

## Station Road Dental Practice Limited

# Station Road Dental Practice Limited

## Inspection Report

Station Road  
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### Overall summary

We carried out an announced comprehensive inspection on 3 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

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

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

#### **Background**

Station Road Dental Practice Limited is situated in Robin Hoods Bay near Whitby, North Yorkshire. It offers NHS dental treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice is located within a GP surgery. There is one dental surgery and a decontamination room. The waiting area and reception area are shared with the GP surgery. All of the facilities are on the ground floor of the premises along with accessible toilet facilities.

There is one dentist, two dental nurses and one receptionist.

The opening hours are Monday, Tuesday, Thursday and Friday from 9-00am to 5-00pm. They are closed for lunch between 12-30pm and 2-00pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 the inspection received feedback from 24 patients. The patients were generally positive about the care and treatment they received at the practice. Comments included staff were friendly polite and considerate. They also commented the dentist explained treatments clearly and the practice was clean and hygienic.

## **Our key findings were:**

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Staff were aware of current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- There was a warm and welcoming feel to the practice.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- There were some areas for improvement within the governance arrangements.
- Some dental care records were not completed and others we reviewed had errors in them.

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's recruitment policy and procedures to ensure immunity to Hepatitis B is requested and recorded suitably.
- Review the practice's process for ensuring staff are up to date with their continuous professional development.
- Review the availability of a practice information leaflet.

# 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.

Staff told us they felt confident about reporting incidents, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety. On the day of inspection there was no evidence of the immunity of two members of staff to Hepatitis B. We were told this would be followed up.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced. We noted the practice was not carrying out the steam penetration test on the autoclave. We were told this would be addressed and staff would be re-trained to ensure this was carried out in the future.

No action



### Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate. When we reviewed dental care records with the dentist we saw some had not been completed and some had errors in them.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

The practice provided preventative advice and treatment in line with the 'Delivering Better Oral Health' toolkit (DBOH). This included fluoride application, oral hygiene advice and smoking cessation advice.

Most staff had completed training relevant to their roles and were up to date with their continuing professional development (CPD). On the day of inspection there was no evidence the dentist was up to date with their CPD. We saw evidence the dentist was booked in on a course to complete the mandatory CPD.

Referrals were made to secondary care services if the treatment required was not provided by the practice.

No action



# Summary of findings

Staff did not have a good understanding of Gillick competency.

## **Are services caring?**

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

During the inspection we received feedback from 24 patients. Patients commented that staff were polite and considerate. They also commented dentist explained treatments clearly.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

**No action**



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

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

The practice had an efficient appointment system in place to respond to patients' needs. We were told patients who had an emergency would be seen the same day. There were instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. The registered manager dealt with complaints remotely.

The practice was fully accessible for patients in a wheelchair or with limited mobility.

The practice did not have a practice information leaflet.

**No action**



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

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

There was a range of policies, procedures and protocols to guide staff in undertaking tasks. We noted some of these policies had not been personalised to the practice. For example, the safeguarding policy did not have the names of the safeguarding leads on it.

Arrangements were in place to share information with staff by means of practice meetings. This gave everybody an opportunity to openly share information and discuss any concerns or issues. These meetings were generally informal and were not always minuted. We were told that regular minuted meetings were going to be conducted as soon as possible.

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

They were currently carrying out a patient satisfaction survey and were also completing the NHS Friends and Family Test (FFT).

**No action**



# Station Road Dental Practice Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

During the inspection we received feedback from 24 patients. We also spoke with the dentist, one dental nurse,

the receptionist and the area manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 guidance for staff about how to report incidents and accidents. Staff were familiar with the process of reporting significant events or accidents. Any significant events would be reported to the registered manager who would analyse them remotely and take action as appropriate. There had not been any significant events in the past 12 months. Staff were familiar with what a significant event would entail.

The registered manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be passed on to the practice to check if they affected any equipment or medicines in the practice.

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

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The dental nurses were the safeguarding leads for the practice. On the day of inspection we noted the safeguarding leads were not named in the safeguarding policy. This issue was raised on the day of inspection and we sent evidence this had been addressed.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a needle re-sheathing device, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments).

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be

used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and most had completed on-line training in emergency resuscitation and basic life support within the last 12 months. There was not up to date medical emergency training for the dentist.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF. The resuscitation kit and medical emergency oxygen were shared with the GP surgery.

The practice shared an Automated External Defibrillator (AED) with the GP surgery which was stored on an external wall of the GP surgery. (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).

Records showed regular checks were carried out on the emergency medicines. These checks ensured the emergency medicines were in date. The staff at the GP surgery were responsible for checking the medical emergency oxygen and the AED.

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The area manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal

# Are services safe?

record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

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

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included pregnant workers, the use of the autoclave and trainee dental nurses.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

## **Infection control**

There was an infection control folder which contained guidance for staff. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. This folder was rather disorganised. For example, the policy referred to out of date guidance. There was an additional sheet relating to the changes which had been implemented in 2013. It would be clearer if this had been changed in the policy itself. There was a named infection control lead within the policy. This individual was not in regular contact with the practice.

The practice followed the guidance about 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)'.

There was not clear evidence all staff were appropriately immunised against Hepatitis B. For example, for two members of staff titre levels were not available.

We observed the treatment room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

We saw staff were carrying out daily validation tests on the autoclave. The autoclave was the vacuum variety and should have the steam penetration test done. Instead the test for a non-vacuum autoclave was carried out. We were sent evidence the day after the inspection the new test kit had been ordered and staff would be made aware of the new test.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in October 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. On the day of inspection there was no action plan for this audit and it related to the old guidance. We were sent an action plan the day after the inspection.

Records showed a risk assessment process for Legionella had been carried out in July 2015 (Legionella is a term for particular bacteria which can contaminate water systems

# Are services safe?

in buildings). On the day of inspection it was not clear whether some of the recommendations had been actioned. We were sent evidence and assurances the day after the inspection these had been done.

## **Equipment and medicines**

The practice had maintenance contracts for essential equipment such as the X-ray set, the autoclave and the compressor. A list of all equipment including dates when equipment required servicing was kept remotely at the organisation's head office. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in October 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance. Prescriptions were stamped only at the point of issue.

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

The practice had documentation relating to radiation protection including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgery. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

An X-ray audit had been carried out in October 2016. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). We saw no evidence an audit had been carried out prior to this.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. We saw clinical records were not always comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. We saw some instances where dental care records had not been completed, one where a cavity in the records differed from what was on the chart and another where the X-rays were the wrong way round. These issues were discussed with the area manager, dental nurse and dentist and we were assured this would be addressed and followed up with a thorough record card audit.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each x-ray and a detailed report was recorded in the patient's care record.

### Health promotion & prevention

The practice provided preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the

prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist that smoking cessation advice and alcohol awareness advice was given to patients where appropriate.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included issues relating to health and safety, COSHH and fire safety. When we looked at the induction for the dentist who had worked for the same organisation at a different location it revealed this induction related to the other location.

Staff told us they had access to on-going training to support their skill level and maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The registered manager had a subscription to an on-line training resource which all staff had access to.

### Working with other services

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

The dentist completed referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

# Are services effective?

(for example, treatment is effective)

The receptionist maintained a log of all referrals which had been sent. They would call up the patient two weeks after the letter had been sent to see if they had received an appointment. If they had not then the receptionist would check the hospital had received the letter.

## **Consent to care and treatment**

Patients were given information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentist described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff were not familiar of the concept of Gillick competency. The Gillick competency test is used to help assess whether

a child has the maturity to make their own decisions and to understand the implications of those decisions. This issue was raised with the area manager on the day and we were told this would be discussed at the next practice meeting.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. The dentist was aware that a patient could withdraw consent at any time.

# Are services caring?

## Our findings

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

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients, not discussing confidential information at the reception desk and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

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

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

There were no information leaflets relating to treatments which were available. This was raised with the area manager on the day of inspection and we were told these would be made available as they were used at other locations within the organisation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. The premises was fully accessible for patients with mobility difficulties. These included step free access the premises and a ground floor accessible toilet. The surgery was large enough to accommodate a wheelchair.

### Access to the service

The practice displayed its opening hours on the premises. The opening hours are Monday, Tuesday, Thursday and Friday from 9-00am to 5-00pm. They are closed for lunch between 12-30pm and 2-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. On a Wednesday when the practice was closed patients were signposted to a local sister practice for emergency treatment.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The registered manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered manager. The staff kept a log of any complaints which had been raised. These were then passed on to the registered manager to follow up. On the day of inspection we saw two complaint logs which indicated complaints had been passed on to the registered manager. It was not clear what actions the registered manager had taken with these complaints.

# Are services well-led?

## Our findings

### **Governance arrangements**

The receptionist was responsible for the day to day running of the service and we were told the registered manager was easy to contact if necessary. There was a range of policies and procedures in use at the practice. Some policies were rather disorganised, for example, the infection control policy and the safeguarding policy did not contain the names of the safeguarding leads. The two internal contacts within the whistleblowing policy were husband and wife therefore could potentially not be deemed to be impartial. These issues were raised on the day of inspection and we were assured these would be addressed.

The practice did not have a patient information leaflet. This leaflet should contain details of the dental team, services available, opening hours, out of hours care and the complaints procedure. We discussed this with the area manager and we were assured a patient information leaflet would be produced.

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

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly and it was evident the practice worked as a team.

The practice had not been carrying out regular staff meetings. We were told that as it was only a small team any matters would be discussed informally. We were assured regular staff meeting would be carried out and minuted.

### **Learning and improvement**

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as waiting times, consent, fluoride varnish and missed appointments. We looked at the audits and saw the practice was performing well. The receptionist told us they had identified a lot of patients failing to attend for appointments. As a result of this they had started calling patients the day before their appointment to remind them of their upcoming appointment.

Staff told us they had access to training which helped maintain their continuous professional development as required by the General Dental Council. Most CPD was completed on line through the organisation's subscription. On the day of inspection there was limited evidence available to demonstrate what CPD the dentist had completed. The area manager was aware of this and the dentist had booked on a full day course which covered much of the mandatory CPD. This could have been prevented if a more robust system was in place to monitor the CPD of staff.

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

The practice had not yet completed a patient satisfaction survey. We saw evidence one was currently being carried out.

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