Mr. Thomas Fraser

Fraser Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 15 May 2017 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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

Fraser Dental Practice is in Edgbaston, Birmingham and provides NHS and private treatment to patients of all ages. There are stairs to gain access to the front of the building. However, a portable ramp could be provided to gain access to a private entrance of the building for people who use wheelchairs and pushchairs. Car parking spaces were available at the front of the practice.

The practice is open: Monday, Wednesday and Thursday from 8.30am to 5.30pm, Tuesday 8am to 5.30pm, Friday

Summary of findings

8am to 4.30pm and on designated Saturdays from 9.30am to 1pm. The practice is closed to patients for an hour most lunchtimes although telephones will be answered during this time.

The dental team includes two dentists, two dental nurses, one dental hygienist therapist, a practice manager and one patient co-ordinator/receptionist who is also a qualified dental nurse. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 33 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, the patient co-ordinator/receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. However the practice had relied on the pre-employment information obtained by an agency for two staff recently employed. The practice had not obtained a copy of this information.
- Not all of the records seen demonstrated that all clinical staff provided patients' care and treatment in line with current guidelines. However the practice took action to address this following our inspection.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Information we obtained from 33 Care Quality Commission cards provided positive feedback.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's arrangements for people with hearing difficulties.
- Ensure audit protocols to document learning points are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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.

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.

The practice had a comprehensive recruitment policy but had not followed this policy when recruiting recently employed staff who were employed via an agency. The practice's recruitment policy was amended to include the information to be obtained from the agency if staff were employed via this route.

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 we were told that treatment was provided in line with recognised guidance. However, patient dental care records that we saw were not all thorough and there was no evidence that patient's medical histories were reviewed on a regular basis, soft tissue examinations completed or information obtained regarding patients alcohol intake or smoking status. Following this inspection we received confirmation that these issues had been addressed. Patients described the treatment they received as professional, caring and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients were able to view intra oral photographs on screens in treatment rooms to help them better understand treatment options available.

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 caring, professional and kind. They said that they were given detailed explanations about dental treatment and time to make their decision. A number of comment cards reported that patients had recommended the practice to others and would not consider changing to another dental provider.

Patients said their dentist listened to them and commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Summary of findings

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

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 ramped access for disabled patients and families with children who required the use of prams or pushchairs. The practice had access to telephone interpreter services including British Sign Language but did not have a hearing loop or a disabled access toilet with hand rails and emergency call button.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 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. However patient record card audits were dated 2015 and identified issues for action which had not been addressed and no re-audit conducted. Following this inspection we were sent information to demonstrate action taken to address these issues. For example, monthly record card audits.

No action

Are services safe?

Our findings

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

We saw that three incidents had been reported within the last 12 months. The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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 and other guidance documents to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We were told that there had been no safeguarding issues to report.

The practice had a whistleblowing policy. This policy had been reviewed on an annual basis and staff had signed documentation to confirm that they had read and understood the policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. For example, we were shown risk assessments regarding manual handling, fire, sharps, safeguarding for sedation patients and a general risk assessment. The practice followed relevant safety laws when using needles and other sharp dental items. The principal dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We were told that this dentist undertook the majority of root canal treatment at the practice.

Following this inspection we received confirmation that further training would be completed and that all practitioners would in future use rubber dam when completing 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. For quick reference the practice also kept a separate document in each treatment room which recorded emergency contact details.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We saw that these checks had been completed on a monthly basis, which is not in accordance with the frequency of checks as detailed in the resuscitation council guidelines. Following this inspection we were sent a log which demonstrated that weekly checks were being implemented.

We saw that an additional system was in place to highlight items that were near their expiry date. All of the emergency equipment and medicines available on the day of inspection were within their expiry date.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. There was no evidence in these files that the practice had followed their recruitment procedure. However, we were told that these staff had worked some shifts at the practice via a recruitment agency that had completed all of the necessary pre-employment checks. The practice had not obtained copies of these checks from the agency. Following this inspection we were sent a copy of an amended recruitment policy which included obtaining of copies of references from the recruitment agency when staff were employed via this route.

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

No action

Are services safe?

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. 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. We were told that the dental hygienist therapist worked without chairside support unless it had previously been identified that assistance was needed. For example, if a patient had high medical needs or when completing pocket charting. We were told that there was always a dental nurse available to provide assistance as the patient co-ordinator/receptionist was a qualified dental nurse and the practice manager would provide reception cover as needed. We also noted that routinely 30 minute appointments were allocated with the hygienist therapist allowing extra time for them to undertake tasks. Following this inspection we were forwarded a copy of a lone worker risk assessment for the dental hygienist therapist.

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.

The practice did not have separate decontamination rooms and sterilisation of used dental instruments took place in treatment rooms. We observed a decontamination procedure and identified an issue for action which was discussed with staff during the inspection. During the decontamination process we saw staff manually scrubbing instruments under running water and not fully submerged in line with HTM01-05. We also saw that instruments were being pouched and stored correctly in one treatment room but differences were highlighted in the practices in the other room. We were told that a meeting would be held with staff and the correct procedures discussed. Following this inspection we were sent evidence to demonstrate that further training had been arranged on 18 May 2017 for staff regarding the decontamination process.

Records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. However, we noted that tests on the ultrasonic cleaner in one treatment room were not up to date. During the inspection a log was put into place to ensure that these tests were completed as required.

We were shown two infection prevention and control audits for 2016, one which had been completed in June and one in July. The practice had also completed an audit in May 2017.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. This included monitoring and recording hot and cold water temperatures.

We saw cleaning schedules for 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. For example, fire extinguishers were serviced in January 2017 and autoclaves in June 2016. On the day of our inspection only one dental chair was in operation. The other chair had malfunctioned during the last working day prior to our inspection. We were shown the servicing records for one dental chair which identified the last service at February 2015. We were told that there were no records available for the other dental chair. We discussed this on the day of inspection and requested the principal dentist to review the chair manufacturer's requirements and ensure that servicing of these chairs took place at the frequency suggested by the manufacturer. Following this inspection we were told that one chair was to be serviced on 2 June 2017 and the other would be serviced whilst the repair was being completed.

We were not shown records to demonstrate that date of last service for the surgical headpiece which was purchased approximately five years ago. Following this inspection we received confirmation that on 16 May 2017, the drill had been sent to be serviced.

No action

Are services safe?

We identified a number of dental burs in the drawers in one treatment room which were out of date. Following this inspection we were told that on 16 May 2017 all out of date materials and consumables had been removed from the practice.

The practice had suitable systems for prescribing, dispensing and storing medicines. However, we noted that the practice were not monitoring and recording fridge temperatures to demonstrate that manufacturer's recommendations were being followed for any medicines stored in the fridge. We were told that fridge temperature monitoring would be implemented immediately. A fridge temperature log was developed and a copy sent to us following this inspection.

The practice stored NHS prescriptions and following this inspection set up a log which recorded details of the prescription such as the prescription number, patient details, medicine details as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment including service and maintenance records. They met current radiation regulations and had the required information in their radiation protection file. However, we noted that X-rays had not been fitted with rectangular collimation which should be retro fitted to existing equipment.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. 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 dental care records containing information about the patients' current dental needs and past treatment, although not all of these were detailed. Records seen did not always demonstrate that the dentist assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We were shown two audits dated 2015; both of these audits highlighted issues for action such as dentists did not always review soft tissues, record alcohol intake and record whether the patient smoked tobacco. It was identified that a re-audit should be completed within three months. We were not shown evidence that action had been taken to address issues or a re-audit completed. Following this inspection we were sent evidence to demonstrate that monthly dental care record audits had been implemented at the practice.

Some of the patient dental care records that we were shown did not demonstrate that medical histories were updated on a regular basis. The practice had previously implemented a dental care records template which included completion of information regarding patient recall, medical history and basic periodontal examination. Following this inspection the practice reiterated the requirement for all staff to complete this template. Staff had signed to confirm their agreement to this.

The practice had previously 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. We were told that sedation had not been completed at the practice within the last 12 months and would not be undertaken until the dentist attended further update training. We were shown copies of training certificates to demonstrate that two dental nurses had completed this training in November 2016.

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 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. Patient dental care records that we were shown did not all demonstrate this. However, we were provided with evidence following this inspection that action had been taken to address this issue. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We saw that all staff had a continuous professional development (CPD) log which recorded the amount of mandatory training hours required and the amount completed. The patient co-ordinator/receptionist monitored CPD logs to ensure clinical staff completed the required CPD 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. However, the practice did not monitor routine referrals and relied on patients making contact if they had not received an appointment. Following this inspection we were provided with evidence to demonstrate that all future referrals would be logged and monitored.

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 signed treatment plans

Are services effective?

(for example, treatment is effective)

and a copy was kept in the patient's dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment and gave them additional time to consider treatment options before making a decision.

We discussed the Mental Capacity Act 2005. Not all members of the team that we spoke with understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Following this inspection we were provided with evidence to demonstrate that staff had completed further training regarding the Mental Capacity Act.

No action

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.

We reviewed 33 CQC comment cards completed by patients in the two weeks prior to our inspection and spoke with two patients. Patients commented positively that staff were caring, professional and friendly. We saw that staff were friendly towards patients at the reception desk and over the telephone and treated patients in a courteous, kind and respectful manner. The atmosphere at the practice was relaxed and friendly.

There were magazines and a television in the waiting room. Nervous patients said staff were compassionate and understanding and had reduced their anxiety about visiting the dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would 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.

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

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images. This enable detailed discussions to take place about treatment options and risks. Patients could be provided with a copy of any intra oral photographs to take home if they wished. 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.

Patients told us 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 and treatments for gum disease and more complex treatment such as root canal treatment, implants and orthodontics

No action

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. Dentists arranged longer appointments for patients who were anxious about dental treatment. 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 waiting.

Text, email or letter reminders were sent to patients to remind them of their appointment. The dentist told us that they telephoned patients after they had received any complex treatment to ensure that they were alright.

Promoting equality

The practice made some reasonable adjustments for patients with disabilities. For example, a disability risk assessment had been completed and treatment rooms were located on the ground floor of the premises. Although there were stairs to gain access to the front of the building, a portable ramp could be provided to gain access to a private entrance of the building for people who used wheelchairs and pushchairs. However, the practice did not provide a hearing loop or accessible toilet with hand rails and a call bell. Staff confirmed that patients were made aware of this when they registered as a new patient at the practice.

Staff said they had access to interpreter/translation services which included British Sign Language and braille.

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.

The practice was committed to seeing patients experiencing pain on the same day and each dentist kept a 30 minute appointment free for same day appointments. When these appointments were full patients in dental pain would be asked to attend the practice and sit and wait to see the dentist. They took part in an emergency on-call arrangement with another local practice. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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. Information for patients about how to make a complaint was displayed in the reception area. The practice manager was responsible for dealing with complaints. 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. 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 two years. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice had not received any complaints within the last 12 months.

No action

Are services well-led?

Our findings

Governance arrangements

The principal dentist 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 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.

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. We saw that duty of candour had recently been discussed with staff during a practice meeting.

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 or patient co-ordinator/receptionist were both 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 ad hoc staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share 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. One dental care record audit we saw identified issues for action. We were shown the re-audit documentation which identified similar issues. There was no evidence of action taken to address these issues and no evidence of a re-audit to identify any improvements. The audit was dated 2015 and required a re-audit within three months. Following this inspection we were sent a copy of a dental care record template which had been implemented previously at the practice. A memorandum had been sent to all staff informing them that the template must but used in future. Staff had signed to confirm that they had read and understood this memorandum. We were told that monthly dental care record audits would be completed until further notice.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The patient co-ordinator/receptionist monitored staff training and collated information regarding training required and undertaken. Staff told us they completed mandatory training, including medical emergencies and basic life support, each year and records we saw confirmed this. The General Dental Council requires clinical staff to complete continuous 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 patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. Patient satisfaction surveys were completed on an annual basis. We were shown the results of the last survey undertaken which contained positive results. The results of satisfaction surveys were audited and discussed with staff during a practice meeting. A comments book was available in the waiting area and we saw that thank you cards received were available to view in this book. The suggestions box was checked on a monthly basis and any suggestions made were discussed with staff.

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. We were shown the results of the FFT but were unsure of the date of these forms as the practice had not put them into date order. We saw that positive comments were recorded and the large majority of respondents were extremely likely to recommend the practice.