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The Park Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 July 2015 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.

The Park Dental Clinic is located in the London Borough of Richmond. The premises consist of three treatment rooms and one dedicated decontamination room. There are also toilet facilities, a waiting room, a reception area, an administrative office and a staff room.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges and oral hygiene.

The staff structure of the practice is comprised of two principal dentists (who are also the owners), three associate dentists, five dental nurses, two hygienists, a practice manager and a receptionist.

The practice was open Monday and Tuesday 8:00am to 5:30pm, Wednesday from 8.00am to 5.00pm, Thursday from 8.00am to 6.00pm and Friday from 8.00am to 5.30pm. The practice operates a Saturday service only by appointment.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

Summary of findings

We carried out an announced, comprehensive inspection on 29 July 2015. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

36 people provided feedback about the service. The feedback we received was very positive about the care patients received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made there was a policy that patients were notified about the outcome of any investigation and given a suitable apology.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- Staff had been trained to handle emergencies; appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were robust and the practice followed published guidance on the majority of occasions, however, there were minor areas for improvement.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- 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.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with apologies given if a mistake had been made.
- The practice sought feedback from staff and patients about the services they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse.

Equipment was well maintained and checked for effectiveness. The practice had an effective recruitment process and staff engaged in on-going training to keep their skills up to date.

The practice had systems in place for the management of infection control and waste disposal, management of medical emergencies and dental radiography. Infection control was generally good although we noted some areas for improvement in relation to the process for washing instruments.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood. Risks, benefits, options and costs were explained.

Staff were supported through training and opportunities for development. Patients were referred to other services in a timely manner. Staff understood the Mental Capacity Act 2005 and offered support when necessary.

Are services caring?

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

Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that patient records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients were able to access treatment quickly in an emergency, and there were arrangements in place for patients to receive alternative emergency treatment when the practice was closed.

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. The practice was following this policy and procedure.

Are services well-led?

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

The practice had effective leadership and an open supportive culture. Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures.

The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patient's needs were being met.

Summary of findings

The practice had a full range of policies and procedures to ensure the practice was safe and met patient's needs. Responses to patients concerns or complaints had been recorded, and showed an open no blame approach.

The Park Dental Clinic

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 29 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team and the Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with seven members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

36 people provided feedback about the service. The feedback we received was very positive about the care patients received from the practice. They were complimentary about the friendly and caring attitude of the staff.

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

There was an effective system in place for reporting and learning from incidents. There had been no incidents or accidents reported in the past year.

The practice had clear protocols and procedures in place to respond to sharps injuries. The practice manager explained to us how a needle stick injury from two years back had been recorded and followed up. They explained the injured dental staff had gone to the occupational health department at the local hospital and had all the necessary checks to ensure they were not infected by any blood borne viruses. They followed the process through keeping the patient informed that had been treated at the time of the injury.

The practice manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. This information was displayed in the staff room and the administrative office. The practice manager was the lead for safeguarding and all the staff we spoke with were aware of this. The lead demonstrated they had a good understanding of what they needed to do if they suspected potential abuse.

We saw evidence that staff had completed safeguarding training and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the principal dentist or practice manager.

Medical emergencies

We checked that the practice had the necessary emergency medicines and equipment as listed in the British National Formulary (BNF) and the Resuscitation Council (UK) guidelines. We saw that emergency medicines, an automated external defibrillator (AED) and oxygen were readily available if required. The equipment was tested weekly and the emergency medicines were checked monthly and test records were kept by staff.

All staff had received training in emergency resuscitation and basic life support. This training was renewed annually. Staff were aware of the practice protocols for responding to an emergency and aware of the location of the emergency equipment.

Staff recruitment

The practice staffing consisted of five dentists, five dental nurses, three hygienists a practice manager and one receptionist. Some of the staff were part-time and some were full-time. We reviewed four staff files and saw that the practice carried out relevant checks to ensure that the person being recruited was suitable and competent for the role. This included the checking of qualifications, identification, registration with the General Dental Council (where relevant), checks with the Disclosure and Barring Service (DBS), references and immunisation checks. The practice manager told us they were in the process of updating DBS checks where these were not done within the last three years. Staff were all up to date with their Hepatitis B immunisations and records were kept in staff files. The practice manager explained all staff underwent an application process and were then selected on the basis of experience and qualifications. Staff confirmed all the necessary checks were completed before they were allowed to start work and they had all signed an employment contract.

Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, a

Are services safe?

practice-wide risk assessment had been carried which covered topics such as fire safety, the safe use of X-ray equipment, disposal of waste, and the safe use of sharps (needles and sharp instruments). The practice manager could demonstrate that they followed up any issues identified during audits as a method for minimising risks.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. One of the dental nurses was the lead for dental supplies and COSHH. There was a detailed COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts arrived via email to the practice manager who then disseminated these alerts to the other staff, where appropriate. The practice manager kept a historical file of alerts received.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with national guidance. 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.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of teeth impression moulds, dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dental nurses was the infection control lead. Staff files we reviewed showed that staff regularly completed training courses in infection control.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination rooms which ensured the risk of infection spread was minimised.

We examined the facilities for cleaning and decontaminating dental instruments. The dental nurse showed us how they used the rooms and demonstrated a good understanding of the correct processes. The dental nurse wore appropriate protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned in the treatment and an illuminated magnification device was used to check for any debris during the cleaning stages. Items were transported in sealed clean boxes and placed in an autoclave (steriliser) in the decontamination room. There was one decontamination room that had one sink that was used for clean instruments and therefore staff could not clean dirty instruments in the same sink. Once instruments were sterilised they were placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclaves were checked daily for their performance, for example, in terms of temperature and pressure test were performed. A log was kept of the results demonstrating that the equipment was working well.

There had been regular, six-monthly infection control audits and no recent issues had been identified; however the practice manager told us they will be reviewing the current cleaning protocols for instruments.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in January 2015. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This process identified low risks. The practice demonstrated that they had acted on this advice to minimise the risks. For example, they could demonstrate they were now testing and

Are services safe?

recording hot and cold water temperatures on a monthly basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

The premises appeared clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in 2014/2015. Portable appliance testing (PAT) had been completed in accordance with good practice guidance in January 2014. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

We noted prescription pads were kept out of site and stored securely so they were not open to abuse.

Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). They kept a radiation protection file in relation to the use and maintenance of X–ray equipment. We noted there was no notification certificate from the Health and Safety Executive (HSE); however, this was sent to us shortly after the inspection.

There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in 2014 which was within the recommended timescales of every three years. One of the clinical dental team was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed the necessary radiation training.

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 patient assessments using a typical patient journey scenario. Patients were requested to complete a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. The assessment also included details of their dental and social history.

We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were explained in detail the treatment options.

The dental record was updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. The clinical records were well-structured and contained sufficient detail about each patient's dental treatment. We saw note of details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Where patients had a score that was higher than three to four there were further investigations noted. These were carried out at each dental health assessment. Details of the treatments carried out were also documented; dental X-rays were justified, reported on and quality assured, anaesthetic details including type, site of administration, batch number and expiry date were recorded.

Health promotion & prevention

Our discussions with the dentist and nurses, together with our review of the dental care records showed that, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice around smoking cessation, alcohol consumption and diet. Additionally, the dentists all carried checks to look for the signs of oral cancer. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood.

We observed that there were some health promotion materials displayed in the waiting area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding and infection control.

There was an induction programme for new staff to follow. The receptionist told us they had received a thorough induction that included learning about the protocols and systems in place at the practice. They had signed an induction sheet to confirm they had understood and completed their knowledge of the practice systems. There was an appraisal at the end of the induction period.

The practice held regular supervision and review meetings with each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. The practice manager told us that appraisals were completed annually for all staff.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentist used a system of onward referral to other providers, for example, for complex oral surgery and root canals. The practice kept a file with referral forms for local secondary providers. The practice manager and the receptionist ensured that referral letters were sent out on the same day that the dentist made the recommendation. We reviewed a referral letter and saw it included all the necessary details from the patients' record

Are services effective?

(for example, treatment is effective)

including medical history. All letters were filed into patient's notes kept on the computer. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The dentists we spoke with explained how they obtained valid informed consent. They told us they explained their findings to patients and kept detailed clinical records showing that they had discussed the available options with them. They also used pictures and models to explain treatments in detail and before continuing with treatment patients were asked to confirm what they understood about the information given to them. Patients were given consent forms to sign before treatment was started. We saw clinical treatment records which showed this was the case.

We noted staff had not received formal training in the requirements of the Mental Capacity Act (MCA) 2005; however the practice manager told us they had completed the training and past on the information. Staff understood the general principles of the Act.

Staff explained to us how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, t they would then involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met. They were therefore able to demonstrate a clear understanding of requirements of the Act. The Mental Capacity Act (MCA) 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected feedback from 36 patients. They all described a very positive view of the service the practice provided. Patients commented that the whole team were professional, caring, respectful and friendly. Patients were very happy with the quality of treatment provided. During the inspection we observed staff interacting with patients in the waiting area. They were polite and helpful towards patients and the general atmosphere was calm, welcoming and friendly.

All the staff we spoke with were mindful about a 'patient centred' approach to treating patients. They were aware of the importance of protecting patients' privacy and dignity. For example, one of the dentists told us that she made sure that discussions with patients were held with the patient upright and square on in the chair so that they could maintain proper eye contact. This ensured that the patient was able to discuss matters without feeling that they were in a compromised position. We observed that staff always kept the treatment room doors closed when patients were in the room.

There were systems in place to ensure that patients' confidential information was protected. Dental care records were stored electronically. Any paper correspondence was scanned and added to the electronic record prior to disposal. Electronic records were password protected and regularly backed up. Staff understood the importance of data protection and confidentiality and had received training in information governance. Reception staff told us that people could request to have confidential discussions in an empty treatment room, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of its private dental charges and treatment plan fees. Patients were routinely given copies of their treatment plans which included useful information about the proposed treatments and associated costs. We reviewed a sample of dental care records and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

There was a shared culture of promoting patient involvement in treatment planning which meant that all staff worked towards providing clear explanations about treatment and prevention strategies. Staff told us that patients were given time to think about the treatment options presented to them and that it was up to them to decide whether and when they wanted the treatment to take place. For example, the dentists told us that they would not normally provide treatment to patients on the first appointment unless they were in pain or their presenting condition dictated otherwise. The dentists felt that patients should be given time to think about the treatment options. This made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the risks, benefits and options.

The patient feedback we received in the comments cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Each dentist could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with a colour-coded system on the practice computer to indicate the length of time each dentist generally preferred to have with a patient for any given treatment. The dentists we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous. During the school holidays they accommodated a higher number of children and offered longer appointments so they could spend more time building confidence with children and teach them about oral healthcare.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist of their choice. Some of the feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff spoke a range of different languages and also had access to a telephone translation service. We saw on a display a notice to patients in many different languages informing patients about the translation service that could be accessed if they wanted.

The practice provided written information for people who were hard of hearing and large print documents for patients with some visual impairment. The practice was wheelchair accessible with level access to the reception area and treatment rooms.

Access to the service

The practice was open Monday and Tuesday 8:00am to 5:30pm, Wednesday from 8.00am to 5.00pm, Thursday from 8.00am to 6.00pm and Friday from 8.00am to 5.30pm. The practice operates a Saturday service only by appointment. The practice displayed its opening hours on their premises and on the practice website. New patients were also given a practice information leaflet which included the practice contact details and opening hours. However, we noted that the opening hours displayed on the leaflet and website did not accurately match the opening hours displayed on the premises or described to us on the day.

Patients could book an appointment without having to wait too long. On the day of our inspection we observed patients were walking in to register themselves and their families and were offered appointments within two weeks. Patient comments implied that they could get an appointment in good time and did not have any concerns about accessing the dentist.

We asked the receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the practice leaflet gave details on how to access out of hours emergency treatment. The receptionist explained that the dentist planned some gaps in their schedule on any given day which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice website.

There had been five complaints recorded since April 2014. These complaints had been responded to in line with the practice policy. The practice manager had carried out investigations and discussed learning points with relevant members of staff. Patients had received a written response, including an apology, when anything had not been managed appropriately. There was evidence in notes from meetings with clinical staff to show that individual cases were reviewed to understand whether they could learn or change their practice following complaints made.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. They had implemented, with the support of the practice manager, suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of these policies and procedures and acted in line with them. There were weekly informal practice meetings, as well as more formal staff meetings, where necessary, to discuss key governance issues. For example, there were meetings where issues such as infection control and information governance had been discussed. This facilitated an environment where improvement and continuous learning were supported.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentists or practice manager. They felt they were listened to and responded to when they did so.

We spoke with one of the principal dentists who told us they aimed to provide high-quality care. They were committed to both maintaining and continuously improving the quality of the care provided.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a system of staff appraisals to support staff in carrying out their roles to a high standard.

Learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place. These included audits for infection control, clinical record keeping and X-ray quality. The audits showed a generally high standard of work, but identified some areas for improvement.

Throughout the inspection visit staff were engaging and learning from the process and open to making improvements where necessary.

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

The practice gathered feedback from patients through the use of the 'Friends and Family Test' and all of the people responding said that they would be 'likely' or 'extremely likely' to recommend this practice to someone else. We did not see any suggestions from patients about making any improvements.

Staff described an open culture where feedback between staff was encouraged in order to improve the quality of the care.