

The Loughton Dental Centre Limited

# The Loughton Dental Centre Limited

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 18 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**

Loughton Dental Centre Limited is located in the Epping Forrest District and provides NHS and private dental treatment to both adults and children. The practice carried out mainly private treatment. The premises are on the ground floor and consist of two treatment rooms, a consultation room, a reception area and a dedicated decontamination room. The practice is open Monday and Tuesday 9:00am – 6:00pm, Wednesday 9:00am – 5:00pm, Thursday 9:00am – 8:00pm, Friday and Saturday 9:00am – 1:00pm.

The staff consists of three dentists, two dental hygienists, two dental nurses, one receptionist and a trainee dental nurse. The principal dentist 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.

# Summary of findings

We spoke with two patients, reviewed 15 CQC comment cards and reviewed the practice patient comments log book. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

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

## **Our key findings were:**

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- The practice had an ongoing programme of risk assessments and audits which were used to drive improvement.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect and confidentiality was maintained.

- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients told us that they found the team to be efficient, professional, caring and reassuring.
- There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- All clinical staff were not up to date with their continuing professional development in line with requirements from the general dental council.
- The practice had not carried out an infection control audit in the last 12 months.
- The practice did not have an effective system in place to check the expiry dates of the medical emergency drugs, equipment and dental materials.

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

- Review the practice's audit protocols for infection control at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.

# 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 systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DOH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

### **Are services caring?**

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

We spoke with two patients, reviewed 15 CQC comment cards and reviewed the practice patients' comments log book. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone.

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

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

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients. Patients had access to information about the service. There was a practice leaflet with relevant information for patients and also a patient information noticeboard.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours, details of the '111' out of hours service available for patients' reference.

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

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

# Summary of findings

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. Staff commented that the principal dentist was open to feedback regarding the quality of the care. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

# The Loughton Dental Centre Limited

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 18 February 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with three members of staff, which included the principal dentist, a dental nurse and the receptionist. We conducted a tour of the practice and

looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We spoke with two patients and reviewed the practice patient comments log book.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There was one reported incident within the last 12 months. We did not see records to show that the incident was discussed and the learning shared with members of staff.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with understood the requirements of RIDDOR. There were no RIDDOR incidents within the last 12 months. The practice had carried out a comprehensive risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was updated in March 2013.

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

The practice had a comprehensive set of policies and procedures in place for safeguarding adults and child protection which was updated in January 2016. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The policy contained copies of the appropriate referral forms to be used to report any concerns. The principal dentist was the safeguarding lead. Staff gave us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that all staff had completed child protection and safeguarding adults training to an appropriate level. The practice received an adult safeguarding newsletter which provided updates from the local safeguarding team.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, autoclave, eye injury, sharp injuries, manual handling, slip, trips and falls. These policies and protocols were updated in December 2015.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Manual breathing aids and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice did not have the emergency drug midazolam on the day of our inspection. We noted the emergency drug Glucagon expired in January 2016 and the oxygen expired in March 2014. We discussed this with the principal dentist who showed us confirmation that the Glucagon had already been ordered. The principal dentist ordered the oxygen and midazolam on the day of the inspection and we saw records of this. The practice had undertaken regular checks to ensure equipment and emergency medicine were safe to use. However, we found the oxygen had expired in March 2014 and the Glucagon in January 2016.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We saw evidence that all members of staff completed training in emergency resuscitation and basic life support.

### Staff recruitment

We reviewed the employment files for nine staff members. The files contained the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). There were records of references and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. 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 may be vulnerable.

### Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had carried out a fire risk assessment.

# Are services safe?

Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. The practice is located on the ground floor and fire drills had been carried out.

The practice had carried out a risk assessment of the business and there was a comprehensive business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies. This included loss of telephone service, electricity, gas or water supply. The plan contained information on how to contact patients and staff members in the event of unexpected incidents and emergencies.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The infection control policy had been updated in January 2016. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated. Instruments were placed in an ultrasonic bath prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches following sterilisation. However, we noted some pouches were not dated to indicate when they should be reprocessed if left unused. Following our inspection the practice provided us with reassurance that all pouches are now dated and this requirement had been discussed with all staff. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice carried out a Legionella risk assessment in July 2015 and there was an action plan in place. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

## **Equipment and medicines**

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the ultrasonic bath, autoclave and X-ray equipment. The ultrasonic bath was serviced in August 2015, the autoclave in March 2015 and a pressure vessel check had been carried out in August 2015. The practice had portable appliances and had carried out portable appliance tests (PAT) in January 2016. We saw records which show that the fire alarms and extinguishers were checked in January 2016.

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

The practice had a well maintained radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The

## Are services safe?

radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. We saw records which show that the X-ray equipment was serviced in March 2015.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The principal dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions, allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. The principal dentist also recorded when oral health advice was given.

### Health promotion & prevention

Appropriate information was given to patients for health promotion. There were a range of leaflets available in the treatment and consultation rooms relating to health promotion. This included toothbrushing, mouth cancer, bad breath and smoking cessation.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that dentists had discussions with patients about gum disease and smoking.

### Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff are required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and

confidentiality. We saw records that showed the trainee dental nurse was registered on a training course to gain a qualification which could lead to registration with the General Dental Council (GDC).

We reviewed the training records for nine members of staff. Opportunities existed for staff to pursue continuing professional development (CPD). However, we did not see evidence that all clinical staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We did not see training records in medical emergencies for five members of staff in the last 12 months. Following our inspection we received confirmation for some members of staff. The principal dentist sent us confirmation that staff had been booked to attend medical emergencies training on 08 July 2016. We did not see records of training in infection control and safeguarding for three clinical member of staff. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation that staff had been booked to attend infection control and safeguarding training on 10 June 2016.

There was a formal appraisal system in place to identify training and development needs. We saw records of appraisals for three dentists, two dental hygienists, two dental nurses and the receptionist.

### Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and periodontology. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice. However, we found the practice did not routinely monitor their referral process to ensure patients had access to treatment they needed within a reasonable amount of time.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the

# Are services effective?

(for example, treatment is effective)

referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately, and where necessary referrals had been followed up.

## **Consent to care and treatment**

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. The practice carried out dental implants and had an information booklet on dental implants . We checked

dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. While staff did not have formal training on the MCA they demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. We saw records which showed that the practice reviewed guidance issued by the Department of Health on the MCA in January 2016. This included assessing a patient's capacity to consent and when to make decisions in a patient's best interests.

# Are services caring?

## Our findings

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

We saw records which show that the practice sought patient's views through the patients comments log which was kept in the reception area. We reviewed 15 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were locked in a filing cabinet. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

The principal dentist told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated. The practice had a consultation room to facilitate confidential discussions between the dentist and patients. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentist and dental nurses had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

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

The dentist told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. The principal dentist showed us leaflets for root canal treatment, crowns, bridges and inlays. These leaflets were available in the treatment and consultation rooms. The practice website provided information on treatments such as dental implants, tooth whitening, fillings and hygienist treatments. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand. Patients we spoke with confirmed that the dentist discussed the options, risks, benefits and cost of the treatment with them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy. The demographics of the practice was mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice carried out a disability risk assessment and had disabled access and facilities including a disabled toilet.

### Access to the service

We asked the provider how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same

day. The practice had a patient leaflet in the reception area outlining type of treatments and the cost. The principal dentist showed us the practice terms and conditions which contained information about treatment plans, making appointments and confidentiality.

If patients required an appointment outside of normal opening times they were directed to the local out of hours dental service. These contact details were given on the practice answer machine message when the practice was closed. The out of hours information was also displayed in the reception area of the practice.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

### Concerns & complaints

The practice had a complaints policy which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area and patients had easy access to it. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice received two complaints in the last 12 months saw that they were resolved in line with the practice complaints policy. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

The principal dentist had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. For example, we saw that risk assessments had been carried out for clinical waste, manual handling, slip, trips and falls. The practice had carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The principal organised staff meetings to discuss key governance issues and staff training sessions. We saw records for three staff meetings in the last 12 months documenting discussions on safeguarding, first aid and feedback from patients. Staff told us there were informal discussions on a daily basis which allowed issues or concerns to be resolved in a timely way. The principal dentist had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we reviewed were complete, legible and accurate and stored securely in locked filing cabinets. The practice also had computerised dental care records and all computers were password protected.

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

The principal dentist told us they led by example and this was confirmed in conversations we had with staff. Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. Staff we spoke with were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring and a cohesive team and there was a system of yearly staff appraisals to support staff in carrying out their roles.

### **Learning and improvement**

The practice had a programme of audits in place. Various audits had been completed over the past 12 months and including consent, diet sheets, X-rays, dental hygiene referrals and fluoride application. The practice carried out an X-ray audit in June 2015. We did not see records to show that an infection control audit had been carried out in the last 12 months. Following our inspection the practice sent us confirmation that an infection control audit had been completed.

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

The practice gathered feedback from patients on an ongoing basis through the use of the practice comments log book. We saw records that showed that the practice discussed patient feedback in staff meetings and had implemented changes.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.