

Dr. Benedict Liversidge

The Wrekenton Dental Practice

Inspection Report

13 Longbank
Wrekenton
Gateshead
Tyne and Wear
NE9 7HE
Tel: 0191 4877667
Website: www.wrekentondental.com

Date of inspection visit: 23 February 2016
Date of publication: 06/07/2016

Overall summary

We carried out an announced comprehensive inspection on 23 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Wrekenton Dental Practice is owned and run by Dr. Benedict Liversidge and Dr. Jill Canty. They are both independently registered with the Care Quality Commission and as such there are two reports for the practice. They each have their own patients and surgery. They share staff and the facilities which include a decontamination area and a reception and waiting room. The practice offers primary care dentistry under the NHS, and private dental care.

The practice is open Monday to Thursday 8.30am to 5.30pm and Friday 8.30am to 4pm.

There are two dentists, two dental nurses, one trainee dental nurse, a receptionist/practice manager.

Dr. Benedict Liversidge is a registered provider for the practice. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

We spoke with the dentists, two dental nurses, one trainee dental nurse and the receptionist/practice manager.

On the day of inspection we received five CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they found the staff to be welcoming and professional.

Our key findings were:

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks, and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided in order to make improvements where needed.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK).
- Review the storage of dental care materials and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's protocols for justifying the taking of X-rays giving due regard to the Faculty of General Dental Practice (FGDP) guidance on the "Selection Criteria for Dental Radiography".
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

Legionella risks were managed, for example, we saw a legionella risk assessment had been undertaken in January 2010 and the practice undertook regular water test sampling. The last water test was undertaken in February 2016.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

New patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate and in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities. Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in another private room.

Comments on the five completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be welcoming, professional and treatment options explained well.

Summary of findings

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' dental care records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The Wrekenton Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 23 February 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, two dental nurses, one trainee dental nurse and the

receptionist/practice manager. We reviewed policies, procedures and other records relating to the management of the service. We reviewed five completed Care Quality Commission comment cards.

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 had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The dentists told us any accident or incidents would be discussed at practice meetings or whenever they arose. There had been no incident in the last 12 months.

The practice used a complaints policy and processes. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The dentists told us any learning from the complaints would be shared at practice meetings.

The dentists were aware of their responsibilities under the duty of candour. They told us if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

The dentists told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA). This is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. There was a lead for safeguarding. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident if they raised any concerns they would be followed up appropriately by the dentist.

The dentists told us they all routinely used a rubber dam when providing root canal treatment to patients. The dentists who used a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The dentist told us they completed patients' dental care records in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, it was evident from the patients' dental records and audits we were shown that patients' medical histories had been updated prior to each treatment. Soft tissue examinations, diagnosis and consent including other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice. We saw the practice had undertaken a clinical record keeping audit in January 2016 which showed that it was 100% accurate.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident they could raise concerns about colleagues without fear of recriminations.

The dentists told us the fire alarms were tested monthly. We saw evidence the last fire drill had taken place in February 2016. The practice displayed fire safety signage. We saw the fire extinguishers were checked annually.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Are services safe?

The practice kept medicines and equipment for use in a medical emergency. Some equipment was not in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We saw the practice did not have all the recommended equipment. For example, it did not have a variety of adult and child face masks for attaching to a self-inflating bag. In addition, the self-inflating bag needed replacing and the emergency oxygen needed to be checked and replaced if necessary. We discussed our findings with the dentist. They took immediate action and showed us evidence they ordered all the missing items and a replacement for the self-inflating bag and emergency oxygen. All staff knew where the emergency items were kept. We checked the emergency medicines and found that they were of the recommended type and were in date.

Staff recruitment

We saw the practice followed its recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two recruitment files which confirmed that the processes had been followed.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The 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.

The dentists told us they had a process to satisfy themselves that all clinical staff maintained their registration with the General Dental Council.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and management of clinical waste.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice had a sharps policy which included guidance on dealing with needle-stick injury, other sharps injuries, the safe storage use and disposal of sharps such as needles and scalpels. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients. Clear guidance for dealing with sharps injuries was displayed in the treatment rooms and decontamination room.

Infection control

The practice had an infection control policy annually. There was lead for infection prevention and control. We saw from the staff training records all staff had received training in infection prevention and control.

The practice did not have a dedicated decontamination room. However, the dentists told us they had plans to install one in accordance with best practice detailed in the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. We saw the practice did have an area on the ground floor which was used for decontamination. However, the area was not ideal and it required some remedial work to enable it to be effectively cleaned. The dental nurses demonstrated to us how they used the area and equipment. We were satisfied the processes were adequate to keep patients safe. We discussed our observations with the dentists. They gave us an assurance that a decontamination room will be installed this year.

All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' areas. Staff told us they wore appropriate personal protective equipment including heavy duty disposable gloves when working in the decontamination area and when treating patients and this included disposable gloves, aprons and protective eye wear.

Are services safe?

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses we spoke with spoke was knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the treatment rooms and the decontamination area in lidded boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgery although they were not clearly identified. We observed that the surgery had debris on the floor and some instruments needed to be disposing of. We discussed observations with the dentists. They gave us an assurance they would dispose of the relevant instruments and ensure the surgery is effectively cleaned on a daily basis.

The dentist told us that they undertook infection control audits annually. We saw that the practice achieved 93% in the February 2016 audit. The practice had an action plan to address the areas that required attention. We reminded the dentists that these audits needed to be undertaken at six monthly intervals rather than annually.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap were available in the washroom.

We saw the sharps bin was being used correctly. However, it was not located appropriately in the surgery. We discussed our observation with the dentist. They immediately moved it to an appropriate location. Clinical waste was stored securely for collection. There was a contract with an authorised contractor for the collection and safe disposal of clinical waste. Clear guidance for dealing with sharps injuries was displayed.

The recruitment files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is

recommended that people 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 risks of acquiring blood borne infections.

We saw that a legionella risk assessment had taken place in January 2010. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice undertook regular tests of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in October 2015. The practice displayed fire exit signage and had fire extinguishers available that had been serviced annually.

We saw maintenance records for equipment such as the autoclave, compressor and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and other medicines were stored appropriately. However, the practice did not have a mechanism to record the temperature of the refrigerator used to store temperature sensitive medicines and materials. We discussed our observation with the dentists. The practice took immediate action and ordered a digital thermometer with an alarm to record the maximum and minimum temperatures.

Radiography (X-rays)

The practice had a radiation safety policy. The X-ray equipment was located appropriately and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine in each surgery needed to be operated safely. The local rules were displayed. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw the dentists were up to date with their continuing professional development training in respect of dental

Are services safe?

radiography. The dentist told us that the X-ray equipment was new. We saw the practice regularly audited their X-rays and implemented action plans which improved the quality of X-rays. The audits were in accordance with the Faculty of General Dental Practice (FGDP) guidelines.

We saw the results of an audit dated January 2016. The audit showed the X-rays were graded and reported, however the justification was not always recorded. and the

reasons for taking the X-ray were recorded. The audit also showed the dentists achieved results in accordance with the guidelines. We discussed our observations with the dentists and they assured us they would review their processes to ensure they would follow the National Radiological Protection Board (NRPB) guidelines in the future.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information in the patient's electronic dental care records for future reference. In addition, the dentists told us they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. We saw from the dental care records we looked at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The records showed routine dental examinations including checks for gum disease and oral cancer had taken place.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded. Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The dentists advised us they provided advice in accordance with the Department of Health's guidance 'The Delivering

Better Oral Health' toolkit. Treatments included applying fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the personnel files.

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. Staff told us the practice supported their training.

Staff training was being monitored and recorded by the dentist. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults. Staff told us they worked very well as a team and covered for each other when colleagues were absent for example, because of sickness or holidays.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records.

The practice had a process for urgent referrals for suspected malignancies.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware a patient could withdraw their consent at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a private room or spare surgery.

Staff understood the need to maintain patients' confidentiality. There was a lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw patient dental care records were held securely.

Comments on the five completed CQC comment cards were complimentary about the service received.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The dentist understood the principles of the Gillick competency and used it. This is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also available explaining the practice's complaints procedure.

The opening times were Monday to Thursday 8.30am to 5.30 and Friday 8.30am to 4pm.

The practice offered same day appointments for patients in need of urgent dental care during normal working hours.

Tackling inequity and promoting equality

One surgery was located on the ground floor which was accessible to patients with mobility issues. However, the washroom facilities were not accessible to patients with mobility issues.

We saw the practice had an equality and diversity policy and staff had received equality and diversity training. Staff told us patients were offered treatment on the basis of

clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and who might require assistance.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed by answerphone message to the NHS 111 service. Callers would then be directed to the relevant out of hours dental service for treatment.

Concerns & complaints

The practice had a complaints policy and procedures. The practice made available information in the waiting areas on how to complain. The staff said they were aware of the complaints process and told us they would refer all complaints to the dentists to deal with. There had been one complaint in the last 12 months which had been dealt with appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice had comprehensive governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, health and safety policy and an infection control policy. The policies and procedures were accessible to all staff. Staff we spoke with were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us it was a good practice to work at and they felt able to raise any concerns with each other and the dentist. They were confident that any issues would be appropriately addressed. Staff also told us they worked very well together and supported each other.

The dentists were aware of their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

Learning and improvement

The practice maintained records for staff training which showed all staff were up to date with their mandatory training. We also saw the practice encouraged additional training which was undertaken by some staff. Staff confirmed and said they were given sufficient training to undertake their roles and given the opportunity for additional training. We saw training was accessed through a variety of sources including formal courses and informal in house training.

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

The practice participated in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The practice also undertook its own patient survey. The 2015 patient survey had 15 respondents. All the responses were positive about the service they had received.

We saw the practice held various staff meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.