Ethos Dental Care

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Ethos dental care is located on the main road into Stockport and provides predominantly (60%) NHS dental treatment and a smaller amount (40%) of private treatment.

The practice opening hours are Monday 9am until 5pm, Tuesday and Thursday 9am until 5.30pm, Wednesday 9am until 6pm and Friday 8am until 2pm. Appointments are available on Saturday mornings by appointment.

The treatment rooms were located on the ground and first floors and both floors have a dedicated decontamination room. The practice has a principal dentist (who is also the owner) and four associate dentists who offer a range of specialist services such as conscious sedation, implants, orthodontics and endodontics. The practice also has a dental hygienist/ therapist, four registered dental nurses, two trainee dental nurses and a receptionist.

The Principal dentist is the registered person. 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.

The inspection took place over one day and was carried out by a CQC inspector and dental specialist advisor.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice.

Our key findings were:

Summary of findings

- Staff had a good understanding of patient confidentiality and we observed good interactions between staff and patients.
- Staff had received essential training and were supported in their continued professional development (CPD).
- There were systems in place to reduce the risk and spread of infection. We found all treatment rooms were visibly clean and clutter free.
- There were processes in place for patients to feedback about the service.
- There was a complaints policy and procedure in place that was available to patients.
- The practice had systems and processes in place to ensure patients were protected from abuse and avoidable harm. Staff showed a good understanding of the different types of abuse and how to identify the signs.
- The practice followed recognised and approved national guidance such as the National Institute for Health and Care Excellence (NICE).
- Emergency appointment slots were available and patients were seen the same day if they had a dental emergency.
- Different treatment options were discussed with patients to enable them to make informed decisions.
- The practice had the appropriate equipment and medicines to deal with medical emergencies. Staff knew where to access the equipment and had received training in responding to a medical emergency.
- There were procedures for the safe management, storage and disposal of clinical waste.
- This practice offered conscious sedation to patients, however dental nurses assisting the dentist with conscious sedation had not received appropriate training. The principal dentist made arrangements to secure this training during the inspection.

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

- Keep a daily record of the temperature of the refrigerator used to store medicines.
- Ensure the COSHH file contains information about all of the substances in use in the practice and include risk assessments.
- Remove the mops and buckets from the decontamination room on the ground floor.
- Review and where required update policies and procedures.
- Maintain accurate, complete and detailed records relating to employment of staff. This includes keeping appropriate records of references taken.
- Review the system of stock checks to ensure that out-of-date products are disposed of in a timely manner.
- Review staff training to ensure that dental nursing staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role giving due regard to guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

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.

There were policies and procedures in place in relation to; child protection and safeguarding adults from abuse, dental radiography (X-rays) and infection prevention control.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health in the 'Health Technical Memorandum 01-05 the Decontamination in primary care dental practices (HTM 01-05 2013)' guidance.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff were confident about reporting their concerns if they suspected poor practice which could harm a patient.

The practice had a health and safety policy which outlined responsibilities in Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

Are services effective?

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

The dental care records we looked at included details of the condition of the patient's teeth and soft tissues lining the mouth and gums.

The practice worked in accordance with guidance issued by National Institute for Health and Care Excellence (NICE) in relation to wisdom tooth extractions and dental recall intervals.

Patients were given detailed information about their treatment options to enable them to make informed choices.

Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

We observed staff speaking with patients in a kind, calm, friendly and polite manner. Staff were caring and understanding and showing patients kindness and respect. Patient feedback in CQC comment cards was positive about the care and treatment they had received.

Treatment room doors were closed during consultations so that patients' dignity was maintained during examinations, investigations and treatments.

We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

There was a practice website with information about the practice, treatments on offer, payment options, opening times and contact details.

Summary of findings

The practice had a complaints handling procedure and details of how to handle complaints were on the practice website and in the practice leaflet.

The practice offered dedicated emergency slots to accommodate patients with urgent dental needs these were often on the same day.

Are services well-led?

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

Staff told us that there was an open culture at the practice and staff told us they would report where treatment had gone wrong to ensure there were no reoccurrences. The staff reported there was good support and communication within the practice team.

Staff told us they were well supported by the principal dentist; they felt they could raise any concerns and that they were listened to.

Practice meetings were held regularly and minutes were taken of the meetings. Opportunities existed for staff for their professional development.

The practice is working towards membership of the British Dental Association Good Practice scheme.

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Detailed findings

Background to this inspection

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

The inspection took place on the 9 November 2015 and was undertaken by a CQC inspector and a dental specialist adviser.

Prior to the inspection we reviewed information we hold about the provider and information available on the provider's website.

We informed organisations such as NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with the principal dentist who is also the registered person, four dental nurses and a trainee dental nurse. We reviewed policies and procedures and maintenance documents. None of the patients in the practice on the day of the inspection expressed an interest in speaking with us. To get patients views of the practice we reviewed 19 completed CQC comment cards, the completed NHS Friends and Family test forms and completed practice surveys. We also observed the process for cleaning and sterilisation of used dental instruments.

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 received national and local alerts relating to patient safety and safety of medicines from the Medicines and Healthcare Products Regulatory Agency (MHRA). The alerts were received via email and were shared with staff as and when they were received and at monthly staff meetings.

The practice had procedures in place to investigate, respond to and learn from significant events. Staff were clear about the action to take should such an incident occur and understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The staff we spoke with told us there was an open culture within the practice and felt confident that they could report any concerns they might have to the principal dentist. The principal dentist was clear about their responsibilities under the 'Duty of Candour' to be honest and open. They told us if there was an incident or accident that affected a patient they would apologise and take steps to ensure there were no reoccurrences. The patient would be advised of any changes made in response to the incident.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. There were policies and procedures in place for child protection and safeguarding adults and these were under regular review. A flow chart with the contact details for the local authority safeguarding teams was displayed in the practice and was accessible to staff. The continuing professional development files we saw showed all staff had received safeguarding training in 2013 and 2014.

There was a whistleblowing policy and staff told us that if they had concerns about a colleagues practice they knew it was their professional responsibility to report this. A whistleblowing helpline number was available for staff to use if they had concerns about a colleagues practice.

The principal dentist told us they followed guidance from the British Endodontic Society and used a rubber dam when carrying out root canal treatments. (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).

New patients were asked to complete a medical history form recording any existing medical conditions and medication taken. We reviewed a sample of three dental care records and found evidence that medical histories were updated at each subsequent visit and any changes added to the electronic records.

The practice provided a conscious sedation service for patients who are anxious or phobic of dental treatment. (Conscious sedation is a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

None of the dental nurses had attended specialist training in conscious sedation. The Intercollegiate Advisory Committee for Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care' 2015 (IACSD) recommends dental nurses assisting with conscious sedation should have the appropriate validated education and training.

The principal dentist told us he would suspend conscious sedation treatments until further notice. During the inspection the principal dentist contacted the School for Dental Care Professionals at Manchester University and had applied for a place on a 12 month course for the dental nurse who assists in sedation. The course starts in January 2016.

The dental nurses we spoke with told us they did not feel under pressure to complete procedures and always had enough time to prepare for each patient.

Medical emergencies

The practice had equipment in place to deal with medical emergencies in accordance with the Resuscitation Council UK guidelines and the General Dental Council (GDC) standards for the dental team.

There was an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an

Are services safe?

electrical shock to attempt to restore a normal heart rhythm). All of the staff knew where the emergency equipment and medicines were stored and were trained to use them.

There was an emergency medicines kit. The guidance on emergency medicines is in the British National Formulary (BNF) for medical emergencies in dental practice. Records showed that staff checked medicines and equipment to monitor stock levels, expiry dates and to ensure that equipment was in working order.

There was a maintenance contract in place for the oxygen cylinders and we saw these had been checked and tested on a regular basis in accordance with manufacturer's guidance.

Staff recruitment

We saw that in general the practice held the required information for each member of staff such as; proof of professional registration (where appropriate) a CV, proof of identity and a Disclosure and Barring Scheme check (DBS). The Disclosure and Barring Service (DBS) carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. However, we did not see written references in all of the staff files.

There was a staff induction process that included a period where new staff shadowed more experienced staff and familiarised themselves with the practice's policies and procedures. We spoke with one of the trainee dental nurses who confirmed they were spending time in the treatment rooms observing practice and routines.

Clinical staff were required to provide evidence of their registration with the General Dental Council (GDC). We reviewed staff files and saw that the registration numbers were recorded. We saw that dentists and dental nurses had personal indemnity or insurance cover. In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had a business continuity plan in place. The plan contained key contacts in the local area such as builders, plumbers, gas and electricity suppliers and a local dentist to provide emergency appointments in the event of an emergency that might disrupt the safe and smooth running of the service. The principal dentist lived close by and confirmed that they had copies of the plan at home so that the information was readily available.

The practice had a file relating to the control of substances hazardous to health (COSHH). The file contained data sheets for mercury, acid etch, bleach, ethyl chloride and blood and saliva but there were no accompanying risk assessments. We discussed with the principal dentist the need for a more comprehensive COSHH file that should include all of the substances in use at the practice.

Staff had received fire training and fire procedure notices and fire exit signs were displayed throughout the practice. A fire risk assessment had been undertaken by an external contractor and fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested in accordance with the manufacturer's guidance.

Infection control

We found the practice environment was visibly clean and tidy on the day of our inspection. Dental nurses were responsible for cleaning the practice. Treatment rooms were clean and clutter free. The dental nurses we spoke with explained how they sanitised the room between each patient including wiping down all work surfaces, the dental chair, examination light and spittoon. There was a written cleaning schedule but this was not dated so it was not clear to us when this was written.

There was an infection prevention and control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections this included, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dental nurses was the infection control lead.

The practice was following guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in

primary care dental practices (HTM 01-05)' and The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

There were two dedicated rooms for the decontamination of dental instruments. The rooms had a clearly labelled flow from dirty to clean zones to minimise the risks of cross

contamination. We found the floor mops and buckets were stored in the ground floor decontamination room. We discussed the potential for cross contamination with the principal dentist and he agreed to relocate this equipment.

We observed a decontamination cycle which included transporting used instruments from the treatment rooms in a rigid plastic lidded box. Dental nurses wore personal protective equipment (PPE) when working in the decontamination room this included heavy duty gloves, aprons and protective eye wear. Instruments were washed manually, rinsed in a separate sink and checked for debris using an illuminated magnifying glass they were then placed into the autoclave. Once sterilised the clean instruments were pouched and dated with the use by date.

We saw documentary evidence to show daily and weekly checks and tests were carried out on the autoclave to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately between collections in lockable bins. We saw a record of waste consignment notices for the last 12 months. These included the collection of amalgam, extracted teeth and sharps such as used needles and sharp instruments. Sharps bins (for disposing of sharps) were suitably located, signed and dated.

CPD records showed staff regularly updated training in infection prevention and control. We saw evidence that staff had been vaccinated against Hepatitis B (a virus that can be transmitted through blood or saliva). A legionella risk assessment had been completed in 2013 and the results were negative for bacterium (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The practice had blood spillage and mercury spillage kits. We found the mercury spillage kit was out of date. The principal dentist told us they would arrange for the kit to be replaced.

There were hand washing facilities in each of the treatment rooms and staff had access to good supplies of personal protective equipment (PPE), such as gloves and masks. Posters demonstrating proper hand washing techniques were displayed above the hand washing sinks.

Equipment and medicines

We saw evidence to show that equipment was serviced and maintained in accordance with the manufacturers' instructions. This included the dental chairs, autoclaves and the air compressor. We saw the X-ray sets were serviced and calibrated on a regular basis.

Portable appliance testing (PAT) had been carried out on all electrical equipment in October 2015. PAT is the name of a procedure whereby electrical appliances are routinely checked for safety.

The fire extinguishers had been serviced and tested in February 2015 to ensure they were safe for use if needed.

There was guidance for staff relating to the prescribing, recording and stock control of the medicines used in the practice. Prescription pads were securely stored in accordance with NHS Protect guidelines and there was a system of recording serial numbers of prescriptions in place.

There was a system in place for checking the medical emergency kit. The kit was checked on a

weekly basis. This included checking the levels and flow rate of the oxygen cylinder and the expiry dates of medicines.

The practice had a dedicated fridge used for medicines requiring cold storage. There was a thermometer inside the fridge but the temperature of the fridge was not routinely recorded to ensure medicines were stored according to the manufacturer's guidance. The principal dentist told us they would start to record the temperature of this fridge on a daily basis.

Radiography (X-rays)

There was a radiation protection file that contained the name of the radiation protection supervisor (RPS) and radiation protection advisor (RPA) in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The maintenance records for the X-ray sets were up to date. The file included initial risk assessments critical examination certificates and HSE notification. Local rules were located in each of the treatment rooms.

The X-rays were digital and the principal dentist carried out a regular audit of the quality of X-ray images. All staff responsible for taking X-rays were up to date with training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Practice staff kept up to date with current guidelines and research in order to continually develop and improve the service. This included following the National Institute for Health and Care

Excellence (NICE), Medicines and Healthcare Products Regulatory Authority (MHRA) updates and the British National Formulary (BNF) guidance. They used the National Institute for Health and Care Excellence (NICE) guidelines to determine the frequency of recalls.

We looked at a sample of computerised dental care records. Dental care records showed an assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

The assessment included completing a medical history, outlining medical conditions and allergies. The dentists recorded the justification and findings X-ray images in dental care records and treatment options discussed.

Health promotion & prevention

There were a range of information leaflets in the waiting room these included good dental hygiene and how to reduce decay. There were a variety of products patients could purchase such as toothpaste and interdental brushes.

Dentists promoted good oral health such as, smoking cessation, effective tooth brushing, alcohol consumption and healthy diet in line with the Department of Health - Delivering Better Oral Health toolkit (This is an evidence based toolkit used by dental teams for the prevention of dental disease).

Staffing

The principal dentist, an associate dentist and a dental therapist were working on the day of the inspection. They were supported by four dental nurses, a trainee dental nurse and a receptionist.

New staff received an induction when they started work which ensured they were aware of relevant procedures and policies.

Staff told us they had annual appraisals with the principal dentist. This gave them an opportunity to discuss their personal and professional development with the principal dentist. The staff we spoke with told us they were well supported by the principal dentist to maintain their continuing professional development (CPD) which is a compulsory requirement of their professional registration with the GDC. Staff were up to date with essential training such as responding to medical emergencies and infection control.

Working with other services

The practice used an urgent on-line referral form for the local hospital for further investigations and treatment. There was a two week referral system to refer patients for screening for oral cancer. The referral forms contained details about the patient's medical history, contact details and reason for referral. Dental care records we looked at contained details of referrals made to the hygienist and the outcome from the referrals that were made.

Consent to care and treatment

The principal dentist and dental nurses we spoke with were aware of their responsibilities to ensure patients consented to care and treatment and that this was recorded. Patients were provided with information about treatment options, including any risks and benefits involved, as well as costs. This enabled patients to make informed decisions about treatment and these discussions were recorded in the dental care records we reviewed.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 and were able to explain how it related to their work particularly in relation to consent. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Dental nurses were knowledgeable about the use of the Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff were polite and helpful towards patients arriving for appointments and when speaking to patients on the telephone. The reception area was in the waiting room and we saw the reception staff taking a patient into the treatment room so they could speak in private.

We reviewed the CQC comment cards and saw patients were very happy with the treatment they received. Patients commented that the staff treated them with respect and compassion and listened to them. Anxious patients commented that the dental staff were patient and provided them with reassurance.

The staff we spoke with were aware of the importance of protecting patients' privacy and dignity including protecting confidential records. We found dental care records were stored electronically and files were password protected and backed up to secure storage each evening to protect them should there be a failure of the computer system.

Involvement in decisions about care and treatment

The practice information leaflet, information displayed in the waiting area and the practice website contained information regarding how patients could access emergency dental care. Patients could also book an appointment on the website. The practice displayed information in the waiting area which gave details of the NHS fee bands.

There were computer screens next to dental chairs; these were used to display X-rays and information to help explain the different treatment options to patients.

The CQC comments cards we reviewed and the practice's own survey confirmed that patients felt involved in the planning of their treatment and were satisfied they had sufficient information on which to make an informed decision.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information about the services the services the practice offered was available in the practice leaflet and on their website. The practice undertook NHS and private treatments and costs were clearly explained before treatment commenced.

The practice allocated emergency appointment slots each day. Patients experiencing pain and in need of an urgent appointment were offered an appointment on the same day or within 24 hours. The feedback in CQC comment cards completed by patients confirmed that they could get an appointment within a reasonable time frame and to fit in with their usual routines.

Tackling inequity and promoting equality

The practice had recognised the needs of patients to whom English was their second language. They would encourage a relative or friend to attend who could translate or if this was not possible they had access to telephone translation services.

The principal dentist was aware of their responsibilities under the Equalities Act 2010 and had made reasonable adjustments to accommodate patients and staff that may have restricted mobility. There was a portable ramp available for use at the front of the building to enable wheelchair access. The ground floor treatment rooms were accessible for people who used a wheelchair and for parents with prams or pushchairs.

Access to the service

The practice opening hours are Monday 9am until 5pm, Tuesday and Thursday 9am until 5.30pm, Wednesday 9am until 6pm and Friday 8am until 2pm. Appointments are available on Saturday mornings by appointment.

Patients were able to book an appointment in the practice by telephone or on the practice website. Staff told us there was an answer phone message informing patients of the contact details for the local dental emergency out of hour's service. We saw the website also included this information.

We reviewed the 19 CQC comment cards completed by patients. We found these reflected that appointments were easy to book and patients were very satisfied with the appointment system.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. The policy identified that the principal dentist was responsible for investigating complaints and gave the timescales for reply. Contact details for the Clinical Commissioning Group (CCG) and NHS England were also included so patients could escalate their concerns if they were unhappy with the response from the practice.

Information for patients about how to make a complaint was displayed in the waiting area, in the patient information leaflet and on the practice website. There was also a suggestion box available in the waiting area for patients to post comments and suggestions.

There had been one complaint in the last 12 months. We looked at the complaint record and found it included the details of the complaint, the investigation, and a record of the telephone contact with the patient to discuss the outcome.

Are services well-led?

Our findings

Governance arrangements

There were relevant policies and procedures in place, including a range of health and safety polices. We found some of the policies had been reviewed and updated in 2015. We found other policies such as the recruitment policy had not been reviewed since 2011 and the training policy was dated 2010.

The practice had an effective system to assess and monitor the quality of the service that patients received. The practice was working towards accreditation under the British Dental Association (BDA) Good Practice Scheme. BDA Good Practice provides support for dental practices in relation to clinical governance, quality assurance and information about changes in legislation and professional regulation.

Staff told us that meetings were held monthly to discuss issues in the practice and update on things affecting the practice. We saw the minutes of the practice meetings for the last six months and found they included discussions about new methods of working or new guidance.

The principal dentist had suitable arrangements for identifying, recording and managing risks through the use of regular risk assessments and audits.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice and the principal dentist encouraged candour and honesty. Staff told us the practice was a relaxed and friendly environment that they enjoyed working at the practice. They felt their opinion was valued and they would be comfortable about raising concerns with the principal dentist.

Learning and improvement

We found there was an appraisal system in place which was used to identify any training needs. We saw evidence that staff were working towards completing the required number of continuing professional development (CPD) hours to maintain their professional registration with the General Dental Council (GDC).

One of the dental nurses we spoke with was undertaking training to become a dentist and was supported and encouraged with this by the principal dentist.

There was a programme of clinical and non-clinical audits taking place at the practice although improvements could be made in the documentation of the learning points from audits.

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

The practice used the NHS Friends and Family Test (FFT) this is a method of testing whether patients are satisfied with the service they received and if they would recommend the practice to their friends and family. We looked at the completed forms for the past three months and found patients indicated they were extremely likely or likely to recommend the practice to friends and family.

The practice gathered feedback from patients through the use of a patient satisfaction survey and a suggestions box which was located in the reception area. We saw the results of the patient satisfaction survey carried out in September 2015 the results of which were positive.