

## Shephall Dental Surgery

# Shephall Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 October 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**

Shephall Dental Surgery is a general dental practice situated in the Shephall area of Stevenage, Hertfordshire. The practice has four treatment rooms and occupies a converted house.

The practice provides treatment to adults and children funded either by the NHS or privately.

The practice has seven dentists, of which two are the joint principal dentists and two are foundation dentists. Foundation dentists are newly qualified dentists that embark on a year training scheme in practice where they are mentored and attend training days. The principal dentists both act as trainers for the foundation dentists.

The practice offers placement of dental implants. This is where a metal post or posts are surgically placed into the jaw bone and used to support a false tooth or teeth.

A dentist and dental nurse from the practice offer a domiciliary service whereby they visit care homes to attend to the dental needs of individuals who are unable to attend the practice.

The practice is open between 9 am and 6 pm Monday to Thursday and from 8 am to 2 pm on Friday. Out of hours patients are directed by the answerphone to a local practice that remains open until 10 pm, and beyond that to contact the NHS 111 service.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the

# Summary of findings

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

We received feedback from patients that attend the practice by way of comment cards which were available at the premises for the two weeks preceding our visit. 13 people provided feedback in this way. Patients were overwhelmingly positive about the care and treatment they received at the service.

## **Our key findings were:**

- The practice was clean and clutter free.
- Patients commented that staff were kind and professional and were able to put children at ease.
- A new patient appointment could be secured at the service within two to three days of contact.
- The pre-employment checks that were carried out on new staff met national standards; however references were not always recorded.
- Standards in infection control met nationally recognised standards; however the flooring in one treatment room was not sealed.
- The practice was not recording significant events which would provide an opportunity for learning.
- Policies were in place to assist the smooth running of the service, and although these were read and signed annually by all staff the policies were not dated to indicate when they were last reviewed.
- The practice had medicines and equipment available to treat medical emergencies. A duplicate kit was available to take on domiciliary visits.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the ability to effectively clean areas of the practice with reference to the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.

# 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 medicines and equipment to manage medical emergencies, and a separate duplicate kit to take on domiciliary visits.

Staff were recruited appropriately, though improvements could be made to ensure references were suitably obtained and recorded.

The processes in place to clean and sterilise used dental instruments were in line with national standards, however improvements were required to ensure all parts of the treatment rooms were in good condition to help ensure good cleaning.

Equipment was serviced and validated in accordance with manufacturers' instructions.

Improvements were required to have in place a system to investigate, report and learn from significant events.

No action



### **Are services effective?**

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

The dentist used nationally recognised guidance in the care and treatment of patients.

Staff we spoke with had a good understanding of consent including Gillick competence and the relevance of the Mental Capacity Act in obtaining consent for adults who may lack the capacity to consent for themselves.

Referrals made to other services were logged centrally and followed up within a specified timeframe.

No action



### **Are services caring?**

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

Staff described how patients' confidential information was kept private. This included paper records being locked away and computers being password protected.

Comments received from patients were positive about their experiences at the practice and we witnessed staff being polite and friendly to patients.

No action



### **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 a website which detailed the treatments available, opening times and details of particular treatments.

No action



# Summary of findings

The practice put emergency appointments aside daily and endeavored to see all patients in pain on the day they contacted the service.

The practice had a complaints policy which was displayed in the waiting room and contained contact details of external agencies that patients could approach with concerns.

## **Are services well-led?**

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

The practice had policies and protocols in place to assist the smooth running of the service, all staff had indicated that they had read and understood the policies.

The practice welcomed feedback for patients and visitors by way of patient satisfaction surveys and the NHS friends and family test.

Staff were given annual appraisals to identify any training needs which were documented in a personal development plan.

**No action** 

# Shephall Dental Surgery

## 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.

We carried out an announced, comprehensive inspection on 25 October 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the

practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with members of staff and patients during the inspection.

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

The practice did not have a system in place to investigate report and learn from significant events, although we were told that they had not had such an incident.

We talked to staff who demonstrated a good understanding of their responsibility of candour in the investigation of such events. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice had an accident book available to record accidents but no entries had been made.

Following the inspection the practice implemented a significant incident policy which highlighted the importance of investigation, candid feedback, and highlighting learning to prevent reoccurrence.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were sent to the practice manager: actioned and relevant alerts displayed for staff to read.

The principal dentist was aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The practice had information available on how to make such a report, and the accident book prompted staff to consider if such a report should be made.

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

The practice had a policy in place regarding safeguarding vulnerable adults and child protection. The adult policy was not dated, but the child protection policy was due for review in January 2017. One of the principal dentists was named as the safeguarding lead and had undertaken training to the appropriate level for that role. All other staff had received training appropriate to their role.

Staff we spoke with were able to describe what signs of abuse they may witness, and describe what actions to take if they were concerned. Relevant telephone numbers to raise a concern were displayed in the practice.

The practice had completed a checklist in April 2016 to ensure that they had all appropriate measures in place to safeguard vulnerable adults and children attending the practice.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 10 October 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the use of rubber dam with the dentists in the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. The practice had access to rubber dam and used it routinely for root canal treatment.

The practice had a protocol in place for dealing with sharps. Dentists were solely responsible for disposing of sharps, and a system of safety needles was available, but not used universally. Safety needles allow a plastic tube to be drawn up over the needle and locked into place after use. The syringe and needle can then be safely disposed of without fear of injury. These measures were in line with the guidance Health and Safety (Sharp Instruments in Healthcare) 2013.

A written protocol was available in all surgeries which prompted staff on how to respond to an injury with a contaminated sharp. This included seeking advice for all injuries and attending accident and emergency if the injury happened outside normal working hours.

### Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together securely overnight and brought out in the morning to ensure ease of access.

The practice had two medical emergencies kits, one for use in the practice and one to take on domiciliary visits.

# Are services safe?

Both kits contained the emergencies medicines in line with the recommendations of the British National Formulary. Although the kit for the practice contained a lower than recommended dose of a medicine for use in a heart attack.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK this included an automated external defibrillator (AED) for use in the dental practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

The domiciliary medical emergencies kit contained emergency equipment and medicines including oxygen in line with the recommendations of the British Society for Disability and Oral Health's; Guidelines for the Delivery of a Domiciliary Oral Healthcare Service 2009.

All medicines and equipment were checked regularly to ensure they were ready for use should an emergency arise.

Staff had all undertaken medical emergencies training, most recently in May 2016. Staff we spoke with were able to detail which emergency medicine would be required for certain medical emergencies.

## **Staff recruitment**

We looked at the staff recruitment files for seven staff members of different grades to check that the recruitment procedures had been followed.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

All staff had a DBS check in place as per the practice policy; however records of references having been sought or received verbally were incomplete.

The practice had an induction training programme which included the location and use of the medical emergencies kit.

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

The practice had systems in place to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which was undated. It contained information including autoclaves, the control of substances hazardous to health and electrical safety.

A full practice risk assessment included risks associated with trips and falls but was due for review in January 2015. Risk assessments were also in place for pregnancy and Hepatitis B non-responders.

The practice had a fire inspection and servicing of the fore equipment by an external company in February 2016, this had not highlighted that any corrective actions needed to be taken. However the practice had not undertaken a formal fire risk assessment.

Procedures were in place to mitigate the fire risk. Fire alarms were tested weekly, and the practice completed assessed evacuation drills every six months. Staff we spoke with were able to describe the actions they would take in the event of a fire, and could identify the external muster point.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors. Information was arranged alphabetically to ensure ease of use.

The practice had a business continuity plan which detailed the actions should the premises become unusable due to an unforeseen event. This included directing patients in urgent need to local NHS practice for treatment.

## **Infection control**

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail

# Are services safe?

the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy which was undated but had been signed by all staff within the last year. The policy included hand hygiene, decontamination, environmental cleaning and personal protective equipment. The practice had not appointed a cross infection lead, and delegated that responsibility to the dental nurses equally.

The practice had a dedicated decontamination facility and we observed a dental nurse carrying out the process. The decontamination process involved manually cleaning the instruments, then rinsing them and inspecting them under an illuminated magnifier. The instruments were then placed into an autoclave for sterilising, and were pouched and dated with a use by date as per national guidance.

We observed the decontamination procedure in the practice and found that it met current national guidance, and checks performed on the process were in line with the requirements of HTM 01-05.

All clinical staff had documented vaccinations against Hepatitis B. Although some staff members had not had the blood test to confirm that their vaccinations had been effective. Staff who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections. Following the inspection we were advised that the staff member had been for testing to ensure they had immunity to Hepatitis B.

We saw evidence of detailed cleaning schedules. Cleaning equipment conformed to the national colour coding scheme and was stored appropriately.

The practice had contracts in place for the disposal of contaminated waste and waste consignment notes were seen to confirm this. Clinical waste was stored in a locked cupboard prior to collection.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which

can contaminate water systems in buildings. The assessment had been carried out by an external company in October 2016. High priority actions had been listed, and the practice had responded to these.

The flooring in one of the treatment rooms was not sealed to the wall and had left a gap which was impossible to clean effectively. The same treatment room had a small hole in the wall that created an area that could not be cleaned.

Staff we spoke with described appropriate infection control measures when staff were undertaking domiciliary visits. This included secure boxes for the transport of dirty instruments back to the practice.

## **Equipment and medicines**

The practice had a full range of equipment to carry out the services they offered and in adequate number to meet the needs of the practice.

Portable appliance testing had been carried out in August 2016 and appropriate servicing and testing of the following had been completed within a year of the inspection; two autoclaves, the compressor, and the X-ray developing machine.

The practice did not keep any medicines on the premises save those for the treatment of medical emergencies.

Glucagon is an emergency medicine used to treat diabetics. It is sensitive to temperature, and although it can be stored at room temperature its shelf life would be reduced. We found that the practice was storing the glucagon from the domiciliary kit appropriately at room temperature they had not amended the expiry date to account for this. We raised this during the inspection and were advised that this would immediately be amended.

## **Radiography (X-rays)**

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice had four intra-oral X-ray machines that were able to take an X-ray of one or a few teeth at time, and one dental panoramic tomograph (DPT) machine that takes a panoramic image of all the teeth and jaws. The DPT machine was decommissioned at the time of the inspection.

## Are services safe?

Local rules were available for the X-ray machines which were signed and dated by the operating practitioners.

The designated Radiation Protection Advisor (a radiation specialist often a medical physicist) visited the practice in October 2016 and highlighted that isolation switches were in the controlled zones in two treatment rooms. This meant that in the event of a malfunction a member of staff would

have to enter the controlled zone in order to switch off the machine. Although the staff were aware of this recommendation this had not been addressed at the time of the inspection.

All the X-rays machines had been serviced in October 2016 and all staff taking X-rays were up to date with recommended training.

Practitioners were recording a written justification, grade and report for every X-ray taken in line with IRMER 2000.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

The practice had a robust system in place to ensure clinicians were kept informed of any changes to the patients' medical history. Patients were required to fill out and sign a medical history form at every two years. At all other visits the medical history form was checked and signed by the patient to confirm there were no changes. In this way clinicians could be assured of being made aware of a medical condition which may affect treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment, or possible referral to a specialist.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

### Health promotion & prevention

The practice demonstrated a commitment to health promotion. Medical history forms completed by patients detailed whether they smoked or drank alcohol, this information could be used to introduce a discussion on oral health.

We found a good understanding of the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' were being applied when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Leaflets detailing the local stop smoking service were available in the waiting room.

### Staffing

The practice was staffed by two principal dentists (one of whom was the registered manager), three associate dentists and two foundation dentists. Foundation dentists are newly qualified dentist that undertake a mentored year in practice where they have a designated trainer, weekly tutorials and training days before receiving their performer number to practise in the NHS individually.

In addition the practice had a hygienist, two part-time practice managers, five trained dental nurses and one trainee dental nurse.

The principal dentists acted as joint trainers for both foundation dentists ensuring that one of them would be available at the practice at all times. The practice gave tutorials twice weekly to the foundation dentists, who commented that they were well supported in their roles.

One dentist offered domiciliary visits and was always accompanied by a qualified dental nurse.

### Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

The practice kept a central log of all referrals made and contacted the referral centres within a specified timeframe if an acknowledgement of the referral was not made. In this way that practice ensured that patients were seen in an appropriate timescale.

Copies of referral letters were offered to patients for their own records.

### Consent to care and treatment

The clinicians described the process of gaining full, educated and valid consent to treat. This involved detailed discussions with the patients of the options available and the positives and negatives of each option. Patients were offered time to consider their options. The practice website had videos of various treatments and patients were directed to view these in their own time.

Comments received from patients indicated that clinicians took the time to answer all their questions and explain all their options.

The practice had a consent policy which detailed the situation where a child under the age of 16 could legally

# Are services effective?

(for example, treatment is effective)

consent for themselves. This is termed Gillick competence and relies on an assessment of the child's competency. Staff we spoke with demonstrated a good understanding of this principle.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and

make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

# Are services caring?

## Our findings

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

Comments from patients received through comment cards indicated that patients were wholly satisfied with the treatment they received at the practice. They commented that staff were friendly and polite, and they were skilled at treating children.

Staff we spoke with explained how they ensured information about patients using the service was kept confidential. The computer was password protected and positioned below the level of the counter so that it could not be overlooked by a patients stood at the counter.

Staff described how they would take patients into the office to discuss and sensitive matters so as to not be overheard.

Reception staff indicated that paper records were filed without delay and kept in locked cabinets. These measures were underpinned by the practices policies on confidentiality and data security.

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

Comments from patients indicated that options for treatment were explained to them in detail and the practice offered good advice.

Dental care records we were shown indicated the discussions had taken place with the patient, options had been explained and the patient preference noted. Patients were given written treatment plans indicating the costs before commencing treatment.

NHS charges were displayed in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

At the time of the inspection the practice were accepting new NHS patients, and a new patient appointment could be secured within two to three days of contacting the practice.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

The practice had a website which detailed the treatments available, opening times and details of particular treatments.

### Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs. This was underpinned by the practice's equality and diversity policy.

The practice had a disability discrimination audit which was completed in 2014 and had generated an action plan. This had looked into the possibility of making the practice accessible to wheelchairs, but due to a steep bank at the front of the property this was not possible. Staff indicated that they informed new patients to the practice of this when they made an appointment. If a patient did require wheelchair access the practice would refer them to a nearby service which was more accessible in this regard.

We asked staff how they accommodated the individual needs of patients; staff described situations where a patient with limited mobility would be moved to a downstairs treatment room. The practice also had an induction loop to assist patients that used hearing aids.

### Access to the service

The practice was open from 9 am and 6 pm Monday to Thursday and from 8 am to 2 pm on Friday. Outside these hours the answerphone directed patients to a nearby dental service until 10 pm and beyond that to contact the NHS 111 service.

Emergency appointments were put aside on a daily basis and the practice made every effort to see any patient in pain on the day they contacted the service.

### Concerns & complaints

The practice had a complaints policy in place which was displayed in the waiting area. As well as directing patients on how to raise a complaint within the service it also gave contact details for external agencies that a complaint could be escalated to.

The practice had designated one of the principal dentists as the lead in dealing with complaints, and the practice had a complaints procedure for staff detailing how to handle a complaint.

The practice had not received a complaint in the year preceding our inspection so we were unable to see the process in action.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentists took responsibility for the day to day running of the practice supported by the practice managers. In addition staff members had been assigned lead roles in areas of the practice. We noted clear lines of responsibility and accountability across the large practice team.

The two practice managers both worked part-time at the service, they made sure the other was kept up to date with any developments by use of a communications book.

The practice had policies and procedures in place to support the management of the service, and these were available for staff to reference in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding children and vulnerable adults, information governance and whistleblowing. These had not been dated with a review date, however all staff had read and signed the policy folder within a year of our visit. Following the inspection the practice reviewed and re-dated all their policies so that staff could be assured of their relevance when they came to use them

Practice meetings were held every three months; recent topics for discussion included clinical waste, safeguarding, decontamination, personal protective equipment and handwashing.

### **Leadership, openness and transparency**

Staff we spoke with reported an open and honest culture across the practice and they felt fully supported to raise concerns with the principal dentist or practice manager.

A whistleblowing policy was available. It directed staff to raise concerns about a colleague's poor performance either internally or to an external agency. This topic was discussed with all staff at a staff meeting in March 2016 and staff we spoke with understood their duty to raise any concerns. The whistleblowing policy was displayed on the fridge to ensure that it was easily accessible.

### **Learning and improvement**

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits were seen completed in June 2016, but before that not since February 2014. We raised this with the practice team who indicated that they had lost the intervening audits in a computer malfunction. They were aware that audits should be completed every six months in line with the guidance from the Department of Health.

Audits on the quality of X-rays and record keeping were completed annually by the foundation dentists as part of their training year.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that most clinical staff were up to date with the recommended CPD requirements of the GDC. The practice manager kept oversight of the training requirements of the staff.

Staff received annual appraisals from which personal development plans were drawn up which highlighted any specific training needs of individual members of staff.

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

The practice obtained feedback from patients from several pathways. Patient satisfaction surveys were carried out and the results for the previous year were displayed in the practice waiting area. In addition the practice took part in the NHS friends and family test and a comments box was available for patients and visitors.

Staff indicated that the management team were responsive to any ideas that they had and were able to approach them either formally through the appraisal process, at staff meetings, or informally at any time.