

Eccleshall Dental Clinic

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Inspection Report

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Overall summary

We carried out this announced inspection on 23 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Eccleshall Dental Clinic is located close to Eccleshall town centre seven miles north west of Stafford. There are two services provided by two different providers at this location. This report only relates to the provision of NHS dental care. An additional report is available in respect of the private contract which is registered under the provider Eccleshall Dental Clinic Limited.

The practice can be accessed via a portable ramp as there is one step leading into the building which limits access for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception

Summary of findings

area, a waiting room, an accessible patient toilet and one dental treatment room. On the first floor there is one dental treatment room, a staff room / office, staff toilet facilities and a decontamination room for the cleaning, sterilising and packing of dental instruments.

The dental team includes two dentists, five dental nurses who also cover reception duties (two of whom are trainee dental nurses), two dental hygiene therapists and a practice manager. The current dentists took over practice ownership approximately three years ago.

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

On the day of inspection we collected nine CQC comment cards filled in by patients and looked at patient satisfaction survey results. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 8.30am – 8pm

Tuesday: 8.30am – 6pm

Wednesday: 8.30am – 6pm

Thursday: 8.30am – 6pm

Friday: 8.30am – 4.30pm

Our key findings were:

- The practice appeared clean and well maintained with the exception of a large crack on the upstairs surgery wall and part of this surgery work top which needed resealing. The practice manager advised us that these had been logged in their maintenance book for repair.
- The practice had infection control procedures which mostly reflected published guidance.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of two airways which were out of date. These were immediately removed and replacements ordered.
- The practice had systems to help them manage risk. There was a process in place for the reporting and shared learning when untoward incidents occurred in the practice.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Contact details were displayed in the staff room however the practice were not able to locate the safeguarding adult's policy on the day of our inspection; this was sent to us the following day.
- The practice had thorough staff recruitment procedures.
- The dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Information from nine completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, professional and high quality service.
- The practice dealt with complaints positively and efficiently.

There was an area where the provider could make improvements. They should:

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. 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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Local authority safeguarding contact details were displayed in the staff room however the practice were unable to locate the safeguarding adult's policy on the day of our inspection. This was sent to us the following day.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained with the exception of a large crack on the upstairs surgery wall and part of this surgery work top which needed resealing. The practice manager advised us that these had been logged in their maintenance book for repair.

The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. We noted a number of loose and uncovered items in treatment room drawers such as impression trays, dental burs and a composite dispenser. We were informed that these would be pouched or kept in boxes as appropriate.

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were available with the exception of two airways and parts of the first aid kit such as bandages which were out of date. These were immediately removed and replacements ordered.

No action



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 focused on the needs of the patients. The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good, professional and up to date. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, thoughtful, trustworthy and caring. They said that they were given detailed informative explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice provided level access for people who use wheelchairs and pushchairs via a portable ramp as there was a small step to gain access to the front of the building. There was a fully accessible patient toilet on the ground floor of the building which contained grab rails, an emergency pull cord and the toilet which had been adapted for use by disabled patients. There was a ground floor surgery and a lowered area of the reception desk for wheelchair users. The practice were due to have an assistance bell fitted to the front door to alert staff to patients who may need help entering the building or opening the door.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss. The practice did not have a portable hearing loop.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Details of how patients could complain were clearly displayed in the reception area.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly typed and backed up securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

There had been no accidents and three incidents reported in the past 12 months. These were all logged, investigated and learnings were shared with team members through staff meetings to reduce risk and support future learning.

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

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse however the practice were unable to locate the safeguarding adult's policy on the day of our inspection. This was sent to us the following day. Local authority safeguarding contact details were displayed in the staff room. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

There was a whistleblowing policy which included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice did not have a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. This was completed and sent to us the following day.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and immediate life support every year. In addition to this, staff completed medical scenario training once a year to ensure they were confident to respond to medical emergencies. Training was last completed by all staff in May 2017.

Emergency equipment and medicines were available as described in recognised guidance however we found two airways in the emergency equipment and bandages in the first aid kit that were out of date. These were immediately disposed of and replacements ordered. Staff kept records of their checks of emergency medicines to make sure these were available, within their expiry date, and in working order. Following our inspection the checklist was updated to include emergency equipment and expiry dates to ensure that they could also be appropriately monitored.

Staff recruitment

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. We saw evidence of DBS checks for all members of staff.

The practice had a recruitment policy and procedure in place which was used alongside a comprehensive induction training plan for new starters. We looked at the recruitment records for five staff members which showed the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we reviewed were in accordance with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice manager had a clear process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

Are services safe?

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance.

A dental nurse worked with the dentists and dental hygiene therapists when they treated patients.

The practice had carried out a fire risk assessment in March 2016. This was then reviewed following our inspection and we were assured it would be further reviewed on an annual basis. Fire procedures were displayed throughout the building and we observed weekly fire alarm and smoke detector checks were carried out by practice staff. The practice carried out six monthly fire drills which were discussed at practice meetings; the last fire drill was completed in November 2017. External specialist companies were contracted to service and maintain the smoke detectors, fire alarm and fire extinguishers. We saw annual servicing records for these which were all dated within the last year.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had detailed information about the control of substances hazardous to health, with the exception of biological agents which was completed and sent to us the following day. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. These were well organised and easy for staff to access when needed.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

There was a dedicated decontamination room which served both of the treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment

rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices. We saw records which showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in August 2017 showed the practice was meeting the required standards although some actions were highlighted that had not been recorded as completed. Following our inspection an additional infection control audit was completed and an action plan containing resolutions and timeframes was sent to us.

We noted that all areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. Cleaning equipment was colour coded and stored correctly with the exception of not having a green mop and bucket, which was immediately ordered. We viewed the treatment room and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. We noted that the upstairs treatment room had a large crack on the wall and part of this surgery work top needed resealing. The practice manager advised us that these had been logged in their maintenance book for repair. We noted a number of loose and uncovered items in treatment room drawers such as impression trays, dental burs and a composite dispenser. We were informed that these would be pouched or kept in boxes as appropriate.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in April 2016.

We saw cleaning schedules for the premises although there was scope for these to be more detailed. Following our inspection the practice implemented new cleaning schedules containing more detail and sent these to us. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

Are services safe?

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice held NHS prescriptions. The prescription details were documented in the patients clinical care records when issued and they were recorded and logged centrally to ensure appropriate monitoring and tracking. We found that prescriptions were not stored securely and were told that a new process would be implemented with immediate effect to ensure that they were held securely. Following our inspection a prescription security risk assessment was sent to us which underpinned the new processes that had been implemented.

We observed that the practice had equipment to deal with minor first aid such as minor eye problems and body fluid and blood spillage.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice had two intraoral X-ray machines which were both fitted with rectangular collimation to reduce the dose of radiation to patients. The practice used digital X-rays to further reduce the dose of radiation received by patients.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation; this was last completed in January 2018. An action plan had been produced which identified learning points.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice last audited patients' dental care records in September 2017 to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. The practice used a pulse oximeter and blood pressure monitor which had not been calibrated since they were purchased. We were informed that they would purchase new equipment that could be calibrated. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. We were informed that the practice relied on patients to give them their height and weight measurements rather than assessing this in the practice. The practice manager advised that this process would be discussed and reviewed with the dentists to ensure accurate measurements are taken to calculate the patient's body mass index (BMI). The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentists provided verbal advice and information to patients about oral health, smoking cessation and sensible alcohol consumption. This was further enhanced by appointments with the dental hygiene therapists.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

The practice team consisted of two dentists, five dental nurses who also cover reception duties (two of whom were trainee dental nurses), two dental hygiene therapists and a practice manager.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. One of the dental nurses discussed a case where the Local Authority had been contacted to discuss concerns relating to a patient's deteriorating capacity. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The practice team were aware of the need to also consider consent when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, thoughtful, trustworthy and caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Music was played in the treatment rooms and there were magazines and a television in the waiting room.

Information leaflets, a patient suggestions book and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants. The practice had designed several detailed treatment information leaflets for patients to refer to and take home with them.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described how they tried to ensure that anxious patients were given appointments at quieter times or the last or first appointment of the day, if this met with patient's needs. These appointments were given to ensure that the waiting room was not busy which helped those patients who found it unsettling to wait in the waiting room before an appointment.

We were informed that courtesy email or telephone call reminders, depending on the patient's preference, were sent to all patients 48 hours before their appointments.

Promoting equality

The practice made reasonable adjustments where possible for patients with disabilities. These included a portable ramp at the entrance, a lowered part of the reception desk for wheelchair users, an accessible toilet on the ground floor with grab rails and an assistance bell and a ground floor treatment room. The practice were due to have an assistance bell fitted to the front door to alert staff to patients who may need help entering the building or opening the door. The practice did not have a hearing loop.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. They took part in an emergency on-call arrangement with their sister practice. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. A copy of the practice's complaints procedure was on display in the waiting room for patients to read. The principal dentist was responsible for dealing with complaints. Staff told us they would tell the practice manager or principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans however we did not see evidence that these had been discussed.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. At the time of our inspection the practice had funded and were supporting two trainee dental nurses to become qualified and two dental nurses to complete sedation training.

The whole staff had received annual appraisals with the exception of two new starters who had these scheduled. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and immediate life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, a suggestions book, verbal comments, appraisals and complaints to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, following patient feedback that they were finding it difficult to arrange joint hygiene and dentists appointments within their recall period the practice changed its recall process to send recalls out earlier to enable patients to book within the correct timeframes.

The practice had received seven comments in their suggestions book in the past 12 months all of which were extremely positive. Comments included 'considerate, meticulous and on top of the job', 'everyone at Eccleshall dental clinic did a great job of making a very nervous patient feel very comfortable' and 'thank you for the excellent service and advice you and your team gave me'.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.