

Mr Chetan Valji Maru

# Wigston House Dental Practice

## Inspection Report

101 Leicester Road  
Wigston  
Leicester  
LE18 1NS

Tel: 0116 2810646

Website: [www.wigstonhousedentalpractice.co.uk](http://www.wigstonhousedentalpractice.co.uk)

Date of inspection visit: 8 June 2017

Date of publication: 07/08/2017

### Overall summary

We carried out this announced inspection on 8 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information for us to take into account.

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 form the framework for the areas we look at during the inspection.

#### **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**

Wigston House Dental Practice is in Wigston, a town in Leicester and provides NHS and private treatment to patients of all ages.

# Summary of findings

There is a single step at the front entrance of the building. Measures have been taken to enable people who use wheelchairs and pushchairs access to the practice if required. There is some limited car parking at the rear of the premises and free car parking is also available on the street where the practice is based. There is a free public car park within short walking distance.

The dental team includes three dentists (one is a trainee dentist), three dental nurses, one therapist and a receptionist. The practice are currently recruiting for a nurse and receptionist. The practice does not currently employ a practice manager following the staff member leaving in April 2017.

The practice has four treatment rooms with one located on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The principal dentist is an approved dental trainer for dentists new to general dental practice. The practice currently has one trainee dentist working in the practice.

On the day of inspection we collected 15 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, one dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday and Tuesday from 11am to 2.30pm and 3.15pm to 7.15pm, Wednesday and Thursday from 8am to 12pm and 12.45pm to 4pm. On alternating Fridays, the practice is open from 8am to 12pm and 12.45pm to 4pm or 9.30am to 1.15pm and 2pm to 5.45pm. The practice also opens one Saturday per month.

## Our key findings were:

- The practice ethos included the provision of high quality dental services to the local community in a professional, friendly and inviting environment.

- There was evidence of some effective leadership. We found areas where management arrangements required strengthening however.
- Staff had been trained to deal with emergencies, but we found the practice did not hold all appropriate medicines and equipment necessary to respond in the event of a medical emergency.
- The practice appeared clean and well maintained.
- Staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines although we noted exceptions in relation to some record keeping.
- The practice demonstrated awareness of the needs of the local population and took these into account when delivering the service.
- Staff received most training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked patients for feedback about the services they provided. Information we obtained from 15 Care Quality Commission cards provided positive feedback. We did not receive any negative feedback about the practice.

There were areas where the provider could make improvements. They should:

- Review their governance arrangements to effectively support the management of the service. This should include improvements in policy, procedures and identifying risks involving clinical processes.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as dental record keeping, stock checking and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

# Summary of findings

- Review staff awareness of Gillick competence and how this relates to their role.

# 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 some systems and processes to provide safe care and treatment but we found areas that required strengthening. The practice had not recorded all accidents which had occurred.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed most essential recruitment checks. We noted exceptions in relation to the provider obtaining evidence of staff identity and evidence of previous satisfactory employment at the point of recruitment.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We noted that infection prevention control audits had been undertaken annually however, guidance recommended these audits to be undertaken twice yearly.

The practice had some suitable arrangements for dealing with medical and other emergencies but we found a number of exceptions on the day of our inspection which meant the practice were not prepared for all emergencies.

No action



### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, thorough and professional. The dentists discussed treatment with patients so they could give informed consent.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. On the day of our inspection, we found that arrangements required strengthening to ensure that all referrals were monitored, once sent. The provider implemented a new monitoring procedure after our inspection took place.

The practice supported staff to complete training relevant to their roles. We noted that formalised staff training in the Mental Capacity Act 2005 and Gillick competence had not taken place however.

No action



### **Are services caring?**

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

No action



# Summary of findings

We received feedback about the practice from 15 people who completed CQC comment cards. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, friendly and polite. They said that they were given helpful and informative explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**No action** ✓

## **Are services well-led?**

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

The practice had some arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. However, we noted there were also areas of improvement required in governance arrangements. These included ensuring that all risks were identified, addressed promptly and appropriate action taken to manage and reduce risks from occurring.

There was a management structure and staff we spoke with felt supported.

The practice team kept patient dental care records which were written or typed and stored securely.

The practice had quality assurance processes aimed at encouraging learning and continuous improvement. We found areas which required strengthening such as reviewing action plans from audits undertaken.

We saw evidence that the practice listened to the views of patients and staff.

**No action** ✓

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff had knowledge regarding the procedures in place. We noted two significant events had been recorded within the past two years. During our discussions with a member of staff, we were informed that a sharps injury had occurred in January 2016. Whilst we were advised of the appropriate action taken in response to the incident, we noted that this had not been formally recorded in the accidents book or other documentation. When we discussed the issue with the provider, they were unaware that the incident had occurred. The absence of recording of all such incidents may not ensure that all appropriate action is taken to prevent risks from recurring. It may also impact upon the ability to share learning amongst all staff.

The practice had not been receiving national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). When we discussed the issue, the principal dentist took immediate action to register with the government website GOV.UK to ensure that all future alerts could be promptly reviewed and actioned. They told us they would review alerts issued within the past twelve months to ensure the practice had not been affected.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. We noted that the practice had not implemented the safer sharps system, a requirement from EU Directive. They had

however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We noted compliance with sharp dental items being disposed of appropriately. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last undertaken in September 2016.

We found that some emergency equipment and medicines were available as described in recognised guidance, but noted a number of exceptions. This included the absence of oropharyngeal airways, self-inflating bag with reservoir (adult and child), child face mask, portable suction, syringes and needles. We found one dose of adult adrenalin and one dose of child adrenalin present in pen form. We discussed our findings with the provider who told us that immediate action would be taken to order the items. Following our inspection, we were provided with details of the order placed.

Staff kept records of their checks to make sure that emergency equipment and medicines held were within their expiry date and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at three staff recruitment files. Whilst the files contained appropriate documentation, we noted exceptions in relation to the absence of photographic staff identity on two files and evidence of previous satisfactory employment held on all three files. We discussed legislative requirements regarding staff recruitment with the provider. The provider told us they would request evidence of staff identification immediately and retain copies of this on the files. We were informed after our inspection that this had been obtained and reference requests had been followed up.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

# Are services safe?

## **Monitoring health & safety and responding to risks**

The practice's health and safety policies and risk assessments were up to date, although we noted an exception in relation to a fire risk assessment which had not been undertaken. We reviewed documentation which showed that a fire inspection had been undertaken in September 2016. This showed that equipment had been serviced. The provider informed us that they would organise for a risk assessment to be undertaken.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapist when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits annually. We advised the practice that national guidance recommended these audits take place twice a year. The latest audit undertaken in March 2017 showed the practice was meeting standards, but areas were identified for subsequent action. This included the wall mounting of sharps bins. We looked at the action plan but this did not identify whether the issues had been addressed. We spoke with the provider and were informed that actions were outstanding but these would be progressed and the action plan updated.

The practice did not have current procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We reviewed a risk assessment undertaken in 2013. Whilst this identified the practice as low risk, the assessment recommended that

a further assessment be carried out in 2015. The provider had not taken steps to ensure that a further assessment was conducted. We also noted that the practice had not undertaken any dipslide testing. We discussed this issue with the provider. They informed us that they would take immediate action to address any risk of legionella. Following our inspection, we were provided with details of the forthcoming assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had systems for prescribing and dispensing medicines. We identified that improvements were required in relation to checks made on medicines and supplies held. We identified a number of items which were out of date, including tooth bonding material, local anaesthetic (occasional use) and needles. These were held in storage and treatment rooms. Items had expired between seven months to one year ago. We also found that the First Aid box required checking as it contained bandages which had passed their expiry date. We discussed the issues with the provider. They informed us that they had previously adopted procedures for checking of medicines and stock rotation, but were unaware that these were not being followed by staff. After our inspection the provider sent us a copy of their new procedure for stock checking.

The practice stored and kept records of NHS prescriptions as described in current guidance. The practice did not keep a separate log of items dispensed on individual prescriptions. These could be referred to in the event of tracking particular medicines which had been issued. After our inspection, we were provided with a log which was being implemented.

## **Radiography (X-rays)**

The practice had mostly suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We found that X-ray machines in treatment rooms required servicing in March 2017. The servicing had not been

## Are services safe?

arranged at the time of our inspection. The provider told us this was an oversight and following our inspection we were informed that this had now been booked. We also noted that rectangular collimators were not available for use in the treatment rooms. We were informed during our inspection that these had been ordered.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The principal dentist told us the practice had visited two local primary schools within the past two years to raise awareness about oral health with the children.

Our review of the practice website showed the practice used tweets to advise patients about dental health matters such as preventing tooth decay and mouth cancer.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

The dentist we spoke with confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. We found that the practice had not adopted a process for monitoring referrals to make sure they were dealt with promptly. We discussed this with the provider who told us they had made a decision to review these arrangements. After our inspection, we were provided with a policy and referral log for staff completion to enable monitoring to take place.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We looked at a small sample of patient records completed by one of the dentists and noted that detail regarding treatment options and risks were not always included in the notes.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient comment included that the dentists communicated very well and they felt confident in the ability of all staff.

The practice's consent policy included information about patients who may not be able to make informed decisions, although it did not make specific reference to the Mental Capacity Act 2005. The principal dentist had received some training in the Act and told us that the Act had been discussed in practice meetings. We were told that other staff had not received formal training in the Act. Training was required to ensure full staff knowledge and understanding of their responsibilities under the Act.

The policy also referred to Gillick competence and the dentist we spoke with was aware of the need to consider this when treating young people under 16. The dentist described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. A nurse we spoke with

# Are services effective?

(for example, treatment is effective)

had not heard of Gillick competence however and was unclear regarding the considerations to be made when treating young people. Training was required to ensure full staff knowledge and understanding of Gillick competence.

We were informed that software was available on the computer system designed for use with children to explain their dental health and treatment. This included animation and the use of child friendly language.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, polite and efficient. We saw that staff were friendly and welcoming towards patients at the reception desk and over the telephone.

Staff we spoke with on the day of our inspection told us how they would reassure nervous patients by showing compassion and understanding.

The principal dentist told us that the practice had offered to pay for taxi costs for their elderly and most vulnerable patients when they had attended for treatment and required this service.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into a private area to discuss their needs. Reception staff provided us with an example to show how they avoided open conversations with patients about payment exemptions, by showing them the relevant

form to read and complete where appropriate. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

An information folder was available in the waiting area for patients to read. This included a variety of information, including details of the staff, fees, policies including complaints management and the practice's mission statement.

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

The practice gave patients information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease, cosmetic treatments and more complex treatment such as dental implants and oral surgery.

Staff also used software on computers to explain treatment options to patients needing more complex treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us they would offer to assist any patients they identified as needing help. The practice computer system contained icons to inform staff if patients attended and had any impairments such as sight or hearing. The receptionist told us she would speak more with anxious patients to help calm them.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp to ensure step free access, a hearing loop and accessible toilet with hand rails and a call bell. The practice had access to interpreter/translation services.

### Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum where possible.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. We

reviewed practice meeting minutes which showed discussions had taken place amongst staff regarding the importance of ensuring that the pain slot emergency appointments were kept free until the day.

The practice took part in an emergency on-call arrangement with some other local practices to meet their private patients' needs. NHS patients were informed to contact NHS 111 for help. The practice answerphone message provided information for patients needing emergency dental care when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The administrator/dental nurse was responsible for dealing with these. Staff told us they would tell the principal dentist or administrator/dental nurse about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if considered appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received. The practice had recorded eight complaints within the last two years. We reviewed the complaints. These showed that the practice responded to concerns appropriately and discussed outcomes with staff where appropriate to improve the service delivered.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. At the time of our inspection the practice did not have a suitably qualified or experienced practice manager. We were informed that the previous manager had left the role in April 2017. The principal dentist told us they were considering appointing a current member of staff to undertake the role. We spoke with the member of staff being considered for the post. They told us and the principal dentist that they were keen to remain working exclusively in their clinical role.

The principal dentist told us they were expanding their business and they had purchased the property next door to the practice to renovate. The principal dentist provided us with assurance that they would ensure a suitably qualified practice manager was placed in post to manage their overall governance arrangements.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. However, we noted there were areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, this included undertaking a legionella risk assessment, holding sufficient medicines and equipment to respond to a patient emergency and ensuring medicines and supplies are checked to ensure they have not expired.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. We noted that documentation regarding incident reporting required updating to include reference to the duty of candour.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. Staff told us they would raise any issues with the principal dentist and told us they were approachable and would listen to their concerns. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly practice meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had some quality assurance processes aimed at encouraging learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. We looked at a record keeping audit undertaken in January 2017. We did not find evidence that actions had been taken as a result of the audit to ensure improvements in practice. The provider told us they would seek to address this issue. We also noted that not all accidents had been recorded and any learning as a result shared amongst all staff.

The principal dentist told us they attended regular peer review meetings with other local practices and the forum was used to share learning.

The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support for them to do so.

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

The practice obtained patient and staff views and used these to make improvements to the service. For example, it was identified that emergency pain slots were being filled in advance of the day for less urgent appointments. Staff were informed that the slots must be kept free for emergencies only.

## Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We looked at 60 responses submitted by

patients. Of these, 56 patients were likely or extremely likely to recommend the practice, two were unlikely to recommend the practice and two did not indicate their preference either way.