Simply Smile Hopvine House

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Inspection Report

21 Clay Street, Soham, Cambridgeshire
CB7 5HJ
Tel: 01353 720577
Website:

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Overall summary

We carried out an announced comprehensive inspection on 14 March 2017 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

Hopvine House Dental Practice provides both private and NHS treatment to adults and children. The team consists of four dentists, seven dental nurses, a receptionist and practice manager who serve about 9,000 patients. The practice is one of four owned and run by Simply Smile Limited

The practice is situated in a converted residential property near the centre of Soham village and has three treatment rooms and a decontamination room for sterilising dental instruments. There is also a reception area, technician's lab, manager's office and staff room.

The practice is open on Mondays and Wednesdays from 8am to 8pm; on Tuesdays and Thursday from 8am to 5pm and on Fridays from 8am to 4.30pm.

A manager from another of the company's practices is registered with the Care Quality Commission (CQC) as an individual. 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.

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 35 patients.

Our key findings were:

- Information from 35 completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high quality service.

Summary of findings

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- The practice was well equipped to treat patients and meet their needs.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Opening times were good and the practice offered extended hour opening two evenings a week. Patients could access routine treatment and urgent care when required.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.

Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.

- There was a clear leadership structure and staff felt supported and valued by the practice manager. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the storage of patients' dental care records to ensure they are held securely and confidentially.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review the practice's radiography audit protocols to ensure the quality of X-rays that dental nursing staff take are assessed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained.

There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

No action ✓

Are services caring?

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

We collected 35 completed patient comment cards and obtained the views of a further three patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients commented on the friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed. They told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

Staff gave us specific examples where they had gone beyond the call of duty to support patients.

No action ✓

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened early one day a week to meet the needs of patients. Appointments were easy to book and patients were able to sign up for text and email reminders for their appointments. The practice had made good adjustments to accommodate patients with a disability.

There was a clear complaints' system and the practice responded professionally and empathetically to issues raised by patients.

No action ✓

Summary of findings

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice manager and staff were well supported in their work, and it was clear the provider valued its staff. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action 

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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 was carried out on 14 March 2017 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with the practice manager, the lead clinical consultant, two dentists and three dental nurses. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 35 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection.

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 we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and we noted that RIDDOR guidance was available in the practice. The practice had specific incident reporting protocols in place and we found that untoward events were recorded, analysed and managed effectively to prevent their reoccurrence. For example, following one member of staff receiving an injury to their foot, boxes were no longer unpacked on the landing and a sign was put on display to remind staff of this. Following a power cut, the practice had purchased its own mobile phone so that patients could be called if needed. The practice manager understood the importance of simple but effective measures to keep staff safe. Following a staff member's burn from kettle steam, a box of tissues was repositioned to prevent it happening again.

National patient safety alerts were sent to the practice and then disseminated to relevant members of staff for action if needed. Staff we spoke with were aware of recent alerts affecting the dental practice.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had comprehensive safeguarding procedures in place, which were available in the manager's office and staff room. Details of how to report incidents were on display around the practice. Records showed that all staff had received safeguarding training for both vulnerable adults and children, and the practice manager had been appointed as the lead to deal with any concerns. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues. The practice had undertaken disclosure and barring checks for all staff to ensure they were suitable to work with vulnerable adults and children

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which might be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed for the practice. Guidance about dealing with sharps' injuries was on display near where sharps were used and sharps boxes were wall mounted to ensure their safety. Only the dentists handled needles and they used a safer sharps system that allowed them to dispose of needles without resheathing them. Disposable matrix bands were also used.

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. Dentists told us they regularly used rubber dams, although nursing staff told us this was not the case. The clinical consultant assured us he would investigate the matter.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An automated external defibrillator (AED) was available and staff had received training in how to use it. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. The practice had appointed two staff as first aiders, and had access to eyewash equipment, and bodily fluid and mercury spill kits. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

During our inspection one patient fainted and we saw that staff responded quickly and effectively. We noted that the manager wrote up the incident immediately and we overheard the nurse stating she would ring the patient to check they had returned home safely.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The emergency medicines we checked were all in date and checked weekly..

Staff recruitment

Are services safe?

We checked recruitment records for the most recently employed member of staff which contained proof of their identity, three references, an employment contract, a record of their interview and a disclosure and barring check (DBS). The Disclosure and Barring Service 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 might be vulnerable. Potential employees were also asked to undertake an administrative exercise to assess they had the required skills for the job.

All new staff received an induction to their new role and we were shown a very comprehensive staff induction plan the manager was about to implement in the practice. All new staff underwent a three month probationary period to ensure they had the right skills and knowledge for the job.

We spoke with one new staff member who told us her recruitment had been thorough and she had received a good induction to the practice.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for specific issues such as lone working or using a stool to access files.

A fire risk assessment had been completed in January 2016 and recommendations to implement break glass fire alarms and to install a fire door on the dental technician's laboratory had been implemented. Firefighting equipment such as extinguishers was regularly tested and building evacuations were rehearsed. The practice manager had received specific fire marshal training. and we viewed a very detailed fire logbook which showed that regular checks of emergency lighting and fire alarms were undertaken.

A Legionella risk assessment had been completed in December 2016 without any recommendations made as the practice's water management systems were safe.

Regular flushing of the dental unit water lines was carried out, dip slide testing was undertaken every three months and water temperatures were monitored monthly to reduce the risk of legionella bacteria forming.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for both clinical and domestic products used within the practice.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility companies and was kept off site.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. One of the nurses had been appointed as the lead for infection control and the practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures.

The practice conducted regular infection control audits and had scored 94 % on its latest one undertaken in March 2017. This indicated that the practice met essential quality requirements. Staff manually cleaned instruments but there were plans in place to purchase ultrasonic baths instead.

There were comprehensive cleaning schedules in place, which clearly outlined for staff the areas to be cleaned, the expected standard and the frequency of cleaning. We noted that all areas of the practice we viewed were visibly clean and hygienic, including the waiting area, toilet, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Loose items were covered in drawers to prevent contamination form aerosol. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were separate hand washing sinks for staff. Dirty and clean zones were clearly identifiable and there was plenty personal protective equipment available for staff and patients. Cleaning equipment used in different areas of the practice was colour coded to reduce cross infection, although its storage needed to be reviewed.

Are services safe?

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. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Staff manually cleaned instruments prior to their sterilisation. When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored externally in a locked bin to the side of the property.

Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted that staff changed out of their uniforms at lunchtime. Records showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

Staff told us they had appropriate equipment for their work and that repairs were managed well.

We viewed maintenance records that showed that all portable electrical appliances, the practice's fixed electrical wiring, the dental chairs, the compressor and fire extinguishers had received regular servicing to ensure their safety.

Stock control was good and medical consumables we checked were within date for safe use.

The practice stored prescription pads safely and a log was kept of all issued pads to prevent loss due to theft. The practice also kept a log of all antibiotics issued so that their prescribing could be monitored. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records we viewed. The temperature of the fridge used to store temperature sensitive consumables was monitored to ensure it was at the correct level.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set and the notification to the Health and Safety Executive. A copy of the local rules was available. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. Rectangular collimation used to reduce dosage to patient.

However, we noted that the most recent radiation report completed when the x ray unit in one surgery was relocated had identified that the wall structure between the treatment room and corridor outside was unsatisfactory. This concern had been completely missed by the provider and nothing had been done to address it. However during our inspection immediate action was taken to prevent patients passing through the corridor when x-rays were being taken, updated local rules were implemented; staff were instructed to ensure the beam was aimed to pass through the chimney breast and the RPA was requested to visit the practice to implement a permanent solution.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for all dentists although not for nurses who took X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three patients during our inspection and received 35 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment. One patient told us that the dentists were dedicated to good teeth and gum health, and another that the dentist had worked hard to try to save one of their teeth.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Medical histories completed when patients first registered and updated regularly. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Assessments included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw a range of audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs and infection control to ensure standards were maintained.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash and floss. Free samples of toothpaste were also readily available to patients. The practice manager told us she had recently contacted Camquit (a local anti-smoking charity) to request training for staff. One nurse was an oral health educator and plans were in place to provide oral health training to a local Brownie pack and primary schools.

Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

Patients were asked about their smoking and alcohol intake as part of their medical history. Dental record we viewed showed that smoking cessation and general preventative advice had been given to patients.

Staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us they were enough of them for the smooth running of the practice. Both staff and patients told us they did not feel rushed during appointments. Most days an additional 'floating nurse' was available to assist where needed. One dentist saw considerably more patients than his colleagues. This had been noted by the clinical consultant and the practice manager and action was in place to address it.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. Training records showed that all staff had undertaken recent essential training in infection control, information governance, Legionella and basic life support. The practice held regular lunch and learn sessions for staff and we noted forthcoming training in 2017 included product knowledge, safeguarding, hand hygiene and gum disease. The practice had appropriate Employer's Liability insurance in place.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. A log of patient referrals made was kept in each treatment room so they could be could be tracked and urgent referrals were faxed through and followed up with a phone call

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment, which they signed. Additional consent forms were used for tooth whitening, denture fitting and some orthodontic work.

Are services effective?

(for example, treatment is effective)

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had received training in the MCA and had a clear understanding of patient consent issues. One patient told us the dentist had clearly explained the reasons why their 16-year son could not have tooth whitening treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 35 completed cards and obtained the views of a further three patients on the day of our visit. These provided a very positive view of the practice. Patients told us they were treated in a way that they liked by staff and that they felt listened to by them. Staff were described as caring, supportive and inspired trust. One patient told us that the dentist always remembered events they had mentioned at the previous visit. The practice had conducted its own survey of 100 patients in September 2015 .100% of respondents stated that they felt staff were caring and helpful.

During our inspection we observed that members of staff were courteous and helpful to patients. Staff gave us examples of where they had gone out their way to support patients, such as delaying their holiday plans to ensure patients were seen and giving unwell patients a lift home.

Computer screens at reception were not overlooked and all computers were password protected. Patients sat in a completely separate room to the reception area, allowing for good privacy. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Downstairs treatment rooms had frosted glass and window blinds for privacy.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. 97% of respondents to the practice's own patient stated that they felt treatment and its costs were explained well to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free car parking on site. A helpful website and information leaflet gave details about the dental clinicians, the range of treatments available and their charges. Additional information was on display in the waiting area. The practice offered a full range of NHS treatments and patients had access to some private cosmetic treatments including tooth whitening and orthodontic aligners. It also offered a number of schemes to help patients pay for their treatment including % interest free finance plans.

The practice was open on Mondays and Wednesdays from 8am to 8pm; on Tuesdays and Thursday from 8am to 5pm and on Fridays from 8am to 4.30pm. Four slots in the morning and two in the afternoon were held for patients requiring emergency treatment, and a rota was in place between the practice's dentists to offer out of hours support.

Patients told us they were satisfied with the appointments system, that getting through on the phone was easy and they rarely waited long for an appointment once they had arrived. Only 6% of patients who completed the practice's own survey stated that they had been kept waiting for their appointment.

Tackling inequity and promoting equality

The practice had made some adjustments to help prevent inequity for patients that experienced limited mobility. There was ramp-enabled access to the practice, downstairs treatment rooms and a disabled friendly toilet. There was no portable hearing loop available to assist patients with hearing aids or easy riser chairs and wide seating available in the waiting area to accommodate patients with mobility needs. Information about the practice was not available in any other languages, or formats such as large print.

Concerns & complaints

There was a policy and a procedure in place that set out how complaints would be managed by the practice, which was clearly on display in the patient waiting area. The practice manager was the lead for dealing with patients' concerns and told us she had completed specific training in managing complaints that she had found useful. It was clear she had an open and transparent approach to complaints and told us complaints were regularly discussed at practice meetings so that any learning form them could be shared across the staff and used to improve the service.

We viewed the practice's complaints log and paperwork in relation to two recent complaints which was detailed and showed that patients' concerns had been dealt in a professional, open and timely way.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There were plans in place to refurbish and improve the premises for both staff and patients, and to extend the service.

The practice manager was in day-to-day control of the service, and although relatively new to the role, we noted her enthusiasm, knowledge and clear commitment to improve things where possible. She was supported by a mentor, a clinical consultant and operations manager who visited the practice regularly to assist her in the running of it. She also met regularly with the practice managers of the provider's other services to discuss any issues and share best practice. There was a clear staffing structure within the practice with specific staff leads for infection control and reception.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate

The practice had a wide-ranging set of policies and procedures in place to govern its activity, which were easily available to staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had read and understood them and all new staff were given their own policy pack to ensure they were aware of the practice's procedures.

Communication across the practice was structured around monthly practice meetings, which all staff attended. Each dentist and nurse team took a turn of chairing the meetings and agenda items were gathered beforehand from staff. The meetings were minuted, and staff told us that they felt able to raise issues. Separate meetings with just nurses and reception staff were held if needed.

Dental and reception staff received regular appraisal of their performance, which assessed their professional practice and their achievements. The practice manager also conducted regular staff observations to ensure their day-to-day working practices met standards.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The quality of these audits was good, and we saw that results were discussed individually with each dentist.

Leadership, openness and transparency

It was clear that the management approach of the practice manager created an open, positive and inclusive atmosphere for both staff and patients. Staff spoke highly of the practice manager describing her as supportive and effective.

Staff reported that they felt valued and supported in their work, and had access to training. They told us of an end of year ceremony where they had received certificates to recognise their particular achievements. Every three months the provider funded a social event, which staff told us they greatly enjoyed.

The practice had a duty of candour policy in place and staff were aware of their obligations under the policy. The practice manager talked to us about the importance of encouraging a culture of openness and honesty.

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

The practice encouraged and valued feedback from patients and its staff. For example, all patients were encouraged to complete a survey that asked them for their views about opening times, staff conduct and ease of access to the practice. The practice had also introduced the NHS Friends and Family test as a way for patients to let them know how well they were doing, recent results showed that all respondents would be extremely likely to recommend the practice.

It was clear the practice to action to deal with patients' concerns. For example, the telephone's hold capacity was extended so that patients could get through to the practice more easily; the reception area was about to be refurbished to make it more comfortable for patients and staff parked their cars more closely to allow additional room for patients' cars.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. There was a specific staff survey that could be responded to anonymously by staff which asked them what they liked about their job and what changes and improvements could be made. Staff told us they felt involved in the development

Are services well-led?

of the service and had been fully consulted about forthcoming refurbishment plans also staff benefit schemes. We were given examples where managers had listened to staff. For example, their suggestions for apron dispensers and streamlining the posting of whitening products had been implemented.