details of third party organisations such as the General Dental Council (GDC) as well as the CQC in the event that staff wanted to raise concerns with an external organisation. Staff members we spoke with were confident to raise any issues where appropriate.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The provider told us that they did not routinely carry out root canal treatment and usually referred them to other nearby practices.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. Documents we looked at demonstrated that all staff had received basic life support including the use of the defibrillator (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.) However, the practice did not have a defibrillator but purchased one on the day of the inspection visit.

Emergency medicines and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that all were of the recommended type and all were in date.

Records we looked at showed that emergency medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order. Staff members we spoke with confirmed this.

The practice did not have a blood glucose monitor as part of the emergency medicines kit but the provider agreed to purchase this.

### Staff recruitment

This was a family run practice with one staff member that was recruited recently through an apprentice scheme. The practice had a recruitment policy which described the process when employing new staff. This included obtaining

# Are services safe?

proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. DBS checks help 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. We saw that staff had received a Disclosure and Barring Service check which was recorded on their file.

The practice consisted of a single dentist with a trainee dental nurse. There was also a qualified dental nurse who also worked in reception and fulfilled the role of a practice manager. They all worked Mondays, Tuesdays, Thursdays and Fridays. A dental therapist also worked at the practice two days a week. We asked staff members if they felt that there were sufficient numbers of suitably qualified and skilled staff working at the practice at all times. Staff members we spoke with told us that on the days the therapist was not working there was always an extra nurse available. However, when the therapist worked at the practice both the nurses helped with treatment. Staff told us that they all took their holidays together and locum agencies were used to cover unplanned absences. The practice had not used the services of locum agencies for some time but contact details of locum agencies were available if needed.

## Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them. For example, a trainee dental nurse had recently started working at the practice and an individual risk assessment had been developed to control their risk from X-rays.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Record we looked at showed that fire detection and firefighting equipment such as fire alarms were regularly tested. Staff members we spoke with confirmed that fire drills were carried out six monthly.

## Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place with an identified the lead. The practice employed a cleaner who completed a cleaning log to demonstrate work undertaken. However, the practice did have any mechanisms in place to check if the cleaning was being done effectively.

We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We saw that the practice had a separate decontamination room for processing of dirty dental instruments. Staff members demonstrated the decontamination process to us. Our observation and review of policies and procedures assured us that the practice was meeting the HTM 01- 05 requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Legionella is a bacterium which can contaminate water systems. We saw evidence that the practice had arranged for an appropriate contractor to carry out a legionella risk assessment. However, this was done in March 2011 and needed to be reviewed in March 2013 or earlier if there were significant changes to the practice. We saw that the practice had installed a separate decontamination room during this time and another legionella assessment should have been carried out. The practice manager agreed to have a risk assessment carried out.

We found that there were adequate supplies of liquid soaps and hand towels in the practice. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet.

Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste

# Are services safe?

materials were stored securely. Clinical waste was being put in white bags which were then put in clinical waste (orange) bags. We spoke with the provider in regards to maintaining an audit trail of their clinical waste.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment.

Most medicines in use at the practice were stored in line with published guidance. However, we saw that one emergency medicine was being stored in a domestic fridge and the temperature of the fridge was not being monitored. There were sufficient stocks of medicines available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment.

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. Local rules were available in the radiation protection file for all staff to reference if needed.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw that dental records contained a written medical history which the practice always obtained before starting to treat a patient. These were then updated regularly. Dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them.

Dental records we reviewed contained details of the condition of patients' gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need. Patients with high scores for gum disease were referred to a specialist where appropriate.

We spoke with five patients on the day of the inspection. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes. Two patients we spoke with told us that they had moved out of the area but still visited their dentist because of the positive treatment and care they received.

Patients requiring specialised treatment such as conscious sedation or root canal treatment were referred to other dental providers or specialists. We viewed a small sample of referral letters which were comprehensive and contained detailed information about patients' needs. If requested, patients were given a copy.

### Health promotion & prevention

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation and alcohol and sugar intake advice. The dentist had attended training on smoking cessation advice at Birmingham Community Healthcare Trust.

There was a dental therapist working at the practice two days a week and they also provided advice on healthy eating.

We saw various leaflets available on looking after the gums and preventing tooth decay. Leaflets on smoking advice were also available but not displayed.

### Staffing

The practice was family run with a dentist, a practice manager who also worked as a dental nurse as well as working in reception. There was a trainee dental nurse who also worked in reception and a dental therapist who worked two days a week.

Documents we looked at showed that dental staff were appropriately trained and registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) and skill levels. One dental nurse told us she had undertaken courses on a range of topics including suture removal, denture impressions and fluoride application.

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

### Working with other services

The dentists explained that they would refer patients to other dental specialists when necessary. They would refer patients for procedures such as sedation, oral surgery, orthodontic treatment, surgical extraction at hospital when required. The referrals were based on the patient's clinical need and best the treatment option for the patient. In addition, patients were referred when required to the dental hygienist within the practice for a care and treatment.

### Consent to care and treatment

There was a consent policy with a dedicated form for general dental treatment. Staff ensured patients gave their consent before treatment began. The dentists informed us that verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. All the patients we spoke with also confirmed that consent was sought and the advantages and disadvantages of the treatment options were discussed. However, these were not always documented and the dedicated consent form was never used. The practice had already recognised this and planned to make improvements.

# Are services effective?

(for example, treatment is effective)

This was a long established family run practice and as such staff had got to know their patients very well over the years. Relevant staff members demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the Mental Capacity Act (MCA). The MCA provides the legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. Staff told us they

would be able to recognise any changes in behaviour which may indicate that a patient was experiencing difficulties to consenting to treatment. Staff would then consider what actions they needed to take to support the patient in their decision making process. For example, the dentist told us that they had a long standing patient who had developed dementia and they had arranged for this patient to be treated at a community clinic.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that staff at the practice treated patients with dignity and respect. There was a separate waiting room from the reception area which reduced the likelihood of conversations at the reception area being overheard by other patients. Staff told us that if a patient needed to speak to them confidentially they would speak to them in the surgery or in a private area or a private room if free.

The patients we spoke with told us that the practice staff were kind and caring and helpful and we were told that patients were treated with dignity and respect. They said that staff always listened to concerns and provided excellent advice and appropriate treatment and that staff were always very friendly and professional.

The practice manager explained that they were a very caring practice and gave the example of how they considered patients who were anxious. They slowly

implemented the treatment process over a number of appointments if necessary. The first appointment may not include any treatment at all. The clinicians built the patients' confidence and familiarised them with the surgery to reduce the levels of anxiety for subsequent appointments. Some patients we spoke with told us they had moved out of town but always travelled a considerable distance to see the dentist. They told us they were anxious about their treatment and did not want to see any other dentists.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients in decisions and although this was not always documented it was confirmed by patients we spoke with. The practice displayed information in the waiting area that gave details of NHS and private dental charges. Patients also commented that staff were very sensitive to their anxieties and needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and accessing emergency treatment.

Appointment times and availability met the needs of patients. Patients were informed that they would be seen within 24 hours or sooner if they had an emergency. The practice leaflet and the answering machine informed patients of emergency arrangements when the surgery was closed.

### Tackling inequity and promoting equality

The practice was located on the first floor of the building and the staff and provider we spoke with were aware of the limitations it posed for patients who had difficulties with their mobility. Staff told us that they referred patients to another surgery on the ground floor as well as other practices within the locality depending on the type of treatment required. The provider could recall at least six other patients where access to the practice had been a problem and where patients had been referred to local colleagues.

The practice manager told us that patients were offered treatment on the basis of clinical need and did not discriminate when offering their services. The equality, diversity and human rights comments on the practice leaflet also informed patients that they would be treated according to individual needs and would not be discriminated according to race, gender, belief, disability or sexual orientation. The practice had access to translation services to assist with patients whose second language was English but stated that they never needed it.

### Access to the service

The practice displays its opening hours in the premises and on the practice leaflet. Patients could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the other services. However, we saw that the practice leaflet needed updating as it still had details of the now phased out NHS Direct instead of the current NHS 111 service.

The practice had conducted an audit of compliance with the Disability and Discrimination Act in 2010 (now replaced by the Equality Act 2010). As a result of the audit an intercom system was fitted so that assistance could be summoned by patients who needed help in accessing the practice. The audit also stated that the practice had made arrangements with a local NHS community dentist and other local private colleagues who had ground floor surgeries. The provider told us that one of their long standing patients had undergone surgery and was unable to access treatment due to difficulties with their mobility. This patient was treated by a colleague on the ground floor and after six months the patient was able to resume treatment with them as their mobility had improved.

### Concerns & complaints

The practice had a complaint procedure for patients receiving treatment on the NHS and another policy for private patients. The policies explained the process to follow, the timescales involved for investigation and the person responsible for handling complaints. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint. We saw that the practice policies were last reviewed in April 2014. The practice had not received any complaints over the last two years.

The practice had a comments box and all the comments we looked at were positive. The practice manager told us that they looked at the comments but because they were positive and did not require any action they were not shared with staff members.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Relevant risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies including for example the whistleblowing policy and this indicated to us that they had read and understood them. This enabled dental staff to monitor their systems and processes and to improve performance. However, some policies were not regularly updated such as the complaints policies and other documents such as the practice leaflet which needed updating.

We saw that the practice confidentiality policy stated that only staff had access to patient information. However, we saw that in the reception area patient files were kept in open cabinets that could be accessible to patients. This did not ensure patient information was kept secure. The practice agreed to move patient records to the second floor where it could be secured.

We found that the patient toilet did not have any hot water available, there were no sanitary waste management container/envelopes available and the door handle was loose. This did not show evidence of appropriate monitoring. The practice agreed to address the findings.

### Leadership, openness and transparency

The practice was family run and the culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak to the provider if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

It was a small practice and all staff were aware of whom to raise any issue with and told us that the dentists 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 ethos. The practice was open and honest about what its strengths and weaknesses were and planned to make improvements where appropriate.

### Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. Staff we spoke also stated they were given sufficient training to undertake their roles and given the opportunity for additional training. We saw that there was a comprehensive list of staff training and development as part of their continuing professional development (CPD).

The practice audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography – both the quality of x-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, patient records and consent as well as record keeping.

The practice had identified that improvements were required in regards to recording consent and discussion around treatment options. A recent X-Ray audit also identified that the provider needed to follow the FGDP guidance more closely and had started to carry out routine assessment of tooth decay and take X-rays where indicated.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. Staff also told us that patients could give feedback at any time they visited. We saw feedback forms were available on the reception desk for patients.

A recent patient survey had been carried out and the results of this had been positive, with patients expressing a high level of satisfaction with the services they received. One negative comment received was about the lack of car parking spaces at the front of the practice as there was only space for three cars.

## Are services well-led?

A number of patients had completed the Friends and Family Test (FFT) and all agreed that they would recommend this practice. The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The staff told us that staff meetings were held regularly which gave everyone an opportunity to openly discuss and share any concerns or issues which had not already been addressed during their daily interactions. However, we saw that minutes of meetings had not been recorded since 2012. The provider acknowledged that this was an area where they needed to make improvements.