Whitecross Dental Care Limited

Mydentist - High Street - Kings Lynn

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 February 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

Mydentist- High St- Kings Lynn provides mainly NHS dental treatment to children and adults. The practice is part of the Mydentist group, who operate a large number of dental practices across the UK.

The practice employs six dentists, 10 dental nurses and one dental hygienist. They are supported by a practice manager and four receptionists. The practice opens Monday to Friday from 8am to 5 pm, and on Saturdays from 9am to 3.30pm.

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

The practice is located in the centre of Kings Lynn and has six treatment rooms, a sizeable patient waiting area, a decontamination room and a large staff room.

We received feedback from 48 patients during the inspection process. They were very positive about the service offered, and commented on the friendliness and professionalism of the staff, and effectiveness of their

Summary of findings

treatment. However three people mentioned long waits to see the dentists after they had arrived, and two commented on the length of time to get a routine appointment, sometimes up to a couple of months.

Our key findings were:

- Information from 48 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, and responding to medical emergencies.
- Infection control procedures were robust and the practice followed published guidance.
- Patients could access urgent care when required
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Staff received good training for their roles and were supported in their continued professional development.
- The practice sought feedback from staff and patients and used it to improve the service provided.

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

- Cover loose medical consumables in drawers to ensure their hygiene
- Report and act on water temperatures that fail to reach 50 degrees Celsius
- Review the capacity of the ultra-sonic baths to ensure they are adequate for the amount of instruments that need to be processed
- Increase staff awareness of local smoking cessation services
- Implement patient group directions for the dental hygienist so that she able to administer medicines to patients e.g. topical fluoride
- Provide information about the practice's services in other common languages spoken by patients.

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 systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse and maintaining the required standards of infection prevention and control. Staff were aware of the importance of identifying, investigating and learning from patient safety incidents. The practice carried out and reviewed risk assessments to identify and manage risk. Emergency equipment was available and medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. There were sufficient numbers of suitably qualified and safely recruited staff working at the practice.

Are services effective?

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

Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines. Patients were referred to other services appropriately and staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all members of staff. A range of clinical audits was completed to ensure patients received effective and safe care.

Are services caring?

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

Patients spoke highly of the dental treatment they received, and of the caring nature of the practice's staff. Staff often went out their way to accommodate patients' individual needs. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments.

Are services responsive to people's needs?

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

There was good information available about the services on offer at the practice and appointments were easy to book.Translation services were available and widely used by patients. Access to appointments was good and the practice opened on a Saturday and also one Sunday a month.

The practice had systems in place to obtain and learn from patients' experiences, concerns and complaints in order to improve the quality of care.

Are services well-led?

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

The practice had robust clinical governance and risk management structures in place. There was a clear leadership structure and staff were well supported. The practice sought feedback from its patients and staff which it acted on.

Mydentist - High Street - Kings Lynn

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 16 February 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with five dentists, the practice manager, two dental nurse and a receptionist. We also spoke with two patients. We reviewed 46 comment cards about the quality of the service that patients had completed prior to our inspection. We observed one patient consultation, reviewed policies, procedures and other documents 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

Staff had a good awareness of their responsibilities under RIDDOR requirements (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place along with forms for staff to complete when something went wrong. The practice's accident reporting procedure was available on the staff communication notice board.

Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All incidents were then reported to the provider's head office where they were monitored and analysed by its health and safety departments for any trends. Information from incidents was regularly shared via the provider's weekly bulletin that was sent to all practice managers in the company for sharing with staff.

The practice responded to national safety alerts and medicines alerts that affected the dental profession. These were sent regularly from the provider's head office to the practice manager for dissemination to staff. Complaints and patient feedback from the practice's own surveys, the Friends and Family test and from NHS Choices was discussed at staff meetings so that learning from them could be shared, and improvements to the service made in their light.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Information about who to contact was available around the practice.

Training records showed that all staff had received safeguarding training for both vulnerable adults and children. The practice manager was the lead for safeguarding; however she had not undertaken any additional training for this role.

Information was displayed in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist we spoke with confirmed that they used rubber dams as far as practically possible.

Medical emergencies

The practice had arrangements in place to manage emergencies and records showed that all staff had received training in basic life support. A list of staff with first aid training was available on the practice's main communication board.

Emergency equipment, including oxygen and an automated external defibrillator (AED) (this is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) was available Records confirmed that it was checked daily by staff. Eye wash and spillage kits were also available.

Emergency drugs were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use.

Emergency medical simulations were rehearsed every month by staff. However these were just discussions about potential incidents, rather than hands on simulations of them so that staff were clear about what to do in the event of an incident at the practice

Staff recruitment

We reviewed two personnel files and found that appropriate recruitment checks had been undertaken for staff prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Notes were kept of all interviews and potential employees

Are services safe?

were scored against set criteria to ensure consistency and fairness in the recruitment process. All new trainee dental nurses underwent a maths and English test to ensure they had the literacy and numeracy skills required for their role.

On the day of our inspection a dental nurse from an agency was working at the practice. The practice had received a copy of their GDC registration, continuous professional development, Hep B status and a copy of their disclosure and barring check from the agency to ensure themselves they were suitable to work in the practice.

Monitoring health & safety and responding to risks

We looked at a range of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These were comprehensive and covered a wide range of areas including the in-safe syringe system, the use of Bunsen burners, lone working and pregnant employees. We found that these assessments were detailed and kept up to date to ensure their relevance to the practice. Staff had signed them to show they had seen and understood them. There were comprehensive control of substances hazardous to health folders in place containing chemical safety data sheets for products used within the practice**.**

The practice had undertaken a specific health and safety risk assessment in July 2015 and had implemented a number of safety improvements as a result. For example, hot water warning signs had been put on display in the patient toilet; staff who used display screen equipment had been risk assessed and additional x-ray warning signs had been placed on doors.

Health and safety was a set agenda item at all practice meetings and the provider sent out specific health and safety quarterly bulletins to ensure staff were kept up to date with any relevant issues. For example the safe use of oil filled heaters and Bunsen burners was discussed at the practice meeting in December 2015.

The practice maintained a safe environment for patients within the building. We noted that there was good signage throughout the premises clearly indicating fire exits, first aid equipment and x-ray warning signs to ensure that patients and staff were protected. There were regular fire drills. Fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested, and we saw records to demonstrate this. There were appointed fire marshals in place.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had a named lead for infection control and also conducted its own infection control audits, evidence of which we viewed. The practice had a comprehensive environmental cleaning and maintenance policy in place and files we viewed showed that staff had received appropriate training in infection prevention and control.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, toilet, x-ray room, staff kitchen and treatment rooms. The treatment rooms' surfaces including walls, and cupboard doors were free from dust and visible dirt. Sealed flooring was in good condition. However we noted a number of uncovered medical consumables such as suction tips loose in treatment room drawers that were at risk of becoming contaminated.

There were posters providing prompts above sinks reminding staff of the correct way to wash their hands. We saw that sharps' boxes had been assembled and labelled correctly. There were foot operated bins and personal protective equipment available to reduce the risk of cross infection.

Staff uniforms were clean and they were each issued with three sets of uniform. Long hair was tied back and clinicians' arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurse wore appropriate personal protective equipment such as masks and gloves, and patients were given eye protection to wear during their treatment.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. This room was well organised clean, tidy and clutter free. Protocols were displayed on the wall to remind staff of the

Are services safe?

decontamination process. The dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again and used the correct procedures.

When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The nurse also demonstrated that systems were in place to ensure that the autoclave and ultrasonic cleaning baths used were working effectively. These included the automatic control test and steam penetration tests. Data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

A legionella risk assessment had been carried out and we saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of legionella. However we noted that the temperature of the water in the disabled toilet had never reached the required 50 degrees Celsius, and nothing had been done to address this. Regular flushing of the water lines was carried out in accordance with current guidelines.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers and clinical waste bags were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

All dental staff had been immunised against Hepatitis B.

Equipment and medicines

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Staff we spoke with told us they had equipment to enable them to carry out their work and the condition of all equipment was assessed each day by staff as part of their daily surgery checklist to ensure it was fit for purpose. However we noted that there were only two small ultrasonic baths in use to manage dirty instruments from six busy treatment rooms. The manager told us she would review this, to ensure it was an adequate number.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' clinical notes. However no patient group directions were available to the dental hygienists to allow her to administer medicines in line with legislation.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment had been regularly tested and serviced.

A Radiation Protection Advisors and Radiation Protection Supervisor had been appointed to ensure that 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 and staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training.

Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings and its grade. The dentists carried out regular audits of the quality of their X-rays. This protected patients who required X-rays as part of their treatment.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. Dental care records we viewed contained a comprehensive written patient medical history which was updated on every examination. People's dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with five dentists showed that that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Dental care records evidenced clearly that NICE guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients. Appropriate action had been taken for patients with serious gum disease.

We viewed a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, its prescribing, referrals and the quality of dental radiographs.

Health promotion & prevention

The provider had an informative website which provided information about a wide range of dental health topics and a number of oral health care products were available for sale to patients including interdental brushes, toothpaste, floss and mouthwash.

We found a good application of guidance issued in the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Patients attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dentists we spoke with told us they regularly used dental models or showed photographs for patient education.

Patients were asked about their smoking habits as part of their medical history and during our observation we noted that the dentist asked the patient about their smoking and drinking habits. However staff had a limited awareness of local facilities to help patients quit. However the practice manager assured she would find out and would create a smoking cessation lead within the practice.

Staffing

Staff told us there were enough of them to maintain the smooth running of the practice. They reported that they were rarely short staffed and could borrow staff from local sister practices within the company. One dentist had recently left the practice, however the other part time dentists in the practice were providing cover. Interviews to find a permanent replacement dentist were already scheduled.

We looked at three staff personnel files, training records and revalidation logs. We saw evidence that all staff were appropriately qualified, trained and where appropriate, had current professional validation. Staff had access to the provider's academy, where they could access a range of on-line training for their professional development. Staff told us the training provided was good, and they were supported to develop their knowledge and skills. We viewed the practice's training logs which showed that staff had undertaken a range of training including safeguarding, The Mental Capacity Act, information governance, bribery and corruption, and health and safety. Dental clinicians had also undertaken training in air polishing, periodontics, hand piece maintenance and the GDC standards.

There was a structured system for providing staff in all roles with yearly appraisal and staff told us these were useful.

The practice had an up to date employer's liability insurance in place.

Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. A referrals log was kept which staff regularly reviewed to ensure patients received treatment needed in a timely manner. A new and improved referral log was about to be introduced to check that referrals were pro-actively

Are services effective?

(for example, treatment is effective)

followed up to ensure they had been received. Urgent referrals were faxed through in the first instance, and then posted to external organisations by recorded delivery to ensure they were received safely.

Consent to care and treatment

Patients told us that they were provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. There were also leaflets available in the waiting area giving patients information on a range of treatments including extractions; bridges and root canal treatment to help them better understand the procedures.

Training records we viewed showed that staff had received specific training in the Mental Capacity Act (MCA) those we spoke with had a thorough understanding of the MCA and its relevance in obtaining patients' consent. They were also familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Good information about children and obtaining their consent was available on the staff communication board, making it easily accessible.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 48 completed cards and received many positive comments about the empathetic and supportive nature of the practice's staff. Patients told us that staff were good at making them feel relaxed during their treatment and reassured them well when they felt anxious. Staff told us they always rang patients after complex extractions to check on their welfare. One receptionist routinely came in early to work, and if a dentist had rung in sick immediately telephoned all their patients who lived some distance away to prevent them travelling long distances.

The main reception area itself was open plan, and conversations between reception staff and patients could be easily overheard by those waiting. However, reception staff we spoke with had a good understanding of the importance of patient confidentiality and music was played to distract those waiting. Practice computer screens were not overlooked which ensured patients' information could not be viewed at reception. Staff told us they had changed their use of language in order to promote respect: they now asked people if they paid NHS charges, rather than asking if they were on benefits. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists.

Training files showed that staff had received training in information governance and data protection so they were aware of how to manage patients' information in line with legal requirements.

We spent time in the reception area and noted that the atmosphere was friendly and welcoming. We noted that one receptionist made considerable effort to find suitable appointment times so that a parent could bring in all three of her children at the same time.

Involvement in decisions about care and treatment

Patients we spoke with, and CQC comments cards we received, indicated that patients felt they were involved in decisions about their dental care, and that the dentist explained treatments in a way that they could understand. The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. The practice website also gave details of the cost of treatment and entitlements under NHS regulations.

During our observation we noted that the dentist discussed various treatment options available to the patient such as the pros and cons of a crown, an extraction or leaving the tooth with a filling. The dentist also explained the costs of each of these treatments to the patient so they could make an informed decision about their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The patient waiting area displayed a variety of information that explained NHS/private and hygienist charges, opening hours, and emergency 'out of hours' contact details and arrangements. The provider's web site also contained useful information for patients such as how to book appointments, details of the staff team and how to provide feedback on the services provided.

The practice was open Monday to Friday 8am to 5pm and on Saturdays between 9am and 3.30pm. The practice also operated one Sunday a month to meet the urgent dental needs of patients in the area referred by the NHS 111 service.

Appointments could be booked on-line, in person or by telephone and text messages were sent to remind patients of their appointment. Patients were also telephoned the day before their appointment and we observed these calls being made during our inspection. Staff told us that each dentist held two open slots every day to accommodate patients who needed an urgent appointment. Appointments were also available at a sister practice just a short walk away if the practice did not have available.

In addition to general dentistry the practice also offered some private services including teeth whitening, veneers, white fillings and dental implants. A direct access hygienists also worked at the practice to support patients with treating and preventing gum disease.

Tackling inequity and promoting equality

The practice provided dental services to a large number of patients from Eastern Europe and Portugal and translation services were available, and used regularly, for those who did not have English as a first language. Staff were aware of the importance of providing translators and of the risks of using patients' family members to translate for them. Two dentists were Portuguese, one was Polish and two of the nurses were Latvian and therefore could assist with translating if needed. However, none of the practice's information leaflets were available in other languages.

The practice had undertaken a disability access audit to ensure it meet its obligations in relation to the Equality Act 2010. There was an accessible toilet, and treatment rooms were on the ground floor to assist patients with mobility problems. The reception desk was lowered in the middle to allow better communication with wheelchair users. The waiting area large with plenty of room for wheelchair users and parents with prams and buggies.

Concerns & complaints

Information about how to complain was available in the practice's information leaflet and also in the patient waiting area. It detailed the timescales in which complaints would be responded to, and also listed external agencies that patients could contact if they were not satisfied with the practice's response. There was also information about an independent complaints' advocacy service that patients could contact for support. Patients were able to leave feedback about their experience on the provider' website and details of the provider's patient support team were also available for them to contact.

We viewed the paperwork in relation to four formal complaints the practice had received in the last year and saw that they had been investigated thoroughly and managed well.

Are services well-led?

Our findings

Governance arrangements

The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There was an established leadership structure within the practice, with clear allocation of responsibilities amongst the staff, including those for reception, first aid, fire and decontamination. The practice manager was supported by an area manager and clinical support manager who visited regularly to assist her and oversee the running of the practice. The practice manager stated that the support she received from the clinical manager was good, and he had recently visited practice to review the practice's radiography audit. She also met with other practice managers in the locality to share learning and best practice.

The practice had policies and procedures in place to support the management of the service, and these were readily available both on the practice's computer system and in hard copy form. We viewed a sample of these and found they were to up to date and had been regularly reviewed.

Communication across the practice was structured around a monthly meeting involving all staff. There were standing agenda items such as the practice's performance, patients' feedback, quality assurance, and health and safety. Minutes of these minutes were kept and shared with those were not able to attend. In addition to this, weekly 'huddle meetings' were held to discuss the practice's overall performance and monitor the number of units of dental activity completed.

Staff received a weekly bulletin from the provider's central operations team outlining any actions they had to take in response to policy updates, operational changes, and health and safety requirements.

In addition to a number of regular audits for radiography, infection control and dental records, the manager completed weekly checks to ensure the practice complied with fire, and health and safety legislation. Dental nurses completed daily surgery checks to ensure that equipment was fit for purpose, that water lines were flushed and that prescription pads were secure.

Leadership, openness and transparency

Staff told us they enjoyed their work and that there was an open culture within the practice. Staff said they felt comfortable about raising concerns with the practice manager. The practice had a whistle-blowing policy in place and details of how to use it and the contact details of the provider's whistle blowing hot line were available in the staff room, making them easily accessible.

Feedback from patient surveys, complaints and the Friends and Family test (FFT) was regularly discussed at practice meetings so that any issues could be addressed with staff in an open forum.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff could access free on-line training provider by the provider's academy and training records we viewed demonstrated they had undertaken a range of training relevant for their role. In addition to this, the dental clinicians attended peer review meetings with the clinical support manager to discuss a range of relevant topics and guidance.

Regular audits were undertaken to ensure standards were maintained in radiography, infection control, the quality of clinical notes and antimicrobial prescribing. The provider had recently introduced a wide ranging 'compliance audit' to ensure that practices met all the legal requirements of the Health and Social Care Act 2008.

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

The practice encouraged and valued feedback from patients. It texted patients following their treatment requesting information about the quality of their experience. Patients were also able to leave feedback about their experience on the practice's website and details of the provider's patient support team were also available for them to contact.

The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were then shared at staff meetings. The practice regularly responded to patients' comments received on the NHS Choices web site, inviting patients to contact them for further discussion about their concerns.

Are services well-led?

The practice had gathered feedback from staff through surveys, staff meetings, appraisals and one to ones. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given examples from staff where managers had listened to them, and implemented their suggestions to improve the service. For example, staff had suggested telephoning patients the day before their appointment to remind them of it and this had been implemented. Reception staff had requested that the length of appointment times was reviewed and streamlined so that they could be allocated more easily: this had been agreed.