

Petrie Tucker and Partners Limited

# Mydentist - Kelso Gardens - Nottingham

## Inspection Report

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### Overall summary

We carried out this announced inspection on 9 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

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 form the framework for the areas we look at during the inspection.

#### **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**

# Summary of findings

The dental practice is located in premises in the centre of the Meadows area of Nottingham. The practice provides mainly NHS treatment (99%) to patients of all ages.

There is level access for patients to the front door. The practice has three treatment rooms, two upstairs and one downstairs. At the time of the inspection the ground floor treatment room was not in use. Therefore, patients who used a wheelchair or who could not manage the stairs were referred to a sister practice in the Clifton area of Nottingham which had level access. There are limited car parking spaces in the area and the tram stop is a short walk from the practice.

The dental team includes one dentist; one qualified dental nurse; one practice manager; one receptionist and one trainee dental nurse.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The practice has two registered managers, one being the practice manager.

On the day of inspection we collected three CQC comment cards filled in by patients. On this occasion we did not speak with any patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday: 9 am to 5 pm and Friday: 9 am to 12:30 pm.

## Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The infection control procedures did not follow published guidance.
- The clinical staff provided patients' care and treatment in line with current guidelines. Although we noted that rubber dams were not always used when clinically indicated.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff training for the completion of dental care records needed to be reviewed.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidance issued by the British Endodontic Society.
- Review the practice's infection control procedures and protocols to take into account guidance 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's protocols for completion of dental records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the systems for checking and monitoring equipment taking into account current national guidance and review systems to ensure that all equipment and materials are within their use-by-date.

# 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 and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and delivered by knowledgeable staff. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and welcoming and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



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

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No action



# Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We saw that historically every accident had been analysed, investigated and the action taken as a result was recorded. There had been no accidents in the year up to this inspection.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been five significant events in the year up to this inspection. Records within the practice showed significant events had been analysed and discussed with staff in team meetings. The most recent event had occurred in April 2017 and concerned staff shortages.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Records showed the practice received regular alerts and they were analysed by the practice manager. If relevant alerts were discussed in staff meetings where information was shared.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The safeguarding policies had been reviewed in October 2016. The practice manager was the identified lead for safeguarding in the practice. All clinical staff including the practice manager had received safeguarding training to level two in child protection in June 2016. We saw training certificates as evidence of staff training. The practice manager said there had been no safeguarding referrals made in the year up to this inspection.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use matrix bands and safety systems for using injection needles. Sharps bins were wall mounted, signed, dated and located out of reach of patients and small children.

The dentist was not always using rubber dams. This was not in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment for the use of rubber dams available for dentists. However, we noted that rubber dams were not always used for procedures which indicated their use.

The practice had a business continuity plan which had been reviewed in December 2016 describing how the practice would deal events which could disrupt the normal running of the practice. A copy was available in the practice manager's office and additional copies were held off site.

### **Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed on the day of this inspection 9 May 2017. The practice held copies of training certificates for this training for all staff.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator (AED), medical oxygen and resuscitation equipment.

The practice had two first aid boxes which were checked regularly and one member of staff had completed first aid at work training. The training certificate showed this training was still in date at the time of the inspection.

### **Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff safely. This reflected the

# Are services safe?

relevant legislation. We looked at five staff recruitment files. These showed the practice followed their recruitment procedure and had taken steps to ensure patient safety was maintained.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had an electronic system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

## Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager was the lead person with overall responsibility for health and safety at the practice. The practice checked each year that the clinicians' professional indemnity insurance was up to date. The employer's liability insurance was due for renewal on 1 April 2018 and the certificate was displayed behind reception.

The practice had an automatic fire alarm system which was serviced regularly. The system included automatic fire detection and emergency lighting. We saw the practice held an annual fire drill with the last one completed in April 2017.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We saw that clinical staff completed infection prevention and control training every year, with training certificates held on file.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

We identified that infection prevention and control audits had not been carried out in line with the guidance (HTM 01-05). In that regular audits had not been completed at six monthly intervals. The latest audit had been completed in May 2017. Following the inspection we were informed that infection control training was being provided on 30 May 2017 for all staff and this would include following the guidance.

During the inspection we saw some dental materials which were out-of-date. This had not been identified by the practice's internal checking processes.

We saw that some areas of the practice were in need of refurbishment. This included both treatment rooms that were in use at the time of the inspection. Arrangements were made on the day of the inspection to carry out some repairs, and following the inspection we were provided with an action plan to address the outstanding issues.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. This was in line with a risk assessment which had been completed on 1 March 2017 by an external contractor. Staff were completing quarterly dip slides but were not keeping the necessary records to maintain an audit trail. Following the inspection we received information that the process of completing dip had been reviewed. This included the necessary documentation. A training session had been arranged for the end of May 2017 to ensure staff understanding.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

We saw there were no posters relating to hand washing in the toilet areas. Following the inspection we were informed posters had been placed into the toilets.

We saw there were cleaning schedules for the premises. However, the necessary documentation to demonstrate the cleaning schedules were being followed was not available. The practice was clean when we inspected and patients confirmed this was usual.

## Equipment and medicines

# Are services safe?

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included testing of the electrical equipment (March 2017); servicing of the fire extinguishers (June 2016) and servicing of the compressor had been completed in February 2017. This was in accordance with the Pressure Systems Safety Regulations (2000). The practice had a landlord's gas safety certificate dated 2 June 2016. In addition the autoclave had been serviced in July 2016.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance. This enabled dental staff to maintain an audit trail and have accountability.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice had two intraoral X-ray machines and one extra-oral X-ray machine (an orthopantomogram known as an OPG). Records showed the X-ray machines had last been serviced in January 2015 which was within the recommended time frame. Documentation showed that new X-ray equipment had been checked to ensure it was safe and working correctly following installation. Documentation showed the Health and Safety Executive (HSE) had been informed that X-rays were being taken on the premises in January 2010. This was in line with the regulations.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The last X-ray audit was dated September 2016.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC). Training certificates for the relevant staff were held on file in the practice.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept electronic dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found that a new computerised dental records system had been introduced but not all clinical staff were fully trained in its use. There were gaps in the dental care records as a result. Following the inspection we were sent an action plan with a target date of 30 June 2017 for staff training and support in respect of the completion of dental care records.

The dentist assessed patients' treatment needs in line with recognised guidance. The electronic dental care records were updated at each appointment to reflect any changes on the medical history forms.

The dentists assessed patients' treatment needs in line with recognised guidance, using the basic periodontal examination screening tool.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' We saw a copy of this document was available in the practice for staff reference.

One member of staff had an oral health qualification and worked with children on an occasional basis focussing on good oral hygiene and tooth brushing techniques.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

### Staffing

The practice had one dentist; one qualified dental nurse; one practice manager; one receptionist; and one trainee dental nurse. During the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. This included an extended period of shadowing more experienced staff. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice system for making referrals was in need of review as patients did not always receive a copy of their referral letter and the tracking system for referrals was not always effective. Following the inspection we were informed of the steps taken to address these issues.

The provider had identified short comings in the referral system and a new referral process had been introduced. At the time of this inspection the new system had not been used.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice that provided sedation or to the local hospital that provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice made referrals for NHS orthodontic treatment.

### Consent to care and treatment



# Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy which had been reviewed in December 2016. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We saw some examples where dentists had recorded this information in dental care records. The practice used the standard NHS consent form, the FP17 DC form, to record the treatment plan and patients' consent.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The practice had detailed information and guidance for staff with regard to treating patients aged under 18 years. This included Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with reception staff who were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff was friendly and helpful on reception. We saw that staff treated patients with respect, were polite, professional and caring at the reception desk and over the telephone.

Nervous patients said staff was compassionate and understanding. Patients were not able to choose whether they saw a male or female dentist. This was because there was only one dentist working at the practice up to the time of the inspection.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

There were magazines and a television in the downstairs waiting room. Patients were able to get drinking water as there was a water dispenser in the waiting room.

Information posters and leaflets, patient survey results and thank you cards were available for patients to read on the notice board in the waiting room.

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

The practice offered a mostly NHS treatments (99%). The costs for both NHS and private dental treatment were displayed in the practice and on the practice website.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

Patients told us staff were caring and professional when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. This was in the form of leaflets and posters in treatment rooms and the waiting room. These included general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that emergency appointment slots were available every day. This allowed patients who required an urgent appointment to be seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included having an induction hearing loop available for patients who used a hearing aid. For patients who could not manage the stairs at the practice alternative arrangements were available at a nearby practice run by the same provider.

Staff told us that they telephoned some older patients the afternoon before their appointment to make sure they could get to the practice.

### Promoting equality

Access to the practice had been audited on an annual basis and the results analysed. The most recent update had been in May 2016. The audit identified the difficulties for wheelchair users to access the practice, and the alternative arrangements in place.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to a specialist company who provided interpreter and translation services which included British Sign Language. The practice had standard phrases in different languages available in written form. These provided assistance to a patient who required an interpreter.

### Access to the service

The practice displayed its opening hours outside the premises, in their information leaflet and on their website. Patients were able to use an on-line booking system through the practice website

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. This included the NHS 111 telephone number. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The practice sent patients text message or e mail alerts to remind them when their appointment was due.

The provider had a website: [www.mydentist.co.uk](http://www.mydentist.co.uk). This allowed patients to access the latest information or check opening times or treatment options on-line.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This information was available to patients in the information folder in the waiting room. The policy identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints at the practice. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received one complaint, which related to a non-clinical issue. Documentation showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager was the registered manager and had overall responsibility for the management and leadership of the practice. This included the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There was a comprehensive set of policies, procedures and risk assessments to guide staff and we saw that information was freely accessible to all staff. The policies and procedures supported the management of the service and protected patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed at various times in the year up to this inspection.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice manager said there had been no recent examples of where the policy had been put in to practice.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice had a whistleblowing policy which had been reviewed in April 2016. This was fully accessible to staff in the practice. The policy supported staff to raise any concerns about a colleague's performance or conduct.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. Audits had clear records of the results of these audits and the resulting action plans and improvements. The practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement. Examples of improvements made following audits included identifying staff training needs and arranging the necessary training and support.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw evidence the provider had a training academy for staff. Through the academy and staff discussions we saw staff were completing a range of training courses.

The trainee dental nurse at the practice was being trained through the provider's training academy. Records showed there was a structured training programme with an identified in-house mentor.

In-house training for staff showed that systems were interactive with staff providing feedback and completing questionnaires to evidence learning and understanding.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year and we saw training certificates as further evidence. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

## Are services well-led?

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service. The practice also had a satisfaction survey for patients. Feedback was received on an ongoing basis as patients could respond either in the practice or through the website. We noted that patient responses had been limited. For example we only received three completed comment cards. Following the inspection we were informed this would be discussed at a team meeting before the end of May to investigate ways of encouraging more patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to

allow patients to provide feedback on NHS services they have used. We saw the practice manager audited the FFT results every month and results were discussed in staff meetings.

There were seven patient reviews recorded on the NHS Choices website, one within the 12 months before this inspection. The reviews were a mixture of positive and negative comments. The practice had responded to the patient comments.

Patients could also leave feedback through the practice website at: [www.mydentist.co.uk](http://www.mydentist.co.uk).