

Macfarlane Dental Practice Partnership

MacFarlane Dental Practice - Whalley

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Macfarlane Dental Practice was established in 1991. The practice provides both specialist and general NHS treatment for children, and for adults this is on a private basis. Three dentists are employed and each has their own area of specialism, including orthodontics, cosmetic dentistry and implants. The dentists are supported by seven dental nurses, a dental hygienist, a practice manager and receptionist. The practice is located on the main street in the centre of Whalley. The practice is located over three floors in a grade 2 listed building. There is a surgery on the ground floor for patients unable to use the stairs. Parking is available close by.

The practice is open 8:00am to 5:30pm Monday and Tuesday, 8:45am to 5:30pm on Wednesday, 8:00am to 6:00pm on Thursday and 9:00am to 4:30pm on Friday.

The practice is registered with the Care Quality Commission (CQC) as a partnership. Like registered providers, the partners 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.

Our key findings were

- The practice manager had ensured effective and well organised governance arrangements were in place at the practice.

Summary of findings

- Staff said they were well supported and the team worked well together.
- Staff demonstrated a patient-centred approach in the way they worked and showed commitment to providing a quality service to their patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had systems and resources in place to assess and manage risks to patients and staff including, infection prevention and control, health and safety and the management of medical emergencies.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The practice was visibly clean, clutter-free and well maintained.
- Patients' needs were assessed and care was planned and delivered in line with current professional guidelines
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding vulnerable adults and children.
- Staff reported incidents and kept records of these that the practice used for shared learning.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Feedback from patients gave us a completely positive picture of a friendly, professional service.
- The practice took into account any comments, concerns or complaints from patients and used these to help them improve the practice.
- All complaints were dealt with in an open and transparent way by the practice manager if a mistake had been made.

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

- Review the airflow ventilation in the decontamination room giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice policy to clarify when notifications to CQC should be instigated.

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 topics such as infection control, clinical waste control, management of medical emergencies and dental radiography (X-rays).

The equipment used in the dental practice was well maintained.

Staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

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

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

The ventilation was insufficient in the decontamination room to ensure an effective airflow.

No action



Are services effective?

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

Dental care provided was based on current best practice and focussed on the needs of the individual patient.

The team worked well together and there was evidence of good communication with other dental professionals.

The staff received professional training and development appropriate to their roles and learning needs.

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



Are services caring?

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

The practice demonstrated that it was patient-centered in its approach to care. For example, the practice manager told us one of the dentists visited a patient in their own home because the patient was unable to attend the practice.

We collected 47 completed CQC patient comment cards and obtained the views of a patient on the day of our visit. All of the patients commented that the quality of care was very good.

Patients commented on the friendliness and helpfulness of the staff, and said the dentists were good at explaining the treatment or tests that were proposed.

No action



Summary of findings

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run.

Patients could access treatment and urgent and emergency care when required.

The practice provided patients with written information in a way they could understand and had access to telephone interpreter services.

The practice was unable to provide wheelchair access to the premises so sign posted patients to alternative accessible practices.

No action



Are services well-led?

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

The practice manager was responsible for the day to day running of the practice.

There was a clearly defined management structure in place and all staff felt supported and in their roles. Staff said there was an open culture at the practice and they felt confident raising any concerns.

The practice held regular staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice

The practice undertook a wide-range of audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, X-rays and dental care record audits.

The practice conducted patient satisfaction surveys through-out the year and this was collated and fed back to staff and 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 1 November 2016 and was led by a CQC Inspector, a specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, three dental nurses and the practice manager. We also spoke with two patients who was attending the practice for a dental appointment.

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

A policy was in place regarding the management of incidents and significant events. Standard reporting forms were completed by staff to complete when something went wrong. Both the practice manager and staff told us learning from incidents was discussed at staff meetings. We saw records of incidents, including the investigation into the incident and any action taken to minimise a reoccurrence. For example, the practice was flooded last winter due to adverse weather conditions. As a result the practice had purchased flood doors. Although the practice continued to operate, the practice had not considered whether CQC should have been notified of this incident given that the flood was a potential threat to preventing the service from operating. We discussed with the practice manager the notifications providers are required to notify CQC about at the time of the inspection.

The practice manager was knowledgeable about RIDDOR (the reporting of injuries, diseases and dangerous occurrences regulations) and how it applied in practice.

The practice manager received national and local alerts relating to patient safety and safety of medicines. If these were relevant to the practice then they were discussed at the team meeting and the alert made available to staff.

The practice manager told us that patients would be informed if they had been affected by something that went wrong. They would be given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

Child and vulnerable adult safeguarding policies and procedures were in place. One of the dental nurses was the lead for safeguarding and had a good understanding of issues relating to abuse and neglect. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were displayed for should staff have a concern they wished to report. All staff had undertaken level two safeguarding training.

A whistleblowing policy had been developed for the practice. Staff said they were confident they could raise

concerns with the practice manager or external agencies without fear of recriminations. The policy included an external contact should staff wish to raise a concern outside of the practice.

Dentists routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. They used latex free rubber in line with the practice's latex free policy. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

A sharps safety policy was in place. The practice did not use a safe sharp system for re-sheathing sharps and had completed a sharps risk assessment. It was practice policy that the re-sheathing of needles was the dentist's responsibility and staff confirmed this was the case. We looked at the accident book and the last sharps injury recorded was in 2011. Staff provided a good overview of what they would do in response to a sharps injury.

Medical emergencies

Arrangements were in place to deal with medical emergencies. The practice had an automated external defibrillator (AED); a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Oxygen was located in each of the surgeries; along with other related items were in place, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely in a central location known to all staff.

One of the dental nurses had the lead for medicines and monitored expiry dates of medicines and equipment weekly, which enabled the staff to replace out of date drugs

Are services safe?

and equipment promptly. The practice held training sessions annually so the staff team could maintain their competence in dealing with medical emergencies. All staff had received update training in 2016.

Staff recruitment

The last two members of staff to join the practice were recruited in 2011 and 2013. The practice manager had appropriately recruited them in accordance with the criteria laid out in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities). Their recruitment records included proof of identity, a check of relevant qualifications and confirmation of professional registration. References from prior employment had been requested and a Disclosure and Barring Service (DBS) check obtained. A DBS check identifies 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. A recruitment policy was not available during the inspection. The practice manager sent it to us after the inspection to confirm a recruitment policy was in place.

Qualified clinical staff working at the practice were registered with the General Dental Council (GDC). The practice manager had a system that ensured the status of GDC registration for staff to was current. The staff that required personal indemnity insurance had this in place; insurance professionals are required to have in place to cover their working practice. In addition, there was employer's liability insurance which covered employees working at the practice.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff said sometimes there were enough members of staff for two nurses to support the dental practitioner in the surgery, with one nurse dedicated to decontamination. Because of the high staffing numbers the practice had never experienced difficulties during unexpected staff absences.

Monitoring health & safety and responding to risks

A range of assessments had been undertaken to identify and manage risk at the practice. They included, a sharps risk assessment, environmental risk assessment and risk assessments in relation to the use of specific items of equipment. Where risks had been identified, control measures had been put in place to reduce the risk.

We observed the flooring was uneven in the small waiting area on the first floor, which could present as a trip hazard. The practice manager was aware of this and explained that making changes to the building was not straight forward given that it is a grade 2 listed building. After the inspection the practice manager sent through to us the risk assessment and confirmed a notice had been displayed advising patients of the uneven flooring.

The decontamination room was located next to a small waiting area. It did not have a lockable door and the nurses said the door was closed when the room was unoccupied by staff. A sign on the door stated 'Private - staff only'. The practice manager sent through the risk assessment after the inspection and advised that a key pad lock had been purchased and arrangements were being made for it to be fitted.

Procedures were in place to reduce the risk from fire. A fire risk assessment for the building was in place. The practice manager carried out visual checks of the fire system each week and every six months a full evacuation was undertaken to ensure staff knew what to do in the event of a fire.

The practice maintained a file relating to the Control of Substances Hazardous to Health (COSHH) 2002 regulations, including substances such as disinfectants, and dental materials in use at the practice. The file was regularly reviewed by the practice manager particularly if new COSHH products were introduced. Staff were advised of any changes at staff meetings.

Infection control

Effective systems were in place to reduce the risk and spread of infection within the practice. There was a detailed infection prevention and control (IPC) policy and procedures in place that had been reviewed in September 2016. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance.

One of the dental nurses was the lead for infection control. It was demonstrated through direct observation of the decontamination process, discussion with a dental nurse and a review of practice protocols that HTM 01 05 (national guidance for decontamination in dental practices) requirements for infection control were being met. The full staff team received annual training in IPC.

Are services safe?

Ventilation in the decontamination was not sufficient and we found it hot and stuffy in the room. After the inspection the practice manager sent us the risk assessment, which identified this as a medium risk. They said the practice would look into purchasing an air expeller with within the next months.

Sharps bins were located appropriately in all surgeries. Clinical waste was stored appropriately. A contract was in place with an external organisation for the collection of clinical waste each week.

The staff records we reviewed with the practice manager provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We looked around the premises and noted that all areas were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed. The staff responsible for the cleaning of the premises and equipment worked to cleaning schedules.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05). This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards and all actions had been addressed. The practice manager provided evidence to demonstrate that hand hygiene audits were undertaken every six months.

A Legionella risk assessment had been completed for the practice. The dental water lines were flushed to prevent the growth and spread of Legionella bacteria. Legionella is a

term for particular bacteria which can contaminate water systems in buildings. Water temperatures were checked monthly to ensure they were within the correct range to minimise the risk of Legionella contamination.

Equipment and medicines

The service had maintenance contracts and recorded routine checks in place for the equipment used at the practice, including the autoclaves and three compressors. Portable appliance testing (PAT) had been completed annually. PAT testing confirms that electrical appliances which can be moved about are routinely checked to ensure they are safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. We found that the practice stored prescription pads securely to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A comprehensive radiation protection file in line with these regulations was in place. It included the Local Rules, critical examination packs, IR(ME)R certificates, acceptance tests, a notification to the Health and Safety Executive and radiation risk assessments.

A copy of the most recent radiological audit was available for inspection this demonstrated that a high percentage of radiographs were of a high standard of quality. Dental care records where X-rays had been taken showed the dental X-rays were justified, reported on and quality assured every time. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The dentists we spoke with described how they carried out assessments including, taking a patient's medical history and their current medication. The assessment also included details of the patient's dental and lifestyle history. The dental records we looked at showed that the medical history was refreshed at subsequent visits.

The dentists advised us that the assessment was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following this, the diagnosis, treatment options and costs were discussed with the patient. The dental records we looked at confirmed this process. Records showed appropriate assessments had taken place for patients receiving orthodontic treatment including, orthodontic examination, x-rays, photographs, and risks were explained.

We saw that dentists used NICE guidance to determine a suitable recall interval for individual patients. This guidance takes into account the likelihood of the patient experiencing dental disease based on a range of risk factors.

Health promotion & prevention

The practice supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Fluoride varnish was applied if appropriate to minimise the risk of tooth decay and high fluoride toothpastes were prescribed for adults at high risk of dental decay. A range of dental health and treatment information leaflets were available in the waiting room for patients.

Staffing

An induction policy and process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of

the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of a completed induction for the most recent member of staff to join the practice two years ago.

Staff were required to undertake routine and regular training. This included training in managing medical emergencies, basic life support, infection control and safeguarding. We saw this training was up-to-date. Staff said they had good access to on-going training to support their skill level and they were encouraged and supported to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Staff had an annual appraisal and we saw evidence in the personnel files that these had taken place. CPD and training needs were discussed at appraisal. Staff said training and development was promoted at the practice and training was available if it enhanced their practice.

There was a very good skill mix at the practice. Dental nurses had received additional training to carry out extended duties which included: impression taking; the application of fluoride varnish; orthodontics; oral health education and radiography.

Working with other services

The practice manager explained that dentists could refer patients to other health care services if the treatment required was not provided by the practice. The practice manager received the outcome letter of each referral and passed it to the relevant dental practitioner. Patients were also given a copy of the referral letter. The practice also accepted referrals for orthodontics. Patients referred urgently for suspected malignancies were seen within two weeks and the patient was contacted by the practice to check they had received an appointment.

Consent to care and treatment

Patient records showed clear evidence that treatment options and costs were discussed with each patient. Patients were provided with relevant verbal and written information to support them to make decisions about the treatment available.

Staff had a good awareness of the principles of the 2005 Mental Capacity Act (MCA) and how it was applied when assessing whether patients had the capacity to consent to

Are services effective?

(for example, treatment is effective)

their dental treatment. Staff had completed training in relation to mental capacity. We were given an example of how the care of a patient who lacked capacity was planned

and managed, and this was in accordance with the MCA. Staff described how valid consent was obtained for all care and treatment. The dental records we looked at confirmed this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. Forty seven comment cards were completed and we obtained the views of two patients on the day of our visit. All feedback was positive and patients commented that the quality of care was very good. Comments about the service suggested patients were treated with care, respect and dignity. They described a professional and friendly staff team. We observed staff treating patients in a respectful and appropriate way during the inspection.

The practice clearly worked in a patient-centred way. For example, staff told us that one of the dentists carried out a home visit to a patient who had dental pain and was unable to attend the surgery. Anxious patients could be given an appointment at time that minimised anxiety, such as first thing in the morning. Staff confirmed that a nurse always worked alongside the dentist and the hygienist. Staff told us that major treatments were followed up with a phone call to the patient the following day to check how they were. Staff told us that if a patient wished to speak in private then this could be accommodated.

Personnel confidential information, including dental care records were handled securely. Electronic records were password protected and regularly backed up to secure storage. Patient's paper records were stored on the second floor in the practice manager's office. They were stored in open shelves. This was not a patient area and practice manager said the room was locked when the surgery was closed. The practice manager sent through the risk assessment after the inspection and it highlighted that a breach of confidentiality in relation to dental records was a low risk because the room was locked and an alarm set when the premises was unoccupied, and there was no access from the window.

Involvement in decisions about care and treatment

The patients who provided feedback about the service said they were involved in planning their treatment. They said treatment options and costs were fully explained to them and they were provided with information to support with making informed choices. Staff described to us how they involved the relatives or representatives of patients in treatment planning if appropriate, and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system in place to respond to patient's needs. The practice manager told us routine appointments could be arranged within 10 days. We observed the practice ran smoothly on the day of the inspection and patients were not kept waiting.

Feedback from patients suggested they were fully aware of and satisfied with the arrangements for appointments. They were aware of how to access the out-of-hour's dental service. Patients commented they had sufficient time during their appointment and they were not rushed. Patients said the dentists took their time to discuss their treatment needs in detail and explained the treatment options in a way they understood.

An information pack was given to new patients that included treatment costs, medical and dental questionnaire and various treatment information leaflets. In addition, the practice had a comprehensive website that provided clear information about the service provided. This ensured that patients had access to appropriate information in relation to their care.

Tackling inequity and promoting equality

The practice operated to the company's equality and diversity policy. A disability and discrimination audit had also been completed. The front door had a step access that was located straight off the footpath of the main street. The practice had looked into wheelchair access and had been

advised that portable ramps were not appropriate given the location. Practice policy was to signpost patients who were wheelchair users to an alternative practice that was accessible.

The practice had access to telephone translation services for those whose first language was not English and information leaflets could be translated or enlarged if required.

Access to the service

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

If a patient needed an appointment urgently and the two emergency appointment slots for the day were taken then were invited to come to the practice and wait for an appointment. The practice manager said they were always seen that day. If the practice was closed the practice answer machine directed patients to the out-of-hour's services.

Concerns & complaints

A complaints policy was in place for the practice. It provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for handling complaints. The practice manager showed us documentation for a complaint that had been addressed and resolved to the complainant's satisfaction.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day-to-day running of the service. Staff confirmed the management structure and leadership of the practice was good. They told us that they felt supported and were clear about their role, responsibilities and accountability. Members of staff were identified as dedicated leads for specific topics, such as infection control, medicines and safeguarding.

The governance arrangements for the practice were robust and well organised. A comprehensive portfolio of operational policies and procedures was established. In addition, a range of risk assessments covering all aspects of clinical governance were in place. These included control of substances hazardous to health (COSHH), fire, environment and Legionella.

Staff said communication was timely and effective because information was shared as needed, including at the eight-weekly practice meetings. We looked at examples of practice meeting minutes and they showed training needs were discussed and information was shared with staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients.

A comprehensive business continuity plan was in place and it outlined the action to take if there was an impact on day-to-day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential contact details for utility companies, practice staff and company head office support staff.

Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of meetings and from discussions with staff, it was evident the practice worked as a team and that staff were comfortable raising matters. It was also evident the practice responded to any matters in a professional manner.

All staff were aware of with whom to raise issues and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Learning and improvement

The practice had an extensive programme of audit to support quality monitoring and promote continuous improvement and learning. The audits included: dental care records; X-rays; hand hygiene; periodontal (gum) assessment; root filling; PAR scoring (orthodontics) and manual cleaning of instruments. Any issues identified from an audit translated into an action plan, which was checked at the next audit or earlier if urgent, to ensure the actions had been addressed. The audits we looked at showed the practice was performing well. The outcome of audits were shared with staff at practice meetings.

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

The practice used the Friends and Family NHS process to seek feedback from patients. The monthly analysis of feedback was displayed in the reception and it was also available on the practice website. The feedback we looked at was all positive. The manager highlighted changes made as a result of suggestions made by patients. Examples included raising the chairs in the waiting area, purchasing new cushions and providing a wider range of up-to-date magazines in the waiting area.