

# Only Orthodontics

## Only Orthodontics

### Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 6 December 2016 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**

Only Orthodontics is situated in Huddersfield, West Yorkshire. The practice offers orthodontic treatments on both the NHS and on a private basis.

The practice has two open plan surgeries, a decontamination room, a waiting area and a reception area. The reception area and waiting area are on the ground floor. The open plan surgeries, X-ray room and decontamination room are on the first floor. There are staff facilities on the second floor.

There are five orthodontists, two orthodontic therapists, seven dental nurses (three of whom also cover reception duties), two receptionists and a practice manager.

The opening hours are Monday to Thursday from 8:30am to 5:30pm and Friday from 8:30am to 1:00pm.

One of the partners 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.

During the inspection we spoke with four patients and reviewed 14 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Comments included staff were

# Summary of findings

supportive, caring and sympathetic. They also commented the premises were clean and hygienic, they were well informed about treatment options and were good at putting children at ease.

## **Our key findings were:**

- The practice was visibly clean and uncluttered.
- Staff were qualified and had received training appropriate to their roles.
- Several dental nurses had extended duties including impression taking, radiography and oral health education.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with guidance from the British Orthodontic Society.
- We observed patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- There was appropriate equipment for staff to undertake their duties.
- Governance arrangements required improvement. Some policies were not available, some were not as detailed as they should be and others had not been updated since 2012.
- The practice had not carried out a general risk assessment of the premises.

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

- Review the integrity of the upholstery of the dental nurse's chairs to ensure they are easily cleanable.
- Review the practice's governance arrangements to ensure all policies are available and kept up to date.
- Review the practice's process to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

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

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

Staff were suitably qualified for their roles. We noted the dental nurses and orthodontic therapists only had standard DBS checks carried out. We were told by the practice manager that enhanced checks were now being carried out. All staff at the practice had been working there for between four and 20 years.

Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date. We noted the practice did not have access to an Automated External Defibrillator (AED) and no risk assessment to mitigate its absence. We were later sent evidence an AED had been ordered and was received within 48 hours of the inspection.

The decontamination procedures were effective and the equipment involved in the process was regularly serviced, validated and checked to ensure it was safe to use.

We identified two chairs which the dental nurses used had damage to the covering which would make them difficult to decontaminate effectively between patients.

No action



### Are services effective?

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

The practice followed best practice guidelines when delivering dental care. These included British Orthodontic Society (BOS) and National Institute for Health and Care Excellence (NICE).

The practice was proactive in providing preventative advice to reduce the potential ill effect of orthodontic treatment on patients' teeth.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Consent to care and treatment was sought in line with current relevant guidelines. Patients confirmed they were well informed about treatment options.

Staff had completed training relevant to their roles and were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was deemed to be too complicated to be carried out in a primary care setting.

No action



### Are services caring?

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

No action



# Summary of findings

During the inspection we spoke with four patients and reviewed 14 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Comments included staff were supportive, caring and sympathetic.

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

The orientation of the dental chairs in the open plan clinics was conducive to maintaining confidentiality.

## Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. Patients would be seen for a consultation in six weeks. They were then either put on the treatment list or put on a list to be reviewed. Urgent cases would have treatment started in 18 weeks of receiving the referral. The practice would always see a patient the same day if they had a broken orthodontics appliance.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Access to the premises was limited for wheelchair users or those with limited mobility. The practice had an arrangement with another local surgery where patients with limited or wheelchair users could be seen by staff from the practice. We were told there were plans in place to install a lift which would make the practice fully accessible.

No action



## Are services well-led?

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

There was a clearly defined management structure in place and staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. One of the partners was the clinical lead and provided support for the other clinicians.

Governance arrangements required improvement. For example, policies were not regularly updated, others were not detailed and some were missing. Risk assessments had not been updated and they had not carried out an environmental risk assessment of the premises. We did not find any evidence on the day of inspection that the improvements needed in terms of governance had a detrimental effect on the quality of safety at the practice. We were told on the day of inspection that the practice was getting external assistance with their governance.

Effective arrangements were in place to share information with staff by means of quarterly practice meetings which were well minuted for those staff unable to attend.

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

No action



# Summary of findings

The practice carried out patient satisfaction surveys in order to seek feedback from patients. They also conducted the NHS Friends and Family Test (FFT).

# Only Orthodontics

## Detailed findings

### Background to this inspection

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

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

During the inspection we spoke with four patients who used the service and reviewed 14 completed CQC comment

cards. We also spoke with two orthodontists, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff were familiar with the importance of reporting significant events. There had not been any significant events in the previous 12 months. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) relevant to the orthodontic profession. These were actioned if necessary and were stored for future reference.

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

The practice had a safeguarding policy and procedures in place. This policy was not detailed as it did not include the different types of abuse or identify who the lead was in the practice. When we spoke with staff it was not clear who the safeguarding lead was within the practice. Contact details for both child protection and adult safeguarding teams were readily available. Three members of staff had completed level three safeguarding training and all other staff had completed level two. Staff had a good awareness of issues relating to safeguarding.

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

### Medical emergencies

Staff had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits were kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

The practice did not have access to an Automated External Defibrillator (AED) and had not undertaken a risk assessment as regards its absence. 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. We were later sent evidence an AED had been ordered and was received within 48 hours of the inspection.

Records showed weekly checks were carried out on the emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order and the emergency medicines were in date.

### Staff recruitment

The practice did not have a written recruitment policy or procedure in place. Staff employed at the practice had been working there from between four and twenty one years. We reviewed staff files and found the dental nurses and orthodontic therapists had standard Disclosure and Barring Service (DBS) checks. The practice manager was aware that these should be enhanced checks and was in the process of applying for these.

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

### Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. These had not been updated recently. We did not see any detrimental effects as a result of the lack of regular updates to the risk assessments. We were told on the day of inspection these would be updated more regularly.

A fire risk assessment had been carried out in January 2016. We saw weekly checks were carried out on the fire alarm and annual fire drills were conducted. There was a named fire marshal in the practice.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how

# Are services safe?

they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

## Infection control

There was an infection control policy. This policy had not been updated since 2013 as it still referred to guidance from the 2009 edition of Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05).

One of the dental nurses was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

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

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. We observed tears in the upholstery in two of the dental nurse's chairs. This would make them difficult to decontaminate effectively between patients.

There was a cleaning schedule which identified and monitored areas to be cleaned. We noted cleaning equipment was not stored in accordance with nationally recognised guidance.

There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. This room was well laid out and the provider had made it visible to patients by having a large

window. The provider felt this important as patients were able to see instruments being cleaned which would instil confidence. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

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

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit on an annual basis relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. This audit should be carried out on a six-monthly basis

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines at the beginning and end of each session and between patients and monitoring cold and hot water temperatures each month. We noted that staff had not all completed Legionella awareness training.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed within the last 12 months (PAT confirms that portable electrical appliances are routinely checked for safety).

## Radiography (X-rays)

The practice had a radiation protection file. Records we viewed demonstrated the X-ray equipment was regularly

## Are services safe?

tested and serviced when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available within the radiation protection folder and X-ray room for staff to reference if needed. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. The orthodontists carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient (if under 18) was eligible for orthodontic treatment of the NHS. The IOTN is a clinical index to assess orthodontic treatment need. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

Patients were recalled at six week intervals for a review appointment at which their braces were adjusted and progress was monitored.

We viewed the Peer Assessment Rating (PAR) results for the last two years. PAR measures the pre-treatment and the post-treatment study models. The difference between the scores is the PAR improvement due to the treatment. We saw the mean PAR scores for 2014/2015 was 90% and for 2015/2016 was 88%. A mean PAR score improvement of greater than 70% represents a very high standard of treatment.

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

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health. For example, patients were made aware of the potentially detrimental effect of maintaining a good level of oral hygiene would have on their teeth. Three of the dental nurses had completed the oral health educators course and would provide detailed oral hygiene advice to patients when required.

There was a display in the waiting room which highlighted the link between consuming too much sugar and dental disease.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

### Staffing

The practice did not have a procedure to follow for the induction of new staff. The newest member of staff had started approximately four years ago. The practice manager told us that if a new member of staff did start the induction would include giving the new member of staff a copy of the staff manual and an orientation of the practice.

Staff had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies and evening sessions for the dental nurses to complete core CPD. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The practice employed two orthodontic therapists. Orthodontic therapists are trained dental care professionals who are qualified to undertake certain treatments. For example, placing brackets and bands, fit tooth separators and removing. The orthodontic therapists were well supervised by the orthodontists as they would work in teams on the open plan clinics.

### Working with other services

The practice had an effective system in place to receive referrals from other dental practices. Upon receiving a referral an appointment would be made in approximately six weeks for an initial consultation. The referring dentist would be kept informed about what treatments had been proposed and if any treatment was required by the dentist, for example, extractions or fillings prior to orthodontics treatment being carried out. The orthodontists considered the referring dentist as part of the team and was fully aware of the importance of keeping them fully informed about the progress of treatment.

Patients with more complicated orthodontic needs were referred to the local hospital for treatment. These would include minor oral surgery and osteotomies.

### Consent to care and treatment

Patients were given information to support them to make decisions about the treatment they received. Staff were

# Are services effective?

(for example, treatment is effective)

knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The orthodontists described to us how valid consent was obtained for all care and treatment and the role family members have in supporting the patient to understand and make decisions. The orthodontists were familiar of the concept of Gillick competency clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and any associated costs were discussed. Patients were given a written treatment plan which outlined the treatments which had been proposed, the associated costs and any potential risks related to the treatment. Patients were given time to consider and make informed decisions about which option they preferred including declining treatment.

# Are services caring?

## Our findings

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

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Due to the nature of the open plan clinics privacy and confidentiality was difficult. The provider had positioned the dental chairs in a way so patients could not see each other whilst having treatment. We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. If a patient requested to be seen alone on a clinic then this would be arranged.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' parent or guardians when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. There was a good range of models of teeth which showed the different types of orthodontics appliances. These would be used to demonstrate to patients what to expect if they were to undertake treatment.

Patients were also informed of the range of treatments available in the on notices in the waiting area and on the practice's website. The website provided patients with information about the different treatments which were provided under the NHS and privately funded.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. We were told that patients who had greater orthodontic needs (impacted canines which could potentially cause damage to other teeth and patients with a large overjet) would commence treatment in 18 weeks from receiving the referral.

Staff told us patients who requested an urgent appointment would be seen the same day. These would involve repairing a broken appliance. There were details in the waiting room about urgent appointments.

The orthodontists were aware of the fact that the majority of their patients were school children. As a result they offered students in Year 10 and above after school appointments as they were studying for the GCSE exams.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

Due to the nature of the premises access patient wheelchair users or those with limited mobility was restricted. We were told these patients would be seen at another clinic which was just across the road. The staff from the practice would make arrangements for these patients to be seen. We were told plans were in place to install a lift which would make the practice fully accessible.

### Access to the service

The practice displayed its opening hours on the premises and on the practice website. The opening hours are Monday to Thursday from 8:30am to 5:30pm and Friday from 8:30am to 1:00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Information about the out of hours emergency dental service was available on the telephone answering service and displayed in the waiting area.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager or one of the partners was responsible for dealing with complaints when they arose.

Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found they had been dealt with in line with the practice's policy and to the patient's satisfaction.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice manager was responsible for the day to day running of the service. One of the partners was the clinical lead and provided support for other clinical members of staff. Staff told us they felt supported and were clear about their roles and responsibilities.

Some governance systems required improvement. For example, policies were not regularly updated, some were missing and others were not detailed. For example, there was no whistleblowing or recruitment policy, there was no procedure for inducting of new staff, the safeguarding policy was not detailed and other policies had not been updated since 2013. We did not find any evidence on the day of inspection that the lack of effective governance had a detrimental effect on the quality of safety at the practice. For example, staff were well aware of the current guidance for the decontamination of instruments, safeguarding issues and who to contact if they were concerned about a member of staff. We were told on the day of inspection that the practice was getting external assistance with their governance.

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held staff meetings every two months. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as the referral system and the current waiting list.

### Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited

areas of their practice as part of a system of continuous improvement and learning. This included audits such as X-rays, infection prevention and control, PAR scoring and dental care records. We looked at the audits and saw the practice was performing well.

Staff had good access to training. They were supported to maintain their continuous professional development as required by the General Dental Council. The practice organised and paid for staff to complete training which covered much of the core CPD.

Several of the dental nurses had completed training to provide extended duties. These included impression taking, radiography, photography and oral health education. We were told the two orthodontic therapists started off in the practice as dental nurse and were put on the orthodontic therapy course by the practice. It was clear the practice was proactive in encouraging staff to improve and develop themselves.

### 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 including carrying out regular patient satisfaction surveys. The satisfaction survey included questions about whether the treatment was explained well, whether they were happy with the treatment provided and if there were any improvements which could be made to the service. The most recent survey showed a high level of satisfaction with the service.

We were told as a result of feedback from patients the telephone system had been improved and a digital check in system had been implemented. The digital check in system has meant the reception staff now have more time to answer the telephone.

In March 2016 an online satisfaction survey of the referring dentists was carried out. This allowed the referring dentists to provide feedback. This included topics such as whether they felt the service met their needs and how well information is communicated. This survey showed the referring dentists were happy with the service provided.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services

## Are services well-led?

should have the opportunity to provide feedback on their experience. The latest results showed that 87% of patients asked said they would recommend the practice to friends and family.