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Hunstanton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 September 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

Hunstanton Dental Practice provides primarily NHS treatment to adults and children and serves about 3000 patients. The two dentists own the practice as partners. It is situated in a converted residential property and has two dental treatment rooms and a decontamination room on each floor for sterilising dental instruments. There are two waiting areas, a reception area and staff room.

The practice is open from 9am to 5.30pm on Mondays, Tuesdays and Thursdays, from 8am to 3pm on Wednesdays and Fridays**.** The dentists are supported by appropriate numbers of dental nurses and administrative staff.

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

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 38 patients. These provided a very positive view of the service provided. Patients commented on the effectiveness of their treatment, the friendly and empathetic nature of staff, and the cleanliness of the practice.

Our key findings were:

- Information from 38 completed Care Quality Commission comment cards gave us a positive picture of a friendly, professional and high quality service.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice took into account any comments, concerns or complaints and used these to help them improve the service.
- Staff felt well supported and were committed to providing a quality service to their patients.
- The two practice owners provided strong and effective leadership.
- Effective quality assurance and monitoring systems were in place, based on seeking the views of patients.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review all hazardous substances within the practice and ensure relevant safety data sheets are available for them.
- Monitor the fridge temperature each day to ensure it is operating effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice to support patients. Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

No action ✓

Are services caring?

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

We collected 38 completed patient comment cards and obtained the views of a further six patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed. They told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

No action ✓

Are services responsive to people's needs?

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

Appointments were easy to book and the practice offered early opening hours two days a week to meet the needs of those who worked full-time. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability; however its toilet was not wheelchair accessible.

There was a clear complaints system and the practice responded appropriately to, and learnt from, issues raised by patients.

No action ✓

Summary of findings

Are services well-led?

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

Both patients and staff benefitted from the ethos and management approach of the practice. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action

Hunstanton Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 6 September 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with both dentists, two dental nurses and the receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 44 patients about the quality of the service, which included comment cards and patients we spoke with during our 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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and we noted that RIDDOR guidance was available in the practice's accident folder. A book was also available to record any incidents and we viewed a sample of accident forms that had been completed in full by staff.

It was clear that staff learned from adverse incidents that occurred. For example, following two sharps' injuries to dental nurses from handling matrix bands, the procedure was changed so that only dentists removed and disposed of the bands. We saw that the practice's sharps' policy had been updated accordingly to reflect this change.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Staff we spoke with were aware of recent alerts affecting dental practice and a folder of alerts was kept in the reception area for reference.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if they had concerns about a patient's welfare. Records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Staff told us they had received good training in safeguarding provided by the local NHS hospital Trust. In addition to this, they had undertaken on-line refresher training in protecting people. One of the practice owners was the safeguarding lead and acted as a point of referral should members of staff have a safeguarding concern. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues. We viewed good information about reporting procedures in the staff reception area, and in the patient waiting areas.

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them. Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. However, only one of the dentists used rubber dams routinely as recommended by guidance.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. There was an automated external defibrillator (AED), a portable electronic device that analyses life-threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment. The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. This included specific Epipens and self-inflating bags for children. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines.

The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

Staff recruitment

We checked personnel records for two staff which contained evidence of their GDC registration, employment contract, job description, indemnity insurance and a disclosure and barring check (DBS). The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have

contact with children or adults who may be vulnerable. However, notes from staff's interviews were not kept to demonstrate they had been conducted in line with employment legislation.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. The risk assessments we viewed covered a wide range of identified hazards in the practice and the control measures that had been put in place to reduce the risks to patients and staff. The assessments were detailed and kept up to date to ensure their relevance to the practice.

A comprehensive fire risk assessment had been completed in October 2015 and we found evidence that its recommendations had been actioned. We noted that the practice's fire safety policy had been discussed at the meeting of 15 June 2016 to ensure staff's understanding of it. Fire detection and firefighting equipment such as extinguishers were regularly tested and regular fire evacuation drills were completed. These fire evacuations did not include patients so it was not clear how the practice would manage in a fire when patients were present.

A full Legionella risk assessment had been completed in September 2015 and we saw evidence that staff had implemented its recommendations. Water temperatures were monitored monthly to ensure they were at the correct level and regular flushing of the dental unit water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming. One of the dentists had undertaken specific training in Legionella awareness in October 2015.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for most products used within the practice. However, it did not contain information sheets for at least two cleaning products we found in use at the practice.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service.

We noted that there was signage throughout the premises clearly indicating fire exits, hot radiator surfaces, X-ray warning signs and identifying the First Aider to ensure that patients and staff were protected.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as minimising blood borne viruses, waste disposal, blood spillage, hand hygiene and the use of personal protective equipment. Cleaning equipment was colour coded and stored according to guidance, although it was not clear how often mop heads were changed to ensure their cleanliness.

Training files we viewed showed that staff had received appropriate training in infection prevention and control, and regular audits of infection control and prevention were undertaken.

The dental nurses undertook all cleaning duties and we noted daily and weekly accountability checklists in place. All areas of the practice we viewed were visibly clean and hygienic, including the two waiting areas, toilets and stairway. We checked two treatment rooms and surfaces including walls, floors, window blinds and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. We checked treatment room drawers and found that all instruments had been stored correctly and their packaging had been clearly marked with the date of their expiry for safe use. However, we noted some out of date medical consumables in the drawers such as temporary filling material and cavity liners. We also noted that the hand wash sink in the staff toilet was old and badly chipped making it difficult to clean. The toilet bin was not foot operated which compromised staff's hand hygiene.

The practice had two separate decontamination rooms for instrument processing. The dental nurses demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing for the initial process, before placing

Are services safe?

them in an ultrasonic bath to be cleaned. Following inspection with an illuminated magnifier, the instruments were then placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the ultrasonic baths and autoclaves used in the decontamination process were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps' containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. Clinical waste was stored in a separate location, accessed by a locked gate to the side of the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

Staff told us they had good supplies of equipment for their work and that any repairs were undertaken quickly. We viewed the practice's fault reporting logbook which showed that a broken collimator had been reported.

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. All other types of equipment were tested and serviced regularly and we saw maintenance logs and other records that confirmed this. However, the temperature of the practice's fridge was not monitored to ensure it operated effectively.

Dentists we spoke with were aware of the British National Formulary on-line system to report any adverse reactions to medicines. Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics given to patients were always recorded. The practice stored prescription pads safely in a locked drawer to prevent loss due to theft; however, a logging system was not in place to account for the prescriptions issued.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set and a copy of the local rules for each treatment room. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. Rectangular collimation was used to confine x-ray beams.

Dental care records showed that dental X-rays were justified, reported on and quality assured. We noted good information in the waiting room explaining to patients the need to take x-rays and describing possible risks to them.

These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with six patients during our inspection and received 38 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the two dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw a range of clinical audits that the practice regularly carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs and infection control. It was clear action was taken in response to any identified shortfalls. For example, following the most recent infection control audit, a plumber had been arranged to ensure that tap water discharged away from drain apertures.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash, floss, and free samples of toothpaste. There was a wide range of leaflets about oral health care available to patients in the practice's waiting rooms including those for gum disease, tooth erosion, bad breath, oral cancer and jaw joint problems.

Dental care records we reviewed demonstrated that dentists had given oral health advice to patients, including smoking cessation advice where appropriate.

Staffing

We found that the dentists were supported by appropriate numbers of dental nurses and administrative staff to provide optimum care for patients. Staff told us there were enough of them for the smooth running of the practice and a dental nurse always worked with each dentist. The practice owners' wives were also registered dental nurses and could help out if needed

Files we viewed demonstrated that staff were appropriately qualified, trained, had current professional validation and professional indemnity insurance. The practice had appropriate Employer's Liability insurance in place. Training records showed that all staff had undertaken recent essential training in infection control, safeguarding people, fire safety and basic life support.

All staff received an annual appraisal of their performance which staff described as useful, especially as they had not experienced it with the previous owner of the practice. Appraisal documentation we saw demonstrated a meaningful and comprehensive appraisal process was in place.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if they could not provide treatment such as orthodontics, dental implants or sedation. The dentists described to us a number of situations where they had made appropriate referrals for urgent treatment. We viewed a number of referral letters in the dental records, which had been completed with all relevant patient information, and patients were given a copy of their referral for information. However, a log of referrals was not kept so that they could be monitored and tracked.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Evidence of their consent had also been recorded. Patients were provided with plans that outlined their treatment and additional written consent forms were used for some

No action

Are services effective?

(for example, treatment is effective)

procedures such as tooth whitening, crowns, root canal treatment and extractions. These consent forms also explained the procedure to patients so that they had a good understanding of what they were agreeing to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Dental staff we spoke with had a clear understanding of patient consent issues. One dentist had undertaken a course in June 2016 called 'Mastering consent and shared decision making' and told us this had really improved his understanding of patient consent issues. The practice held a full copy of the Code of Practice for the MCA, which was easily accessible to staff in the reception office.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent comment cards so patients could tell us about their experience of the practice. We collected 38 completed cards and obtained the views of a further six patients on the day of our visit. These provided a very positive view of the practice. Patients commented that staff were professional friendly and caring, and told us their dental treatment was effective. A couple of nervous patients commented that the staff helped them feel relaxed and at ease about their treatment.

We observed the receptionist interact with about 10 patients both on the phone and face to face and noted she was consistently polite and helpful towards them, and created a welcoming and friendly atmosphere. She had worked at the practice for many years and had built up good relations with many of the patients who visited, and who spoke highly of her. We noted that she ensured that patients got appointment times that were suitable for them.

All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Computer screens at reception were not overlooked and all computers were password protected. Waiting areas were separated from reception allowing for additional privacy.

The practice had specific policies in relation to data protection and confidentiality and these were available for patients to view in the waiting areas.

Involvement in decisions about care and treatment

Patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. One dentist reported that he regularly used dental models and computer photographs to enhance patients' understanding and involvement in their treatment. One patient told us the dentist had shown him his x-ray results and had explained what the highlighted dark areas on his teeth had meant.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a full range of NHS treatments and patients had access to private cosmetic treatments including teeth whitening.

Information was available about the practice and appointments in the patient information leaflet. We also found good information about NHS/private charges in the waiting areas to ensure patients knew how much their treatment would cost. The waiting areas also displayed a wide variety of information including the practice's patient information sheet, how to make a complaint and the practice's data protection policies. Information about emergency out of hours service was available on the practice's answer phone message, but not displayed on the front door should a patient come to the practice when it was closed.

The practice opened on Mondays, Tuesdays and Thursdays between 9am and 5.30pm, and on Wednesdays and Fridays between 8am and 3pm. Appointment diaries were not overbooked and provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist before and after lunch. Patients told us that getting a suitable appointment time was easy, as was getting through to the practice on the phone. However, the practice did not offer a text or email service, something, which two patients told us they would value.

Tackling inequity and promoting equality

The practice had made some adjustments to help prevent inequity for patients that experienced limited mobility. There was ramp access to the front door for wheelchair users, although this ramp was very steep and had no handrail beside it. We watched one wheel chair user and their carer struggle to use it. There was a ground floor surgery and toilet; although this toilet was not accessible to wheelchair users so it was not clear how their needs would be catered for.

The reception desk was very high and had not been lowered at any point to make communication easier with wheelchair users. We noted that one wheelchair user was completely obscured by the desk, and had to rely on their carer to respond to questions from the receptionist. There were no easy riser chairs, or wide seating available in the waiting area to accommodate patients with mobility needs, and no portable hearing loop for patients with hearing aids. Staff were not aware of any local translation services that were available for patients who did not speak English. None of the practice's information was available in other languages or different formats such as large print, braille or audio.

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and the receptionist spoke knowledgeably about how she would handle a patient's concerns. Information about the procedure was available in both patient waiting rooms and in the patient information leaflet.

Although the practice had not received any formal written complaints since the two owners had taken it over, it was clear that patients' informal concerns were dealt with appropriately. For example, in response to a complaint from a patient who was declined further NHS appointments due to their failure to attend previous appointments, the practice now sent patients a written warning before finally refusing them appointments. They had also placed a notice to this effect in the waiting room. A couple of patients had mentioned that the ramp access to the practice was poor and a new ramp was now included in the practice's development plan for improvement.

No action

Are services well-led?

Our findings

Governance arrangements

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were easily available to staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had read and understood them. Staff were aware of their roles and responsibilities and were also aware who held lead roles within the practice. Staff told us the practice was well-led citing effective management, team working and good communication as the reasons.

Communication across the practice was structured around regular practice meetings, which all staff attended. These meetings were minuted, and staff told us that they all contributed to the agenda, and felt able to raise issues.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and it was clear that the practice owners took effective action to address any identified shortfalls. There were also robust arrangements for identifying, recording and managing risks, and implementing mitigating actions.

Staff received regular appraisal of their performance, which included an assessment of their technical knowledge, communication skills, motivation, knowledge and team working.

Leadership, openness and transparency

It was clear that the management approach of the practice owners created an open, positive and inclusive atmosphere for both staff and patients. Staff spoke highly of the two owners describing them as approachable and caring. One staff member told us the owners had been supportive of her family commitments. Another staff member told us the owners had introduced many positive changes since taking over the practice and that they complemented each other well.

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

The practice encouraged and valued feedback from patients. For example, all patients were encouraged to complete a survey, which asked them for their views about the appearance of the practice, practice personnel, appointments and treatment costs. The practiced had received 18 completed surveys and we noted the results had been analysed and used to improve the practice. For example, in response to patients' comments about the dated appearance of the practice, the owners had implemented a programme of refurbishment. One patient had described the newly decorated rooms on our comment card as 'uplifting'. A small ramp had been placed over the front door threshold to make it more accessible to wheelchair users.

The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. The owners monitored results of these. We viewed results from June and July and noted that all respondents would recommend the practice.

There was also a suggestion box in the waiting room where patients could leave their comments and the receptionist showed us a book where she recorded patients' comments, both positive and negative, about the practice.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given examples that the provider had listened to staff and implemented their suggestions and ideas. For example, a daily surgery checklist had been introduced and staff uniforms had changed.