

## Aughton Dental Practice

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## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 9 November 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**

Aughton Dental Practice is located in the village of Aughton and provides a range of dental treatments,

including implants, crowns, dentures and tooth whitening. The practice has been a member of the British Dental Association Good Practice Scheme for ten years and attained the Silver Award in 2013.

The surgery and facilities are all on the ground floor and includes four surgeries a reception and waiting area. The premises has been adapted to accommodate wheelchair users, including access to the premises, toilet facilities, widened corridors, a lowered reception desk and a special chair that enables treatment to be carried out in a more upright position. There are two parking spaces to the front of the surgery with additional parking available about 100 metres away.

The practice is open 9:00am to 5:00pm Monday to Friday and opens later until 7.00pm each Wednesday.

The practice is registered with the Care Quality Commission (CQC) as a partnership. Like registered providers, the partners 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.

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

- Patients were pleased with the care and treatment they received at the practice.
- Feedback from patients highlighted the practice supported patients to make decisions based on the treatment options available.

# Summary of findings

- Staff demonstrated a patient-centred approach in the way they worked and showed commitment to providing a quality service to their patients.
- Well organised governance arrangements were in place at the practice.
- Staff said they were well supported and the team worked well together.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had systems and resources in place to assess and manage risks to patients and staff including, infection prevention and control, health and safety and the management of medical emergencies.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The practice was exceptionally clean, clutter-free and well maintained.
- Patient's needs were assessed and care was planned and delivered in line with current professional guidelines.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding vulnerable adults and children.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).

- A policy and process was in place for managing complaints.

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

- In relation to 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, review the arrangements for the use and storage of environmental cleaning equipment. In addition, review the arrangements for infection control audits to ensure they are undertaken bi-annually.
- Review the practice's process to ensure X-ray equipment is regularly serviced.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

# 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.

A process was in place for managing significant events. Staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

There were sufficient numbers of suitably qualified staff working at the practice. A recruitment policy was in place. References had not been sought for staff as part of the recruitment process.

Staff had received safeguarding training and they were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Comprehensive infection prevention and control policies were in place. An infection prevention and control audit had been being carried out annually and not six monthly as recommended.

The environmental cleaning equipment did not meet national guidance.

The servicing of the x-ray equipment was two months overdue. The practice manager confirmed that a date had been set for the service to take place.

No action



### Are services effective?

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

Dental care provided was based on current best practice and focussed on the needs of the individual patient.

The team worked well together and there was evidence of good communication with other dental professionals.

The staff received professional training and development appropriate to their roles and learning needs. Staff received an annual appraisal.

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Consent to treatment was obtained from patients and staff were familiar with the principles of the Mental Capacity Act (2005).

No action



### Are services caring?

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

We collected 48 completed CQC patient comment cards and obtained the views of a patient on the day of our visit. All of the patients commented that the quality of care was very good.

Patients commented on the friendliness and helpfulness of the staff, and said the dentists involved them in making choices about their treatment options.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run.

Patients could access treatment and urgent and emergency care when required.

The practice had been modified to accommodate the needs of people with mobility needs. This included ramp access to the premises, a lowered reception area, accessible toilet and special upright dental chair.

The practice did not have access to a translation service for patients whose first language was not English.

No action



## Are services well-led?

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

The practice manager was responsible for the day to day running of the practice.

There was a clearly defined management structure in place and all staff felt supported and in their roles. Staff said there was an open culture at the practice and they felt confident raising any concerns.

The practice held regular staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice

The practice undertook a wide-range of audits to monitor their performance and help improve the services offered. The audits included a prescribing audit, X-rays and dental care record audits.

The practice conducted patient satisfaction surveys through-out the year and this was collated and fed back to staff and patients.

No action



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

The inspection was carried out on 9 November 2016 and was led by a CQC Inspector and a specialist dental advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them.

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

During the inspection we spoke with three dentists, one dental nurse, a receptionist and the practice manager. We also spoke with a patient who was attending the practice for a dental appointment.

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

A policy and procedure was in place outlining what constitutes a significant event and how these events should be managed. In addition, a process was in place for recording accidents. The practice manager advised us that there had been no significant events or incidents at the practice. The last accident recorded was in 2012 and this was a sharps injury a member of staff sustained. The practice manager said that if an incident occurred then it would be investigated and any learning or changes as a result would be discussed with the staff team at a practice meeting.

The practice manager was knowledgeable about RIDDOR (the reporting of injuries, diseases and dangerous occurrences regulations) and how it applied in practice. There was detailed information in place regarding RIDDOR including the criteria for what constituted a RIDDOR event.

The practice manager received national and local alerts relating to patient safety and safety of medicines. If these were relevant to the practice then they were discussed at the team meeting and the alert made available to staff.

The registered manager appropriately advised us that patients would be informed if they had been affected by something that went wrong. They would be given an apology and informed of any actions taken as a result. The registered manager said they would ensure that information was put in place so staff were clear about how duty of candour applied in practice.

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

Child and vulnerable adult safeguarding policies and procedures were in place, including a designated lead for safeguarding. Staff had a good understanding of issues relating to abuse and neglect. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were available for should staff have a concern they wished to report. The practice manager and dentists had undertaken level three safeguarding training. The remainder of the staff team were had received training at either level one or level two.

A whistleblowing policy had been developed for the practice and it included external contacts. Staff were confident they could raise concerns with the practice manager or external agencies without fear of recriminations.

A rubber dam was routinely used by two of the dentists we spoke with. The third dentist said they did not always use a rubber dam but used an alternative safe approach (referred to as a 'parachute chain'). They recorded in the dental record that a rubber dam was not used but did not record the rationale for why one was not used. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

A sharps safety policy and sharps risk assessment was in place. The practice used a dental recapping device to re-sheath needles. It was practice policy that the re-sheathing of needles was the dentist's responsibility and staff confirmed this was the case. We looked at the accident book and the last sharps injury recorded was in 2012. Staff provided a good overview of what they would do in response to a sharps injury.

### Medical emergencies

Arrangements were in place to deal with medical emergencies. The practice had 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. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Oxygen was available; along with other related items were in place, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely in a central location known to all staff.

The practice manager said the oxygen was checked daily and one of the dental nurses carried out routine checks of the medicines, monitoring expiry dates of medicines and equipment on a weekly basis. This enabled the staff to replace out of date drugs and equipment promptly. The

# Are services safe?

practice provided annual training so the staff team could maintain their competence in dealing with medical emergencies. All staff had received update training within the last 12 months.

## Staff recruitment

A recruitment policy was in place for the practice. We noted that proof of identity, evidence of qualifications, confirmation of professional registration and a Disclosure and Barring Service (DBS) check were on file for all staff. A DBS check identifies 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 DBS check for one member of staff had been undertaken by a previous employer in 2012. References had not been obtained for staff, including staff recruited in the last two years. This was not in accordance with the practice's recruitment policy and we highlighted this to both the practice manager and registered manager.

Qualified clinical staff working at the practice were registered with the General Dental Council (GDC). The practice manager had a system that ensured the status of GDC registration for staff to was current. The staff that required personal indemnity insurance had this in place; 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.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. The practice manager said if they were short of staff then part time staff usually worked extra hours. The practice had not needed to use agency staff. Staff confirmed a dental nurse always worked alongside the dentist and therapist.

## Monitoring health & safety and responding to risks

A range of up-to-date assessments had been undertaken to identify and manage risk at the practice. They included, a sharps risk assessment, environmental risk assessment and risk assessments in relation to the use of specific items of equipment. Where risks had been identified, control measures had been put in place to reduce the risk.

Procedures were in place to reduce the risk from fire. An external company checked the firefighting equipment on an annual basis. Every six months the practice manager

carried out checks of the fire alarm system and smoke detectors, and organised a fire drill with the staff team after a practice meeting. The fire management procedure was displayed in the staff room.

The practice maintained a file relating to the Control of Substances Hazardous to Health (COSHH) 2002 regulations, including substances such as disinfectants, and dental materials in use at the practice. The file was regularly reviewed by the dental nurses particularly if new COSHH products were introduced. Staff were advised of any changes at staff meetings.

## Infection control

Effective systems were in place to reduce the risk and spread of infection within the practice. One of the dental nurses was the lead for infection control. There was detailed infection prevention and control (IPC) policy and procedures in place that were subject to regular review. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance.

Decontamination of dental instruments was carried out in each surgery using a manual cleaning process. Each surgery had a dedicated hand wash sink, sink for cleaning instruments and a non-vacuum autoclave. We observed the dental nurse undertaking a validated decontamination cycle and this was carried out in accordance HTM 01 05 (national guidance for decontamination in dental practices). It involved the inspection of the instruments under magnification following manual cleaning. Water temperatures were recorded with a digital probe. The clinical staff had received annual training in IPC.

Sharps bins were located appropriately in all surgeries. Clinical waste was stored appropriately. A contract was in place with an external organisation for the collection of clinical waste each month.

The staff records we reviewed with the practice manager provided evidence to support that relevant 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 looked around the premises and noted that all areas were clean, tidy and clutter free. Hand washing facilities



# Are services safe?

were available including liquid soap and paper towels in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed. The staff team carried out the cleaning of the premises and equipment and worked to cleaning schedules. There was not a system in place to ensure cleaning equipment was stored or used in accordance with national guidance. We highlighted this to the practice manager who said they would ensure the national guidance regarding coding and storage of equipment was instigated.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05). This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. An action plan had been produced and the actions identified had been taken into consideration. For example, one of the actions was in relation to establishing a dedicated decontamination room. This was being considered and we noted plans had been drawn up for the proposed room. The IPS audit had been undertaken on an annual basis and we highlighted to the practice manager that the audit should be undertaken every six months.

A Legionella risk assessment had been completed for the practice. The dental water lines were flushed to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Water temperatures were checked monthly to ensure they were within the correct range to minimise the risk of Legionella contamination.

## Equipment and medicines

The service had maintenance contracts and recorded routine checks in place for the equipment used at the

practice, including the autoclaves. Portable appliance testing (PAT) had been completed annually. PAT testing confirms that electrical appliances which can be moved about are routinely checked to ensure they are safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. We found that the practice stored prescription pads securely to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

## Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A comprehensive radiation protection file in line with these regulations was in place. It included the Local Rules, critical examination packs, IR(ME)R certificates, acceptance tests, a notification to the Health and Safety Executive and radiation risk assessments.

The critical examination of the x-ray equipment was two months overdue. The practice manager advised us that the company they contracted with had failed to undertake this examination when they had visited the practice to service the autoclaves in August 2016. The earliest date they could undertake this work was 18 November 2016. The practice manager provided email confirmation that this date had been agreed with the company.

A copy of the September 2016 radiological audit was available for inspection, this demonstrated that 93% of x-rays were rated as grade one. An action plan had been developed for the 7% of x-rays rated at grade two. Dental care records showed the dental X-rays were justified, reported on and quality assured every time. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary radiation.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The dentists we spoke with described how they carried out assessments including, taking a patient's medical history and their current medication. The assessment also included details of the patient's dental and lifestyle history. The dental records we looked at showed that the medical history was refreshed at subsequent visits.

The dentists advised us that the assessment was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following this, the diagnosis, treatment options and costs were discussed with the patient. The dental records we looked at confirmed this process.

We saw that dentists used NICE guidance to determine a suitable recall interval for individual patients. This guidance takes into account the likelihood of the patient experiencing dental disease based on a range of risk factors.

The dental records informed us that antibiotic prescribing was recorded in the dental records and included the dose and justification for the prescription. The batch numbers and expiry dates were also recorded.

### Health promotion & prevention

The practice supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Fluoride varnish was applied if appropriate to minimise the risk of tooth decay and high fluoride toothpastes were prescribed for adults at high risk of dental decay. A range of dental health and treatment information leaflets were available in the waiting room for patients.

### Staffing

An induction policy and process was in place to inform new staff about the way the practice operated. The induction

process included making new members of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of a completed induction for a member of staff who joined the practice in the last two years.

Staff were required to undertake routine and regular training. This included training in managing medical emergencies, basic life support, infection control and safeguarding. We saw this training was up-to-date. Staff said they had good access to on-going training to support their skill level and they were encouraged and supported to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Staff had an annual appraisal and the practice manager provided evidence to show these had taken place. CPD and training needs were discussed at appraisal. Dental nurses had received additional training to carry out extended duties, which included impression taking and radiography.

### Working with other services

The practice manager explained that dentists could refer patients to other health care services if the treatment required was not provided by the practice. For example, the practice referred patients for orthodontics to another local practice. A protocol was in place for referral to other services.

### Consent to care and treatment

Patient records showed clear evidence that treatment options and costs were discussed with each patient. Patients were provided with relevant verbal and written information to support them to make decisions about the treatment available. We saw that verbal consent to treatment was recorded in the dental records and this was done in accordance with the consent policy for the practice.

Although staff had not received specific training in the 2005 Mental Capacity Act (MCA), the practice manager told us the safeguarding training touched on the MCA. Staff had a good awareness of the principles of the MCA and how it was applied when assessing whether patients had the capacity to consent to their dental treatment.

# Are services caring?

## Our findings

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

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. Forty seven comment cards were completed and we obtained the views of one patient on the day of our visit. All feedback was positive and patients commented that the quality of care was very good. Comments about the service suggested patients were treated with care, respect and dignity. They described a professional, friendly and responsive staff team. We observed staff treating patients in a respectful and appropriate way during the inspection.

The patient we spoke with said the practice was very good at supporting patients who were anxious. The practice manager said anxious patients were given extra-long appointments. The practice manager described how a patient had an appointment that lasted an hour and 30 minutes with most of the time spend trying to reduce the patient's anxiety.

Staff confirmed that a nurse always worked alongside the dentist and the hygienist. Staff told us that if a patient wished to speak in private then this could be accommodated.

Personal confidential information, including dental care records were handled securely. Electronic records were password protected and regularly backed up to secure storage. Patient's paper records were stored in locked metal filing cabinets.

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

The patients who provided feedback about the service said they were involved in planning their treatment. They said treatment options and costs were fully explained to them and they were provided with information to support with making informed choices. Staff described to us how they involved the relatives or representatives of patients in treatment planning if appropriate, and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

According to patient feedback, the practice had an efficient appointment system in place to respond to patient's needs. The practice manager told us routine appointments were usually booked in three to six months in advance. Patient feedback indicated it was easy for patients to book an appointment at a time that suited them. We observed the practice ran smoothly on the day of the inspection and patients were not kept waiting.

Feedback from patients suggested they were fully aware of and satisfied with the arrangements for appointments. They were aware of how to access the out-of-hour's dental service. Patients commented they had sufficient time during their appointment and they were not rushed. Patients said the dentists took their time to discuss their treatment needs in detail and explained the treatment options in a way they understood.

A practice information leaflet was given to new patients that included details about the staff team, treatment costs, opening times and the complaints procedure. In addition, the practice had a comprehensive website that provided clear information about the service provided. This ensured that patients had access to appropriate information in relation to their care.

### Tackling inequity and promoting equality

The practice operated to the company's equality and diversity policy. A disability and discrimination audit had

also been completed. The premises had wheelchair access, an accessible reception area and adapted toilet. A special chair that enabled treatment to be carried out in a more upright position was also available. A hearing loop was located in the reception.

The practice did not have access to a translation service for patients whose first language was not English. The practice manager said they would look into this.

### Access to the service

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

If a patient needed an appointment urgently and the two emergency appointment slots for each dentist were taken for the day then were invited to come to the practice and wait for an appointment. The practice manager said they were always seen that day. If the practice was closed the practice answer machine directed patients to the out-of-hour's services.

### Concerns & complaints

A complaints policy was in place for the practice and the practice manager was responsible for handling complaints. There were details of how patients could make a complaint displayed in the waiting room. The practice manager said the practice had never received a complaint from a patient. The practice had received a complaint from a neighbour in relation to parking and a notice had been placed in the waiting area reminding patients to park in a respectful way.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice manager was responsible for the day-to-day running of the service. Staff said they felt supported and were clear about their role, responsibilities and accountability. Members of staff were identified as dedicated leads for specific topics, such as infection control, complaints and safeguarding.

The governance arrangements for the practice were well organised. A comprehensive portfolio of operational policies and procedures was established. In addition, a range of risk assessments covering all aspects of clinical governance were in place. These included control of substances hazardous to health (COSHH), fire, environment and Legionella.

Staff said communication was timely and effective because information was shared as needed, including at the eight-weekly practice meetings. We looked at minutes of practice meetings and noted they were used to discuss all aspects of the running of the practice, including providing safe care and treatment to patients. For example, the meeting in October 2016 involved a discussion about significant events and RIDDOR. The meeting in June 2016 reminded staff to ensure patients completed the medical history questionnaires in full.

A comprehensive business continuity plan was in place and it outlined the action to take if there was an impact on day-to-day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential contact details for utility companies, practice staff and company head office support staff.

The practice has been a member of the British Dental Association Good Practice Scheme for 10 years and attained the Silver Award in 2013.

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

Staff said there was an open culture within the practice that encouraged openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of meetings and from discussions with staff, it was evident the practice was inclusive and worked well as a team.

All staff were aware of with whom to raise issues and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

### **Learning and improvement**

The practice had a programme of audit to support quality monitoring and promote continuous improvement and learning. The audits included dental care records, X-rays, infection prevention and control and an antibiotic prescribing audit. Any issues identified from an audit translated into an action plan, which was checked at the next audit or earlier if urgent, to ensure the actions had been addressed. The audits we looked at showed the practice was performing well. The outcome of audits was shared with staff at practice meetings.

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

The practice used the Friends and Family NHS process to seek feedback from patients. Feedback was analysed and translated into a satisfaction survey report. We noted the survey for 2016 was positive.