Care Quality Commission

Dr. Gareth Anthony Evans

Shawbirch Dental Practice

Inspection Report

4 Acorn Way
Shawbirch
Telford
TF5 0LW
Tel: 01952 260555
Website:

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Overall summary

We carried out an announced comprehensive inspection on 9 February 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

Shawbirch Dental Practice is a mixed dental practice providing mainly private treatment with some NHS treatment for exempt adults and children. The practice has been open for about twenty five years. The practice is situated in a converted commercial property. The practice had two dental treatment rooms, a separate room with an area set aside for the cleaning, sterilising and packing dental instruments, a reception and waiting area on the ground floor.

The practice is open 9.00am to 5.30pm Monday, Tuesday, Thursday, and Wednesday 9.00am to 1.00pm and Friday 9.00am to 3.30pm. The practice has one dentist, the practice owner, and they are supported by a dental nurse. The practice has a practice manager who also acts as a senior dental nurse and receptionist. The practice also employs two part-time dental hygienists.

The practice owner 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.

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 33 patients. These provided a completely

Summary of findings

positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

Our key findings were:

- The practice philosophy was to provide high quality patient centred care with an emphasis on the prevention of dental disease at all times.
- Strong and effective clinical leadership was provided by the practice owner.
- The practice also benefitted from a stable staff base and an empowered practice manager.
- The dentist and the other clinical staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The dentist acted as the safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- A system was in place to report incidents with practice meetings used as a vehicle for shared learning.
- The dentist provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment, urgent and emergency care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the practice owner and were committed to providing a quality service to their patients.
- Information from 33 completed Care Quality Commission (CQC) comment cards gave us a completely positive picture of a friendly, caring, professional and high quality service.
- The practice received no complaints in 2015.

The practice had completed a series of regular audits to ensure that the quality of care was maintained at all times.

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.

The practice had robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. All of the staff currently working had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff where appropriate were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

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

We collected 33 completed Care Quality Commission patient comment cards. These provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentist was good at explaining the treatment that was proposed and were treated with dignity and respect at all times.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services when required. The practice had ground floor treatment facilities and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

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

The dentist and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had clinical governance and risk management structures in place. Staff we spoke with felt well supported and could raise any concerns with the practice owner. The supporting staff we met said that they were happy in their work and the practice was a good place to work.

Shawbirch Dental Practice

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 9 February 2016 was led by a CQC inspector and supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

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

During the inspection, we spoke with the practice manager, dentist, dental hygienist and reviewed policies, procedures and other documents. We reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

Reliable safety systems and processes (including safeguarding)

We spoke to the practice manager about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. A practice policy was in place that reflected the requirements of the directive. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The practice used a single use delivery system to prevent the occurrence of contaminated needle stick injuries as far as possible. A practice protocol was in place and understood by staff should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps. The practice manager explained that there had been no needle stick injuries in the practice for many years.

The dentist explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The dentist acted as the practice safeguarding lead and were the point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Information contained in the practices' clinical governance folders contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen were all in date and stored in central locations known to all staff. The expiry dates of medicines and equipment were monitored using a monthly check sheet that enabled staff to replace out of date medicines and equipment promptly. All of the staff had received update training in September 2015.

Staff recruitment

The practice had not needed to recruit new staff for many years, however a policy was in place should the need arise. We saw records of existing staff that showed they had current registration with the General Dental Council, the dental professionals' regulatory body. Records also showed immunisation status against hepatitis B virus and staff had received a criminal records checkthrough the Disclosure and Baring Service (DBS). Staff records were stored securely to protect the confidentiality of staff personal information. These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a series of risk assessments in their clinical governance files, these included radiation, fire safety, general health and safety. We found these were updated on a regular basis. The practice had in place a well-maintained Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

Infection control

Are services safe?

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through 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. We saw that an audit of infection control processes was carried out in June 2015 and January 2016 which confirmed compliance with HTM 01 05 guidelines.

It was noted that the dental treatment rooms, waiting areas, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in the treatment room and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of treatment rooms were inspected and these were clean, ordered and free from clutter. Appropriate single use items including suction and three in one tips were evident. The treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The practice manager described the end-to-end process of infection control procedures at the practice. They 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 water lines.

The dental 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) they described the method they used which was in line with current HTM 01 05 guidelines. Regular tests for monitoring the quality of water were carried out. A new Legionella risk assessment had been arranged for early April 2016. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice used a separate area within a room adjacent to the treatment rooms for instrument processing. This area appeared organised, clean, tidy, and clutter free. The practice manager demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of ultrasonic cleaning for the initial cleaning process, following inspection with an illuminated magnifier, they were placed in an autoclave (a device used to sterilise medical and dental instruments). When instruments had been sterilized, they were pouched until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. We saw that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. The ultrasonic cleaning bath was also maintained according to current guidelines and the essential validation checks were also carried out and recorded appropriately.

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

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in October 2015. The practice X-ray machine had been serviced and calibrated in accordance with current national radiological guidelines. Portable Appliance Testing and other electrical testing had been carried out in accordance with current Health and Safety Executive guidelines. A pressure Vessel Certificate for the dental compressor and autoclave was dated February 2014 and was in accordance with the Pressure Systems Safety Regulations 2000. The practice dispensed a range of antibiotics for patients where appropriate when seen under private contract arrangements. We saw that a dispensing protocol was in

place to account for the medicines dispensed by the practice which helped prevent inappropriate prescribing or loss of medicines due to theft. We found that these medicines along with local anaesthetics were stored securely for the protection of patients. The practice stored NHS prescription pads in a lockable drawer overnight to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and mercury spillage.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination pack along with the three yearly maintenance log, Health and Safety Executive notification and a copy of the local rules. We saw radiological audits carried out in August 2015. These demonstrated that the dentist was maintaining good standards of practise. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. Our findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000 and was within the five year time interval for this core knowledge.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums.).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The dentist was very focussed on the preventative aspects of their practice, to facilitate this aim the practice had appointed two part-time dental hygienists to work alongside of the dentist to deliver preventative dental care. The dentist and dental hygienists provided a range of preventative measures to patients such as the provision of fluoride varnish applications as a preventive measure for children and adults. The dentist also placed special plastic coatings on the biting surfaces of adult back teeth in children who were particularly vulnerable to dental decay. Tooth brushing techniques were explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that the dentist and dental hygienists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice was staffed by a single-handed dentist who was supported by two long standing dental nurses and two part-time dental hygienists. The practice manager was an experienced registered dental nurse and manager. We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the registered manager. They also told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress. We saw that the dental nurses received an annual appraisal, whilst the dentist received an appraisal of the care they provided through a comprehensive practice assessment by an external assessor from the dental insurance system they used for patient care. This assessment was carried out every 18 months as part of the conditions of membership of the dental insurance system. The practice manager showed us their system for recording training that staff had completed. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. All of the patients we asked on the day of our visit said they had confidence and trust in the dentist. This was reflected in the Care Quality Commission comment cards we received.

Working with other services

The dentist was able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice maintained a dedicated which contained the

Are services effective?

(for example, treatment is effective)

referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery, orthodontics and special care dentistry. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We asked the dentist how they implemented the principles of informed consent; they had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentist explained how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Other staff we spoke with also understood the principles of consent and the guidelines under the Mental Capacity Act. The dentist and other staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment room was situated off the waiting area. We saw that door was closed at all times when patients were with the dentist and the dental hygienist. Conversations between patient and dentist and dental hygienist could not be heard from outside the treatment room that protected patient's privacy. Patients' clinical records were stored mainly in paper form with some details stored on a computer based system. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. On the day of our visit we witnessed patients being treated with dignity and respect by the reception staff when making appointments or dealing with other administrative enquiries.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 33 completed CQC patient comment cards on the day of our visit. These provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. More than several patients commented on the fact that they always felt listened and staff always went that extra mile. On the day of our visit we noted how the practice manager on reception was most helpful to patients on the telephone providing reassurance about their worries and concerns so as to ease their anxiety about dental treatment.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a patient review letter that was sent or given to the patient following assessment. We saw evidence of one such letter, this contained photographs of their X-ray and the different types of treatment open to them to aid their understanding of the treatment proposed. A list detailing private treatment costs was displayed prominently in the waiting area. Most of the patients were seen under a dental insurance system paying a monthly fee and therefore were aware of the costs prior to their assessment unless the proposed treatment fell outside of their normal treatment entitlements. In these situations patients received indicative costs prior to the commencement of treatment. Patients treated under NHS arrangements were exempt from charges.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. This ensured that patients had access to appropriate information in relation to their care. We looked at the appointment schedules for patients and found that patients were given appropriate time slots for appointments of varying complexity of treatment. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into specifically allocated urgent appointment slots.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. The practice manager explained they would also help patients on an individual basis if they were partially sighted or hard of hearing. There was level access into the building enabling patients with physical impairments to access care easily.

Access to the service

The practice is open 9.00am to 5.30pm Monday, Tuesday, Thursday, and Wednesday 9.00am to 1.00pm and Friday 9.00am to 3.30pm. The practice provided an on call system to give advice in case of a dental emergency when the practice was closed. A telephone number was available and publicised in the practice information leaflet and on the telephone answering machine when the practice was closed.

Concerns & complaints

The practice had a complaints policy in place and was publicised in the practice information leaflet. In 2015 the practice had received no complaints. This reflected the caring and compassionate ethos of the whole practice team. We were told how the practice would adopt a proactive response to any patient concern or complaint received. The practice would always to speak to the patient by telephone or invite them into the practice to a face-to-face meeting in an attempt to resolve the complaint or concern as soon as was practically possible. Patients would always receive an immediate apology when things had not gone well.

Are services well-led?

Our findings

Governance arrangements

The registered manager along with the practice manager were responsible for the day-to-day running of the practice. We saw that the practice had in place a system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. For example, infection control, health and safety and radiation and were regularly review by the practice owner. Staff were aware of where these policies were held and we saw that they were readily accessible.

Leadership, openness and transparency

Strong and effective clinical leadership was provided by the practice owner, the registered manager. The practice philosophy was to provide high quality patient centred care with an emphasis on the prevention of dental disease at all times; the comment cards we saw reflected these aspirations. We found staff to be hard working, caring towards the patients and committed and to the work, they did. Staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry were happy with the facilities and felt well supported by the registered manager. We saw that the management of the practice proactive and resolved problems very quickly. As a result, everyone was motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by appraisal, clinical audit and a practice appraisal by the dental insurance provider that the practice used. We saw that a number of regular clinical audit topics were undertaken by the practice during 2015, this included audits of the quality of dental X-ray's, infection control processes and procedures and hand hygiene. We also saw that a practice development plan had been undertaken in 2015. This was divided into three phases, improvements to be made immediately, those within the next 12 months and those within three years. We saw that the improvements suggested for the immediate phase had been completed by the practice.

Staff working at the practice maintained their continuing professional development as required by the General Dental Council. Staff used a variety of ways to ensure professional development including internal training and staff meetings as well as attendance at external courses and conferences. We saw that regular training was been undertaken by everyone in the practice, this included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding, dental radiography (X-rays).

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

The practice used the dental insurance provider's patient survey as a way of capturing patient feedback. A sample size of 500 patients was used. We saw the results of the survey that indicated a high degree of patient satisfaction with the staff and the facilities of the practice. The comment cards reflected the findings of this patient satisfaction survey, especially the caring, friendly and welcoming nature of all staff. A number of improvements were actioned as a result of this feedback including new chairs and a television in the waiting area. Staff we spoke with said they felt listened to, this confirmed the open door policy of the practice as described by the registered manager.