IDH 449 Limited

Mydentist - Reddish Road - Stockport

Inspection Report

345 Reddish Road
Stockport
Greater Manchester
SK5 7EN
Tel: 0161 480 7036
Website: www.mydentist.co.uk

Date of inspection visit: 8 September 2015
Date of publication: 29/10/2015

Ratings

Overall rating for this service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

Mydentist Reddish Road Stockport is part of the Integrated Dental Holding Ltd (IDH) Dental Group the largest dental care provider in Europe. The practice is situated in a residential area close to the centre of Stockport and provides a range of NHS and private dental services for patients in and around the Stockport area. There are four dentists who are supported by a practice manager, a practice support manager, five dental nurses who also share reception duties and one dental hygienist.

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

During our inspection we spoke with five patients and reviewed 15 comments cards, which patients had completed in the two weeks before our visit. Feedback from patients was overwhelmingly positive about the treatment and care they received at the practice. Patients

Summary of findings

commented on how professional and understanding staff were. They told us staff were efficient, polite and considerate and always treated them with respect, kindness and understanding.

The practice is situated in a converted residential property with easy access to the front entrance. The reception desk, a waiting room and two treatment rooms are located on the ground floor. A second waiting room and another one treatment room are situated on the first floor. There is a separate decontamination room on the first floor. Toilet facilities were provided for patients on the first floor there were no disabled toilet facilities.

The practice is open Monday to Friday 9am to 5.30pm with late opening on alternate Wednesdays to 7.00pm. The practice also opens on alternate Saturdays (occasionally every Saturday depending on patient need) 8.30am until 1pm. There were notices displayed and the answer phone message provided information about accessing treatment when the practice was closed.

Our key findings were:

- There were systems in place to respond to medical emergencies and staff were trained to use emergency equipment and medicines.
- There were effective child protection and adult safeguarding procedures in place. Contact details of the local safeguarding teams were displayed in the staff break room.
- Oral health assessments and treatment were carried out in accordance with the Faculty of General Dental Practice (FGDP) guidance.
- Maintenance contracts were in place to ensure all equipment had been serviced regularly, including, autoclave, fire extinguishers, the suction compressor, oxygen cylinder and X-ray equipment.
- Systems were in place to assess and manage risks to patient's visitors and staff. These included infection prevention and control and risk management.
- The premises were visibly clean and well maintained. There were policies and procedures providing guidance on how to maintain a clean and hygienic environment. Written evidence of immunity to hepatitis B was seen in all staff files.
- Information about treatment options was provided to enable patients to make informed decisions about their treatment.
- Patients gave signed consent before treatment commenced. Patient treatment records demonstrated on-going monitoring of patients' oral health.
- Patients were asked to provide information about their general health and any medications they were taking before treatment started.
- Patients were provided with a written copy of their treatment plan which also indicated the costs of individual treatments. A copy was retained in the patients dental care records.
- Patients were provided with information and guidance relating to good oral health in line with the Department of Health - Delivering Better Oral Health' toolkit' (DBOH).
- Staff had access to on-line training to meet their continuing professional development (CPD) requirements and had undertaken training appropriate to their roles.

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 infection control procedures followed current guidelines and the premises were clean and tidy. A Legionella risk assessment had been carried out by an external contractor and any recommendations had been addressed.

There was an efficient appointment system in place with vacant appointment slots for urgent or emergency appointments each day.

There were systems to identify, investigate and analyse accidents or incidents and lessons learned from such incidents was cascaded to staff. Staff were aware of their responsibility to report serious incidents in accordance with the Reporting of injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had completed training in child protection and adult safeguarding and were able to describe the signs of abuse and who to report them to.

Are services effective?

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

Dental care records were detailed and provided comprehensive information about the patients dental care history including the condition of the teeth, gums, and tongue and soft tissues lining the mouth. Treatment was delivered line with evidence based guidelines, for example the National Institute for Health and Care Excellence (NICE).

Records showed patients were given health promotion advice appropriate to their individual oral health needs such as; diet and smoking cessation.

Dentists and dental nurses were registered with the General Dental Council (GDC) and were encouraged to maintain their continuing professional development (CPD) in order 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.

Feedback in comment cards and from patients we spoke with on the day of our inspection was overwhelmingly positive. Patients commented that they were treated with respect and privacy was maintained. We saw patients were welcomed in a friendly and polite manner and privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Patients told us they were involved in discussions about the various treatment options available to them which included risks, benefits and costs.

Patients who had dental emergencies were seen in a timely manner, usually on the same day or within 24 hours.

Are services responsive to people's needs?

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

There was an efficient appointment system in place to respond to patients' needs and patients told us they could access routine treatment and urgent or emergency care when required.

Summary of findings

Treatments were fully explained to patients in a way they understood, and included any risks, benefits and costs. Feedback from patients in comment cards and from speaking with patients told us staff were very supportive of those patients who were particularly anxious or nervous to feel calm and reassured.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. Staff were aware of how to respond to any concerns or complaints.

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 and they were supported by a practice support manager. There were clear lines of accountability and all of the staff we spoke with told us they were well supported by the practice manager and other team members.

There was a culture of openness and transparency within the practice. There was a staff notice board with relevant information for staff to read such as; safeguarding, training and any new policies and procedures. Regular practice meetings were held and these gave staff the opportunity to make suggestions for improvement, cascade information and enable staff to give their views of the service.

There was a system of continuous improvement that included a wide range of clinical and non-clinical audits. The practice used the Friends and Family test (FFT this is survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care) to gather patients views about the service they received.

Mydentist - Reddish Road - Stockport

Detailed findings

Background to this inspection

This inspection was carried out on 8 September 2015. The inspection was led by a CQC inspector who had remote access to advice from a dental specialist advisor.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months, the latest statement of purpose, and the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders. We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them.

The methods that were used, for example talking to patients using the service, interviewing staff, observations and review of documents. We toured the premises and spoke with two dentists, two dental nurses/receptionists, the practice manager, the practice support manager and the regulatory officer.

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 clear guidance for staff about how to report incidents and accidents. The dentists we spoke with told us if there was an accident or incident that affected a patient they would be given an apology and informed of any actions taken to prevent a reoccurrence.

Any significant events were reported to the organisations head office for further review and analysis. Incidents were discussed at team meetings and lessons learned to help minimise the risks of further incidents. Staff had access to a critical incident hot line to report any never events (preventable patient safety incidents), accidents or incidents.

The staff we spoke with aware of their responsibilities to report any serious incidents or accidents in accordance with the Reporting of Injury, Diseases or Dangerous Occurrences 2013 (RIDDOR).

Information was displayed in the staff room and treatment rooms to guide staff on the action they should take if they sustained a needle stick injury (where the skin is pierced by a used needle or other sharp instrument). The staff we spoke with told us that the dentists disposed of any sharp instruments.

We saw that safe sharps were in use at the practice in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations) and the European Council Directive 2010/32/EU (the Sharps Directive). Staff told us the risk of needle stick injury had been reduced by the use of safe sharps.

The practice had risk assessments in relation to the Control of Substances Hazardous to Health (COSHH). This identified the types of substance used at the practice and any risks they posed to staff and patients. This was available for staff to refer to.

Reliable safety systems and processes (including safeguarding)

The dentists we spoke with told us they used a rubber dam if they were carrying out root canal treatments. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site (one or more teeth) from the rest of the mouth. Use of a rubber dam is considered good practice and prevents debris from being inhaled or ingested during treatment.

The staff we spoke with were able to describe the various signs of abuse such as; bruising, withdrawn or timid. They were able to explain the safeguarding procedures they would follow if they suspected a patient was at risk from abuse or if patients disclosed information of concern to them.

We looked at the training files and saw that all staff had completed safeguarding training. There was a flow chart in the staff room to guide staff on how to make a referral and/or obtain support from local safeguarding teams.

Personal protective equipment to reduce the risks of cross contamination was provided and included; gloves, aprons and eye protection.

Risk assessments were carried out in relation to safe working practices, fire alarms and emergency lighting, health and safety, gas and electrical installations, equipment and security of the premises.

Medical emergencies

There was an emergency medicines kit and oxygen cylinders for use in the event of a medical emergency. The practice followed guidelines about how to manage emergency medicines in dental practice in accordance with the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF). These were checked on a regular basis to ensure supplies were sufficient and within the expiry date.

The emergency equipment included an automated external defibrillator (AED) (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) and oxygen. Staff were trained to use the emergency equipment.

On the second floor there was a staff room with a dedicated medicines refrigerator where dental materials were stored. One of the dental nurses was responsible for checking the temperature of the refrigerator and a record was kept of the temperature.

Are services safe?

We saw maintenance contracts were in place for the equipment used in the practice including; the X-ray sets, autoclaves and air compressor (to work the hand pieces). We saw these were carried out on a daily, weekly and yearly basis in line with the manufacturer's guidelines.

Staff recruitment

We looked at the employment files for three staff members. The files contained the documents required for recruitment in accordance with the organisations policy. This included; Disclosure and Barring Service (DBS) check to ensure staff employed were not barred from working with adults and children who may be vulnerable.

The recruitment process included checking; the applicants identity, proof of registration with the General Dental Council (where required), eligibility to work in the UK, qualifications and the skills and experience of each applicant. We saw a copy of the employee handbook and contracts between the practice and their clinical staff.

There was a system in place for monitoring professional registration and medical indemnity.

Monitoring health & safety and responding to risks

The practice had developed clear lines of accountability and staff were allocated lead roles or areas of responsibility, for example; medicines management, safeguarding and infection control.

A fire risk assessment had been carried out in July 2015 and there were maintenance contracts in place to ensure the fire extinguishers were regularly serviced. The staff we spoke with were able to demonstrate that they knew how to respond in the event of a fire.

We saw risk assessments in relation to fire safety, equipment, radiation, accidents and incidents and the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The assessments included the risks identified and actions taken. We saw evidence that all staff completed essential health and safety training.

Infection control

We were taken on a tour of the practice and saw the reception area, waiting rooms and treatment rooms were visibly clean and clutter free. The patients we spoke with told us, in their experience, the practice was always clean and hygienic.

There was an infection control policy and procedure that covered the cleaning of used instruments, needle stick injuries (where the skin is punctured by sharp instruments or needles), general cleanliness of the practice, hand washing techniques and the safe disposal of clinical waste. The practice carried out six monthly infection control audits in line with Health Technical Memorandum 01-05; Decontamination in primary care dental practices (HTM 01-05).

We observed the process for the cleaning, sterilising and storage of dental instruments and reviewed the infection prevention and control policies and procedures. The practice had implemented a safe system for transporting used instruments they used rigid plastic lock boxes. This ensured the safe movement of instruments between treatment rooms and the decontamination area in accordance with Health Technical Memorandum 01-05; Decontamination in primary care dental practices (HTM 01-05).

Used instruments were safely transported from the treatment rooms, washed and scrubbed in the dirty sink, rinsed in the clean sink, checked for debris under an illuminated magnifying glass (re-washed if required), placed in an ultrasonic bath before being placed into one of the autoclaves. Once the cycle is complete sterilised instruments were pouched and stamped with the use by date.

There was a clearly labelled flow from dirty to clean zones in the decontamination room to help minimise the risks of cross contamination. Staff wore appropriate personal protective equipment (PPE) during the process and these included heavy duty gloves, aprons and protective eye wear. We saw documentary evidence to show that equipment such as the autoclave had been validated and the required daily checks were being carried out and appropriately recorded.

We spoke with dentists in between patient appointments and as we spoke we observed the dental nurses cleaning the room in preparation for the next patient. This included wiping the chair and fitting a new plastic headrest cover, cleaning the surfaces, the spittoon and examination lamp.

Are services safe?

Patients we spoke with confirmed that staff wore gloves and aprons during treatment. We saw hand washing facilities in each treatment room and staff told us they had access to supplies of personal protective equipment (PPE) for patients (bibs and eye protection) and staff members.

We saw there was a contract with a clinical waste carrier and such waste was appropriately stored in locked yellow bins prior to collection. The bins were stored in a secured garden area so could not be removed or tampered with.

A Legionella risk assessment had been undertaken. Legionella is a bacteria found in the environment which can contaminate water systems in buildings. Dental nurses told us they flush the water lines in the morning before the first patient and at the end of each session.

Equipment and medicines

There were maintenance contracts in place for the equipment used in the practice including; the X-ray machines, autoclaves and the air compressor. A portable appliance test (PAT - a process by which electrical appliances are routinely checked for safety) was completed in accordance with good practice guidance.

Oxygen and medicines for use in the event of a medical emergency such as asthma, anaphylaxis, epileptic seizure were available. This was in line with the British National Formulary (BNF) and the Resuscitation Council (UK) guidelines. We checked the emergency medicines and saw these were accessible to all staff and securely stored in a locked room. The lead nurse and practice manager have the responsibility for checking the expiry dates of medicines to ensure they were safe to use. Oxygen cylinders were checked to ensure the levels and flow rate was adequate for use in an emergency.

The practice had oxygen cylinders and an automated external defibrillator (AED). 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. Staff had received annual training in cardiopulmonary resuscitation (CPR) that included how to use an AED.

Radiography (X-rays)

The practice had a radiation protection file and copy of the local rules for each X-ray machine was available for staff reference. A radiation protection supervisor (RPS) and a radiation protection advisor (RPA) had been appointed, as required by IR(ME)R in line with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) and The Ionising Radiation Regulations 1999(IRR99).

X-ray equipment was situated in each treatment room. We found the equipment was maintained under contract and inspected at the manufacturers recommended timescales.

We saw evidence that clinical staff responsible for taking X-rays had completed radiation training as required by the General Dental Council (GDC). We looked at a sample of six dental care records and saw the dentists recorded the justification for taking the X-ray and the quality grade of the image for each radiograph taken. An audit of the quality of X-rays was carried out on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We looked at a sample of five dental care records and saw the dentists routinely assessed patient's gums for periodontal disease using the basic periodontal examination (BPE) screening tool. 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. This was in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines.

As part of the examination dentists carried out an assessment of the soft tissue of the mouth including the tongue, palate and lips to check for oral cancers. We saw X-rays were taken at appropriate intervals, in accordance with guidance issued by the Faculty of General Dental Practice (FGDP). Dental care records were held electronically with some paper records. We saw the treatment records were detailed and included explanations of why specific treatments were recommended.

Patients were asked to complete a medical questionnaire which included questions about medication, existing health conditions and any allergies. Patients told us they were asked if there had been any changes to their general health or medications at the start of each course of treatment.

Health promotion & prevention

The dentists were proactive in providing preventative dental care for oral cancers and gave advice about smoking cessation and healthy eating in line with the Department of Health - Delivering Better Oral Health guidelines.

The waiting room and reception area at the practice contained a range of advice leaflets for patients to read that included; good oral hygiene, early detection of oral cancer and children's oral health. Products for maintaining oral health were available for patients to purchase.

Staffing

All new staff underwent a period of induction relevant to their role and level of experience. Dentists and dental nurses were responsible for their own continuing professional development (CPD) and required to complete a specific number of hours training in order to maintain their registration with the General Dental Council (GDC).

Essential training, such as CPR, infection control and safeguarding children and vulnerable adults was provided at the practice. We looked at the learning management system which was monitored by the organisation to ensure essential training was completed. Staff told us they were allocated time within the working day to complete training. There was an appraisal system in place which was used to discuss training needs. Staff told us they had found this to be a useful process.

Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance. The practice manager ensured there were sufficient staff available to meet patients' needs and told us all of the staff were flexible and would cover each other's shifts if there was sickness or leave.

Working with other services

We saw documentary evidence to show the practice referred patients for secondary care such as; children who needed orthodontic treatment or patients needing hospital care for more complex treatments such as for oral cancers.

There was a patient referral form which included urgent referrals where oral cancer was suspected. Suspected oral cancer patients were referred directly to Provider Trust on the same day via email and telephone. The dentists kept a copy of the referral letter and a log of when the referral was made and when the patient was referred back to the practice for their on-going treatment. All return referrals following treatment from other professionals were scanned onto the electronic records system.

Consent to care and treatment

There was a policy relating to consent to guide staff in the different types of consent a patient could give. This included; implied verbal or written consent.

Staff had completed training in the requirements of the Mental Capacity Act (2005) and were aware of how this applied in considering whether or not patients had the capacity to consent to dental treatment. The dentists we

Are services effective?

(for example, treatment is effective)

spoke with were aware of their responsibilities to ensure consent was obtained and recorded appropriately. We saw where verbal consent was given a record of the conversation was made in the dental care records.

We spoke with five patients who told us the treatment options available were clearly explained by the dentists. The patients we spoke with confirmed that they understood and consented to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed patients arriving for their appointment and saw staff welcoming patients into the practice in a polite and friendly manner. We received feedback from 18 patients who commented on the friendly and caring way in which they were treated at the practice.

Patients told us through comment cards they were treated with respect by caring and sympathetic staff. We spoke with patients who told us they were very anxious and the dentists and dental nurses were understanding and allowed more time for treatments. All of the patients we spoke with said they were happy with the treatment they received and three said they would happily recommend the practice to friends and family.

Patient's dental care records were maintained electronically; access to files was password protected and systems were regularly backed up to secure storage. Paper records were stored in a locked room in the reception area.

The IDH academy (on-line learning system) had learning and development modules on the patient journey and in respect of valuing patients.

Involvement in decisions about care and treatment

The patients we spoke with told us they were given a copy of their treatment plan that included the cost of treatment and were given time to consider the options before returning to have their treatment.

The dentists we spoke with told us they did not usually start treatment the same day unless it was an emergency. This gave patients time to consider the options, risks, benefits and costs before making a decision to go ahead with the treatment. We looked at a sample of dental care records and saw the advice given to the patient about the treatment they needed and the various treatment options had been recorded.

We saw documentary evidence to show patients were asked to give their consent prior to the start of their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was a practice leaflet and website that explained the range of services offered to patients.

There were vacant time slots available for emergency appointments each day. All emergencies were seen at the practice within 24 hours. Should the practice ever need to close for any reason, patients would be referred to other practices in the group for emergency appointments. The patients we spoke with told us they were able to get an appointment to fit in with their other commitments.

On the day of our inspection the appointment system went smoothly and patients were not kept waiting. Patients commented that they were usually seen on time unless there had been an emergency and they would be informed of this when they booked in. They told us their appointment was not rushed and that they were never kept waiting for long. Staff told us that if appointments were running late they would keep patients informed to make sure they had no other commitments and were able to wait.

The practice manager told us they take patients via the Stockport Dental Help Line. This is a service that assists patients to access emergency treatment and those wanting to register with a local dentist.

Tackling inequity and promoting equality

The ground floor reception and waiting room had level access. Two treatment rooms and a waiting room were situated on the ground floor and a third treatment room and patient toilet were on the first floor.

The layout of the building did not allow for the provision of an adapted toilet and there was a risk assessment in place in line with the Disability Discrimination Act (DDA). The practice manager told us that patients with mobility difficulties would if needed be assisted to use the staff facilities situated at the rear of the premises through the ground floor offices.

Access to the service

The practice was open Monday to Friday from 9:00 am to 5:00 pm with extended opening until 7pm on alternate Wednesdays. In addition the practice opened alternate Saturdays from 8:30am to 1pm (during busy periods the practice opens every Saturday). Patients with emergencies were usually seen on the same day where possible or within 24 hours. There was an answer machine message providing out of hours contact numbers for patients needing emergency treatment when the practice was closed.

Concerns & complaints

A Care Quality Commission (CQC) comments box was sent to the practice two weeks before our visit. Fifteen patients completed a comment card and the feedback about the service provided was complimentary.

There was a policy and procedure in place for responding to complaints this was available to patients in the practice and on the practice website. The staff we spoke with told us they would try to rectify any concerns as they were raised to prevent escalation. There had been no complaints in the last 12 months.

We looked at the procedure for acknowledging, recording, investigating and responding to complaints, concerns and found there was an effective system in place which ensured a timely response.

Are services well-led?

Our findings

Governance arrangements

Staff told us there was an open culture at the practice and they felt well supported by the practice manager. The practice manager was responsible for the day to day running of the service and ensuring there were systems to monitor the quality of the service. There was a programme of audits in place such as; dental care records, staff training, infection control and staff recruitment.

There were policies and procedures in place to ensure the smooth running of the practice this included; safeguarding, infection control, data management, complaints and confidentiality. Staff were aware of the policies and where they were available for them to access.

Although there were no formal processes in place for staff to receive one to one supervision staff told us they worked alongside the dentists and received on the job support and guidance. They told us if they had any concerns at all they could approach the practice manager for advice and they would be given time to talk.

Leadership, openness and transparency

Informal and formal arrangements were in place for cascading information to all staff including a fortnightly bulletin from IDH, discussions amongst the small staff team and formal monthly team meetings. There was a brief log for recording team meetings which highlighted the topics but did not record discussions or agreed actions. The practice manager had already identified the need to record these meetings in more detail. We were shown the new template for recording meetings that will be used from the next team meeting.

All of the staff we spoke with described the practice as a lovely place to work where they supported each other. The staff we spoke with told us the culture of the practice encouraged candour, openness and honesty. The dentists told us if there was an incident or accident that affected a patient they would offer an apology and take all necessary steps to ensure there were no reoccurrences.

Management lead through learning and improvement

We saw audits of the infection prevention and control practices were carried out on a six monthly basis to ensure compliance with government HTM 01-05 standards for decontamination in dental practices.

We looked at staff training files and saw certificates that demonstrated staff had attended appropriate training for their role. Learning and development was taken seriously and staff told us that they were supported by the provider to maintain their continuing professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC).

The practice held regular staff meetings and staff told us they found these were an opportunity to share ideas and experiences and receive information.

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

Patients were encouraged to participate in feedback via CQC forms and the practice feedback questionnaires which were available for us to read. The practice also had a Friends and Family Test survey and feedback questionnaires were in the waiting area. This was to assess if patients would recommend the practice to their friends and family. All of the patient feedback was positive with comments about how attentive, helpful and pleasant the staff were.

Staff told us any comments patients made directly to them were feedback to the practice manager for discussion at practice meetings.