Malherbedentalclinics Ltd

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Inspection Report

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Date of inspection visit: 2 November 2015
Date of publication: 18/02/2016

Overall summary

We carried out an announced comprehensive inspection on 2 November 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 this practice was providing safe care in accordance with the relevant regulations

Are services effective?

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

Are services well-led?

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

Background

Malherbedentalclinics Ltd is a dental practice providing private treatment and caters for both adults and children. The practice is situated in a converted residential property. The practice had two dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments and a reception and waiting area. These facilities were all on the ground floor enabling disabled access.

The practice has one dentist a part time dental hygienist and a qualified dental nurse. Supporting the dentist was a practice manager and a receptionist. The practice's opening hours are 9am – 5pm Monday to Friday.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We carried out an announced comprehensive inspection on 2 November 2015 to follow up on the breaches of regulation found at the last inspection on 1 September 2015. Following the last inspection we asked the provider to take action through Requirement and Warning Notices for the following regulations; **10** Dignity and respect; **12** Safe care and treatment; **15** Premises and equipment; **17** Good governance; **19** Fit and proper persons employed.

At this inspection we found the provider had taken action and had addressed all the areas of concern identified in the last report. We found the provider was providing the regulated activities in accordance with the relevant regulations.

Our key findings were:

Summary of findings

- The patients we spoke with indicated patients were consistently treated with kindness and respect by staff. It was reported communication with patients and their families, access to the service and to the dentist, was good. Patients reported good access to emergency appointments which were available the same day.
- The practice was meeting the Essential Quality Requirements under HTM 01-05 (national guidance for infection prevention control in dental practices').
- A new staff team had been employed and all demonstrated knowledge and understanding of their role and appropriate competencies to perform it.
- There was now a portable suction unit for use in the management of common medical emergencies in dental practice.
- Dental X-rays were routinely assessed for the quality of image, justified and reported upon in accordance with IR(ME)R 2000 regulations.
- There was evidence of recent clinical audit being undertaken at the dental practice.
- Appropriate recruitment processes and checks were undertaken in line with safer recruitment guidance for the protection of patients.

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

- Ensure infection control audits are completed every six months in accordance with national guidance.
- Ensure the "coning off" issues identified in the inspection are addressed as discussed.

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 this practice was providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

Are services effective?

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

The practice kept detailed electronic and paper records of the care given to patients including comprehensive information about patients oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Patients spoken with reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional development plan.

Are services well-led?

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had an accessible and visible leadership team with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend.

The practice had systems in place to seek and act upon feedback from patients using the service.

Malherbedentalclinics Ltd

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 2 November 2015 to follow up on the areas of breaches of regulation found at the last inspection on 1 September 2015. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

We reviewed the information received from the provider prior to the inspection including an action plan and evidence of actions taken to address the breaches of regulation found at the last inspection.

During our inspection, we reviewed policy documents and dental care records. We spoke with five members of staff, including the dentist, dental nurse and practice manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Patients we spoke with were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions as these were there areas relevant regulations were not being met:

- Is it safe?
- Is it effective?
- 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

Since the last inspection the new practice manager and staff team have implemented a robust system for reporting and learning from incidents. There had been no incidents recorded since our last inspection in September 2015. There was a policy for staff to follow for the reporting of these events and we heard from staff how this would be implemented when an incident happened.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents or incidents which had required notification under the RIDDOR guidance.

Since the new staff team had been employed in September / October 2015 we saw minutes to demonstrate there had been regular staff meetings at which practice safety issues had been discussed. We were shown copies of the agenda and minutes for the meetings held.in discussion with all members of staff they verified the meetings were helpful and discussed practice safety issues.

Reliable safety systems and processes (including safeguarding)

At the last inspection there was no clearly defined safeguarding lead person for the protection of vulnerable children and adults. At this inspection we were saw the safeguarding policy had been amended and clearly identified the lead person in the practice. All staff spoken with knew who the lead person was and how they would handle any incidents of suspected abuse that came to light during a patient's treatment.

The practice had up to date child protection and vulnerable adult 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 a flow chart of how to raise concerns and contact details for both child protection and adult safeguarding teams in the local area.

The dentist was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. However the lead professional had not yet completed child protection training to level 3 as required by national guidance (Safeguarding and the Dental Team). Staff we spoke with told us they were confident about raising any concerns.

Since the last inspection the practice had implemented safety systems to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Since the last inspection the practice has developed a 'whistleblowing' policy which provided guidance for staff in relation to raising concerns about another member of staff's performance. Staff told us they knew how and with whom to raise such issues if needed.

Medical emergencies

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were all in date and fit for use. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. The dental team practiced specific medical emergency scenarios to support them to respond quickly to medical emergencies and to practise using equipment.

Are services safe?

One member of staff was trained in first aid and a first aid box was available in the practice.

Staff recruitment

Since the last inspection the provider had recruited a new staff team to work with the existing dentist in the practice. The practice staffing consisted of one dentist, one part time dental hygienist, a registered dental nurse, a practice manager and a receptionist.

Since the last inspection a recruitment policy has been developed and implemented. The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed 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. Records confirmed these checks were in place. We looked at the files for two members of staff who had joined the practice in the last 12 months and found they contained appropriate recruitment documentation.

Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the practice manager and principal dentist to ensure they felt supported to carry out their role.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

Since the last inspection the practice had implemented systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety.

Records showed that fire detection and fire fighting equipment such as smoke detectors and fire extinguishers were regularly tested. Fire drills had taken place to ensure all staff were confident to act swiftly in the case of a fire.

The practice had implemented since the last inspection a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed. They identified significant hazards and the controls or actions taken to manage the risks. The practice manager told us the risk assessments would be reviewed annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

We found at the last inspection there was no business continuity plan in place. This has now been addressed. The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

Infection control

During this inspection we saw the provider had addressed all the issues of concern raised at the last inspection.

The practice manager was the infection control lead professional and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, use of the ultrasonic bath and where necessary manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control

Are services safe?

were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the newly installed decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which had been completed daily. Staff 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 were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment for the protection of patients and staff members. Patients we spoke with were positive about the cleanliness of the practice.

Since the last inspection the practice had renewed and fully equipped the decontamination room. There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager had delegated the responsibility for infection control procedures to the practices lead dental nurse. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01-05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. As the room had only just been completed prior to the inspection an audit of infection control processes had not yet been carried out to confirm compliance with HTM 01-05 guidelines. The practice manager confirmed one would be completed within the next month.

The practice had systems in place for daily quality testing of 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 manager helped to ensure staff had the right knowledge and skills to maintain hygiene standards. Records showed the dentist carried out staff observations for example regarding hand washing and the correct disposal of clinical waste. They provided staff with on-going training to ensure best practice standards were maintained.

We noted the two dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed by dentists and dental nurses.

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

The drawers of a treatment room were inspected in the presence of the lead nurse. Drawers were well-stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was clear which items were single use and these items were new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

At the last inspection we found there were some deficiencies in the management of the water systems in the practice. At this inspection we found the provider had addressed these issues.

Records showed risk assessment for Legionella had been carried out by an external company. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients, water testing weekly and monitoring cold and hot water temperatures each month. Records seen corroborated these actions were being completed.

Are services safe?

Dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The nurse described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an appropriate contractor in August 2015 and documentary evidence was available for inspection. The assessment had highlighted there were no risks to staff or patients of contracting Legionella. However the contractor had advised regular sentinel water temperature checks and biological monitoring of the dental unit water lines. We observed complete testing regimes and well-kept records of these checks. These measures ensured patients and staff were protected from the risk of infection due to Legionella.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and this was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

Since the last inspection systems had been implemented to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely and staff kept a detailed record of stock in each treatment room.

Prescriptions pads were stored securely and details were recorded in patients dental care records of all prescriptions issued.

Radiography (X-rays)

As at the last inspection we found the radiation file was well maintained. Since the last inspection we saw the provider had undertaken an audit of dental X-rays which showed overall 96% were of a satisfactory quality. However we noted 18/30 were reported as "coning off". In the 10 randomly selected radiographs taken in the last three months we saw 50% had failed due to angulation and positioning issues. We discussed this with the dentist who told us they would address the issue as a matter of priority.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out patient consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. We saw treatments were planned and delivered in line with patient's individual treatment plans. The dentist described how they carried out patient assessments and we reviewed a sample of the dental care records. We found the dentist regularly assessed patient's gum health and soft tissues (including lips, tongue and palate) however this information was not always well recorded.

The records showed an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Since the last inspection the dentist had reviewed current guidance in relation to the frequency of carrying out the basic periodontal examination (BPE) scores. At this inspection we saw there was an improvement in the documentation of the details of the treatments carried out and local anaesthetic used.

The reception staff gave all new patients a medical history form to complete prior to seeing the dentist for the first time. The dentists' notes showed this history was reviewed at each subsequent appointment. This kept the dentist reliably informed of any changes in each patient's physical health which might affect the type of care they received.

Since the last inspection we saw the recall interval for each patient was set following discussion of these risks with them. The dentist was seen working outside of the NICE guidelines in relation to deciding antibiotic prescribing and the patient's presenting problem. The dentist prescribed a combination of antibiotics for a seven day period which did not reflect the faculty of general dental practitioners' guidance about adult antimicrobial prescribing. The dentist was aware of the 'Delivering Better Oral Health Toolkit' when considering care and advice for patients. 'Delivering Better Oral Health' is an evidence-based toolkit to support dental teams in improving their patients' oral and general health. We observed a dental hygienist worked part time in the practice and the dentist referred patients to them for treatment.

Health promotion & prevention

A dental hygienist was available to provide a range of advice and treatments in the prevention of dental disease under the referral from the dentist and worked one day a week.

The reception area contained leaflets which explained the services offered at the practice and the fees. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products patients could purchase which were suitable for both adults and children.

Our discussions with the dentist together with our review of the dental care records and feedback from the five patients we spoke with, showed, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice around smoking cessation, alcohol consumption and diet. We saw and heard this had improved since the last inspection.

Staffing

At the previous inspection the dentist and staff had been unable to locate their training records. At this inspection we saw all staff training records which demonstrated they had undertaken required continuing professional development training in line with the General dental Council (GDC) requirements.

Since the last inspection a new staff team had been recruited to work alongside the dentist and part time dental hygienist.

The practice team consisted of a dentist, a dental hygienist, a registered dental nurse, a receptionist and a practice manager. The dentist and practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control. New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The newest member of staff told us this had been very helpful and informative.

Staff had access to policies which contained information that further supported them in the workplace. All clinical

Are services effective?

(for example, treatment is effective)

staff were required to maintain an on going programme of continuing professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

Since the last inspection the new practice manager has implemented an appraisal system which was used to identify training and development needs. Staff we spoke with told us they had accessed specific training in the last six months in line with their professional needs.

Working with other services

The dentist explained how they currently worked with other services. They were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

Consent to care and treatment

At the last inspection we found staff were not fully aware of their responsibilities in relation to the Mental Capacity Act 2005 and its application in the dental practice.

During this inspection staff explained to us how valid consent was obtained for all care and treatment. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. Staff had received specific MCA training and had a good working knowledge of its application in practice.

The dentist we spoke with was also aware of and understood the use of the Gillick competency test in relation to young persons (under the age of 16 years). The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We reviewed a random sample of five dental care records. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

Are services well-led?

Our findings

Governance arrangements, leadership, openness and transparency

At the last inspection there was ineffective leadership locally in the practice and by the provider of services overall. During this inspection we found changes had been made to provide effective leadership in the practice.

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were now in place including processes to ensure the safety of patients and staff members. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example fire, use of equipment and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

Since the last inspection relevant policies and procedures had been adopted and implemented to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them. These included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

At the last inspection we found there were few staff meeting and little understanding of clinical audit in monitoring and assessing the service provision. At this inspection we saw there were monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed.

Since the last inspection the practice had developed clear lines of accountability for all aspects of care and treatment. Staff had been allocated lead roles or areas of responsibility for example, safeguarding, the premises and infection control.

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us there was now an open culture within the practice which encouraged candour and honesty. There were clearly defined leadership roles within the practice with the practice ethos of providing high quality dental care to their patients. The principal dentist told us patients were informed when they were affected by something which went wrong, given an apology and told about any actions taken as a result.

We saw there were now structured arrangements for sharing information across the practice team, including holding regular meetings which were documented for those staff unable to attend.

Learning and improvement

Since the last inspection and with the new staff team the practice had now had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included audits of record keeping, waiting times, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories. However we noted there was no recent infection prevention and control audit as required by HTM 01-05 and the GDC Standards in Dental Practice. The practice manager told us they would take immediate action to address this shortfall.

Are services well-led?

Where areas for improvement had been identified in the audits, action had been taken. For example through discussion and training at practice meetings. The practice manager told us they would repeat audits to monitor improvements had been maintained.

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

Since the last inspection the practice has implemented systems to seek and act upon feedback from patients using the service. The practice had a compliments book in the waiting area which had a number of very positive comments recorded.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback about the services provided. The practice planned to carry out an annual patient and staff survey to encourage feedback about the practice.