

# Dr. Nadim Majid

# Lifestyle Dental

## Inspection Report

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Date of inspection visit: 1 March 2017  
Date of publication: 27/03/2017

### Overall summary

We carried out an announced comprehensive inspection on 1 March 2017 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**

Lifestyle Dental is located in the Fulwood district of Preston and provides diagnostic, preventative, restoration and surgical dental procedures for the whole

population. A dentist, hygienist, dental technician and two dental nurses work at the practice. The premises have been adapted to support the needs of people who are wheelchair users. The practice is located on the ground floor and includes a reception, waiting area, treatment room and toilet facilities.

The practice opening hours are:

Monday – 08.30 to 17.30

Tuesday – 09.30 to 16.30

Wednesday – 09.30 to 19.30

Thursday – 08.30 to 17.30

Friday – 09.00 to 12.00.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 22 CQC comment cards on the day of our visit; patients were extremely positive about the staff and standard of care provided by the practice. Patients commented that they were treated with dignity and respect in a clean and tidy environment by staff that were informative, friendly and made them feel at ease.

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

# Summary of findings

- The practice had a proactive approach to governance and quality assurance.
  - The practice was well organised, visibly clean and free from clutter.
  - An infection prevention and control policy was in place. Sterilisation procedures followed Department of Health guidance.
  - The practice had systems for recording incidents and accidents.
  - Practice meetings were used to provide staff with updates and to discuss the outcome of checks and audits.
  - The practice had a safeguarding policy and staff were aware of how to escalate safeguarding issues for children and adults should the need arise.
  - Staff received annual medical emergency training.
  - Dental professionals provided treatment in accordance with current professional guidelines, including sedation guidelines.
  - Patient feedback was regularly sought and it was acted upon to improve the patient experience.
  - Patients could access urgent care when required.
  - Staff maintained their continuing professional development in accordance with their professional registration.
  - A policy and procedure was in place for managing complaints.
  - The practice was actively involved in promoting oral health.
  - A record of pre-employment references taken verbally to ensure staff were suitable to work with vulnerable patients was not in place.
  - Emergency equipment was being checked monthly and not weekly as required.
- There were areas where the provider could make improvements and should:**
- Review the protocol for completing accurate and detailed records relating to employment of staff ensuring recruitment checks, including references, are suitably obtained and recorded.
  - Review the arrangements for monitoring medical emergency equipment and medicines giving due regard to guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.

# 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.

Infection prevention and control procedures were effective and followed current guidance.

Equipment for decontamination procedures, radiography and general dental procedures was regularly tested and checked to ensure it was safe to use.

Staff were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Relevant risk assessments were in place for the practice.

Verbal references taken when recruiting staff were not recorded.

The medical emergency kit was stored safely. The monitoring of medical emergency equipment was taking place monthly rather than weekly as required.

No action



### Are services effective?

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

Dentists were following national guidance when providing oral health care to patients, which ensured treatment followed current recommendations.

Staff obtained consent from patients before providing treatment.

The practice followed the guidelines when using sedation as part of a treatment plan for patients.

Staff made referrals to other services in an appropriate and recognised manner.

Staff registered with the GDC met the requirements of their professional registration by carrying out regular training and continuing professional development.

No action



### Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 22 responses all of which were very positive, with patients stating they felt listened to and included in making decisions about their care.

Dental care records were kept securely on computer systems which were password protected.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

Staff had access to an interpreter service for language and hearing if required.

The practice was fully accessible for people who were wheelchair users, including an accessible toilet.

No action



## Are services well-led?

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

The practice owner was responsible for the day-to-day running of the service. The practice had a proactive approach to governance quality assurance.

A comprehensive audit programme was in place, including infection prevention and control, X-rays and dental care record audits. In addition regular and various 'spot checks' were undertaken. The outcome of audit was used to identify improvements that could be made to the service.

Staff said there was an open culture at the practice and they felt confident raising any concerns, particularly at the daily practice meetings.

The practice conducted a regular patient satisfaction survey each year and this was analysed to identify any areas of the practice that could be improved upon.

No action



# Lifestyle Dental

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

The inspection took place on 1 March 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the practice owner, the lead for governance, a dental therapist and a dental nurse. We reviewed policies, protocols, certificates and other documents as part of the inspection.

To get to the heart of patient's experience 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

The practice had a process in place for the management of incidents, including significant events. A significant event reporting form was in place and an accident reporting book was also in use. Staff told us there had been no significant events to report and the last staff accident recorded was in January 2015. Staff were aware of the types of significant events that could occur and how they would be managed. The practice provided sedation and the sedation policy included guidance about incident reporting in relation to sedation.

The practice owner said that any incidents would be investigated, a risk assessment completed if necessary and a discussion would take place with the staff team to minimise a reoccurrence.

The staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). A RIDDOR policy was in place for the practice.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Department of Health Central Alerting System (CAS). These alerts identify problems or concerns relating to medicines or equipment. If the alert was relevant to the operation of the practice then it was shared with the staff at the daily practice meetings or via email.

The practice owner and staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this is in accordance with the Duty of Candour principle which states the same.

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

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system was in use at the practice. Sharps boxes were wall-mounted. A policy and risk assessment was in place that clarified the arrangements for managing sharps. A flowchart was in place for staff to follow in the event of a sharps injury and this was located in the clinical areas.

The practice owner told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Child and vulnerable adult safeguarding policies and procedures were in place. A safeguarding lead was identified for the practice. Staff were knowledgeable about abuse and were aware of how to report any concerns. Local safeguarding contact numbers were available should staff have a concern they wished to report. All staff working at the practice had undertaken safeguarding training to the appropriate level.

The practice had a whistleblowing policy. Staff could raise concerns within the practice or could raise concerns externally. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

### Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. Procedures were in place for staff to follow in the event of a medical emergency, including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice kept medicines and equipment for use in a medical emergency. These were in line with the Resuscitation Council UK and British National Formulary guidelines. All staff knew where these items were located.

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were routinely

# Are services safe?

checked. The AED and oxygen was checked each week. The emergency drugs were being checked monthly. We highlighted to the practice owner that these checks should take place weekly in accordance with the Resuscitation Council (UK). The practice owner said they would increase the checks of the emergency drugs to weekly and the oxygen would be checked daily. We checked the emergency medicines and found they were of the recommended type. The date for one of the emergency drugs expired the day prior to our inspection. Staff ordered a replacement straight away.

A first aid kit was available and a member of staff was the dedicated first aider for the practice. Mercury and bodily fluid spillage kits were in place in the event that staff should need to use it.

The practice provided intravenous sedation. Because of the risks associated with sedation, staff regularly engaged with simulated sedation scenarios to ensure staff responded efficiently and effectively in the event of a medical emergency. Patients were monitored throughout the process and recordings were made every 10 minutes, including recorded checks of blood pressure and blood oxygen levels.

## **Staff recruitment**

A recruitment policy was in place for the practice. We reviewed the recruitment files for the two most recently recruited members of staff to check that they had been recruited appropriately. Disclosure and Barring Service (DBS) checks had been completed for staff. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. References from previous employment were not in place and the practice owner told us these had been taken verbally but had not been recorded. The practice owner confirmed after the inspection that two written references had been located for the most recently recruited member of staff. They said they would ensure written references were requested going forward. The immunisation status of staff was checked as part of the recruitment process.

## **Monitoring health & safety and responding to risks**

A health and safety general statement had been completed for the practice in October 2016. A health and safety risk assessment had been completed for the practice in June 2016. A risk assessment is a system of identifying what

could cause harm to people and deciding whether to take any reasonable steps to prevent that harm. The risk assessment undertaken took into account risks associated with the environment, equipment and the use of hazardous products.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers retain information on the risks from hazardous substances in the dental practice. A dedicated member of staff was responsible for ensuring the COSHH file was up-to-date and they confirmed the COSHH file was reviewed regularly, particularly when any new products were introduced. We found the practice had in place risk assessments for the COSHH products and safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident.

A fire safety risk assessment of the premises had been undertaken in September 2016. The annual check of the fire alarm system and firefighting equipment also took place in September 2016. An evacuation plan was in place along with monthly checks to ensure fire systems were effective. A member of staff said the fire drill was discussed every three months and the fire alarm set off to check the response time of staff. The evacuation procedure was displayed in the waiting area.

## **Infection control**

An infection prevention and control (IPC) policy was in place along with an IPC risk assessment. A dedicated lead for IPC was identified for the practice.

We observed the nurse decontaminating instruments in the dedicated decontamination room. The dental nurse outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We observed that the decontamination and treatment room were clean. Drawers and cupboards were well

# Are services safe?

organised and clutter free with adequate dental materials available. There were hand washing facilities, liquid soap and paper towel dispensers in the treatment room, decontamination room and toilet.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in December 2014 by a specialist company. This was reviewed annually. Processes were in place, such as monthly temperature checks of all water outlets to ensure water temperatures were within safe temperature parameters.

The practice stored clinical waste securely and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and the practice owner confirmed that all types of waste, including sharps, gypsum and amalgam was collected on a regular basis. Environmental cleaning equipment followed national guidance was coded and stored correctly.

An IPC audit was carried out regularly and we saw the audits from March 2016, September 2016, and January 2017. The most recent audit showed the practice achieved a compliance score of 99%. An annual IPC statement had not yet been completed at the time of our inspection.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclave and the compressor. Portable electrical appliances were tested in January 2017 to ensure they were safe to use.

Antibiotics were stored securely at the practice. Expiry dates were regularly checked and a log of the antibiotics issued to patients was maintained.

## Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiations Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor. Maintenance certificates were contained in the file. Local rules were located next to the equipment. A radiological audit had been completed.

We saw that staff were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular analysis of their X-rays through an annual audit cycle. Audit results for the dentists were in accordance with the National Radiological Protection Board (NRPB) guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care. The dental records we looked at were of a high standard and detailed. A medical history form was completed with patients and this was checked at every visit.

The practice owner said that new patients were offered a 60-minute initial consultation and if they then wished to proceed with the treatment then they were booked in for a full clinical assessment. This involved a thorough examination to assess the dental hard and soft tissues including an oral cancer screen. A basic periodontal examination (BPE) was undertaken to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that following assessment patients were advised of the findings, the risks and benefits, treatment options and costs.

The practice owner was familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were mostly every six months but determining the recall period was based upon individual risk of dental diseases.

The practice offered the option of sedation to patients. A detailed policy in accordance with sedation guidelines was in place and it included the criteria for the use of sedation. It was predominantly an option for patients with severe anxiety and/or patients undergoing complex treatment. The dentist was also experienced in providing anxiety management therapy and this option was considered as an alternative to sedation.

The dentist used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better

oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Children from a local nursery had visited the practice twice in the last 12 months. Approximately 20 children participated on each occasion. Staff said the children were shown around. Brushing teeth was discussed with them and they were shown how to brush their teeth correctly. The children were given a 'goody' bag of age-appropriate dental products to take away.

### Staffing

An induction process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed inductions for the most recent members of staff to join the practice.

Staff told us the practice owner actively encouraged them to participate in regular training to keep up-to-date with best practice and to maintain their continuous professional development (CPD) required for registration with the GDC. The GDC highly recommends certain core subjects for CPD, including medical emergencies and life support, safeguarding, IPC and radiology. We reviewed the CPD records for two staff and noted the staff had completed the core GDC training. Staff also undertook additional training and we were informed that the whole team had completed training in communication skills.

The records we looked at showed the staff had received an annual appraisal and CPD was discussed as part of the appraisal.

Staff received annual immediate life support training to ensure they suitably qualified to manage any emergencies associated with the use of sedation. In addition, the staff had undertaken or were in the process of undertaking the required training for sedation.

# Are services effective?

(for example, treatment is effective)

## **Working with other services**

The practice owner confirmed that patients could be referred to a range of specialists in primary and secondary care if the treatment required was not provided at the practice. The practice owner also referred patients if a second opinion was required. Referral details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

## **Consent to care and treatment**

We spoke with the staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The dentist explained how individual treatment options, risks, benefits and costs were discussed

with each patient and then documented in a written treatment plan. Photographs and other visual aids were used to support the consent process. The patient then was provided with a copy of the plan and a copy would be retained in the patient's dental care record.

The risks associated with sedation were discussed with patients who were then given time to consider the information provided before making a decision. Once sedation was agreed then the patient provided written consent.

The staff were clear on the principles of the 2005 Mental Capacity Act (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 22 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. They said time was taken to explain treatment options and patients who were anxious felt reassured by the information they were given.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and the treatment room, which ensured patient's confidential information could not be viewed by others. We

saw that the door of the treatment room was closed at all times when patients were being seen. Conversations could not be heard from outside the treatment room which protected patient privacy. A chaperone policy was in place for the practice. Dental practitioners routinely had chairside support when treating patients.

Electronic and paper dental care records were stored securely.

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

From our review of the CQC comment cards and our observation of dental records it was clear that patients were involved in decisions about their care. The cost of treatment options was available for patients in the waiting area. The practice website provided patients with information about the practice, staff employed and treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency out-of-hours contact details, the complaint procedure and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

Staff confirmed that patients needing an urgent appointment were usually seen on the day they contacted the practice even if this meant that they had to wait.

### **Tackling inequity and promoting equality**

A disability access audit had been completed in January 2017. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. The practice was wheelchair accessible via the front door and all facilities in the practice could accommodate wheelchair

users. An accessible toilet was available. The practice owner said when a wheelchair user was due to visit they ensured a car space was kept free. Dedicated car spaces were not available for the practice.

Staff had access to a translation service for both language and hearing should the need arise.

### **Access to the service**

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### **Concerns & complaints.**

A member of staff was the lead for handling complaints. A complaints policy was in place which provided guidance on how to handle a complaint. Information for patients about how to make a complaint was displayed in the waiting areas. The practice received no complaints in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The practice owner was responsible for the day-to-day running of the practice.

The practice was a member of a practice accreditation scheme. Accreditation schemes require a commitment by a practice to provide dental care to nationally recognised standards. The practice owner took a proactive approach to governance and quality assurance. This was evident in the way the practice was assessed and monitored to improve the quality of the service and ensure high standards of care delivery. Governance arrangements included a framework of regularly reviewed operational policies and procedures, risk management systems and a programme of audit.

The practice owner commissioned with an external quality assurance company with the aim to ensure the practice was operating in accordance with applicable regulations and national guidance. A representative from the company visited the practice every three months to carry out a review of governance arrangements, including conducting a 'mock CQC inspection'. They carried out spot checks of staff recruitment and training records, and provided training when it was due.

Policies were detailed, bespoke to the practice and were regularly reviewed. Risk management processes were in place to ensure the safety of patients and staff members and they were regularly reviewed particularly if any changes had been made at the practice. For example, we saw risk assessments relating to the environment, equipment and sharps injuries.

A business continuity policy and disaster recovery plan was in place, which set out how the service would be provided if an incident occurred that impacted on its operation.

The practice owner was fully aware of the type of events that CQC require notification about and the process for making a notification.

### Leadership, openness and transparency

Staff told us there was an open culture in the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. Staff spoke highly of the practice owner. They said the practice owner involved them in all aspects of the practice and its development.

We were told there was a no blame culture at the practice. Staff said they felt confident raising issues and told us the practice owner was approachable, would listen to their concerns and act appropriately. The practice held meetings each morning to discuss the activity for that day, including missed appointments, late cancellations, referrals and new patients booked in. In addition, any alerts, feedback from audits and complaints were discussed at the meetings, which were recorded.

### Learning and improvement

A comprehensive programme of clinical and non-clinical audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included: IPC; complaints; dental records; failed attendance for appointments; consent; recalls; emergency procedures; information governance; late appointment cancellations and radiography. Action plans were developed if the outcome of an audit required this.

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

A system was in place to see feedback from patients about the quality of the service provided. We looked at the last survey undertaken. It was undated but staff said it was from 2016. It was clear that the feedback had been reviewed and there was evidence that it had been acted upon. A suggestion box was located in the waiting area should patients wish to leave feedback by this means.