

Miss Alka Mehta

# The Dental Practice at Katherine Place

## Inspection Report

15 Katherine Place  
College Road  
Abbots Langley  
Hertfordshire  
WD5 0BT  
Tel: 01923681866  
Website:

Date of inspection visit: 27 September 2016  
Date of publication: 15/11/2016

### Overall summary

We carried out an announced comprehensive inspection on 27 September 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**

The Dental Practice at Katherine Place is a dental practice situated in the pedestrianised shopping quadrant named Katherine Place in Abbots Langley Hertfordshire.

The practice offers general dental treatment to adults and children funded by the NHS or privately.

The practice is situated in a single storey building affording wheelchair access throughout the premises with the exception of the toilet facilities.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

74 patients provided feedback about the service by way of comment cards left on the premises. The comments made were overwhelmingly positive.

#### **Our key findings were:**

# Summary of findings

- The practice was visibly clean and clutter free.
- Patients reported that staff were kind and efficient. They received good advice and were seen on time.
- The practice carried medicines and equipment for use in a medical emergency, where this varied from the national guidance the practice took immediate steps to address this.
- Infection control standards met those outlined in the Health and Technical Memorandum 01-05 published by the Department of Health.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The clinicians used nationally recognised guidelines in the care and treatment of patients.

- A new patient appointment could usually be secured within a week, and the practice endeavoured to see emergency patients on the day they contacted the service.

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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.

# 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 infection control procedures in place that met essential requirements of the national guidance.

Medicines for use in medical emergencies were maintained on the premises in line with national guidance. The practice did not carry syringes to administer one medicine; however following the inspection a form of this medicine was purchased that did not require to be injected.

The X-ray equipment on the premises was serviced and maintained in line with regulation and other protocols in place to ensure the safe use of X-rays on the premises.

No action



### Are services effective?

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

Staff were appropriately registered with professional bodies where appropriate, and clinicians used nationally recognised guidance in the care and treatment of patients.

The practice carried out a comprehensive screening of the oral condition as well as soft tissues of the face and neck.

We discussed with clinicians the methods they employed for ensuring that they received full, educated and valid consent to treat from their patients.

No action



### Are services caring?

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

Feedback received from patients spoke of the friendliness and professionalism of the staff. We witnessed staff interacting with patients in a polite and caring fashion.

Staff demonstrated how patient's private information was kept confidential.

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 kept emergency appointments available daily with all clinicians to ensure that patients with an urgent need could be seen in a timely fashion.

Out of hours, patients were directed to contact the NHS 111 service.

The practice afforded access to wheelchair users, and staff described ways in which the individual needs of patients were met by the practice.

No action



# Summary of findings

## Are services well-led?

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

The practice had a series of policies and protocols to assist in the smooth running of the service; in addition the principal dentist had used a schedule of weekly, monthly and quarterly tasks to ensure nothing was missed.

Regular practice meetings offered an opportunity for staff training, to feedback any complaints or significant incidents, and for staff to voice any concerns.

The practice sought feedback from patients by way of patient satisfaction surveys, and the NHS friends and family test.

No action



# The Dental Practice at Katherine Place

## 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 27 September 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members and their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with seven members of staff. We reviewed policies, procedures and other documents. We received feedback from 74 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems in place to report, investigate and learn from incidents and accidents. The practice had an accident file which had templates to complete in the event of an accident. These templates prompted staff to investigate all incidents and document outcomes. There had been no incidents in the year preceding our visit to demonstrate the process in action; however discussion of incidents was a standing point of business in all staff meetings.

The practice recognised the need for candour in all investigations. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were sent to the principal dentist: actioned and relevant alerts disseminated through the staff.

The principal dentist was aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The accident folder contained information on when and how to make a report. All staff had received in-house training on RIDDOR in April 2016.

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

The practice had policies in place regarding safeguarding vulnerable adults and child protection; these were dated 6 September 2016 and were available in the policies folder for staff to reference. They contained information on the signs of abuse to look out for, and how to raise a concern. Contact details were listed for the local multi-agency safeguarding hub (MASH) team.

Templates for recording facial injuries were available for use, and a flow chart guided staff through the appropriate actions to take.

Staff had received training in safeguarding appropriate to their role, and staff we spoke with were able to describe the steps they would take should the need arise.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 12 January 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We asked the clinician about measures taken to reduce the risks involved in performing root canal treatment. The practice uses rubber dam where practically possible (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The British Endodontic Society recommends the use of rubber dam for root canal treatment.

We asked clinicians about the measures employed to reduce the risk of injury with a contaminated sharp. At the time of the inspection the practice used a needle block to safely remove a needle from a syringe, and the dentists assumed full responsibility for disposing of sharps.

The practice were aware of the Health and Safety (Sharps Instruments in Healthcare) Regulation 2013. A copy of these regulations had been used to highlight the areas of practice where they intended to make changes. This included the introduction of disposable syringes that do not require the needle to be removed.

### Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies.

Emergency medicines were available in line with the recommendations of the British National Formulary. With the exception of Midazolam, which is a medicine used to treat seizures. The practice had a version of this which had to be administered into a vein or muscle, but no syringes to do this. Following the inspection the practice decided to replace the midazolam they had in stock with one that could be administered directly into the mouth.

# Are services safe?

The practice had adrenaline to treat a severe allergic reaction; this was available in a pre-filled syringe. In the event of a severe allergic reaction adrenaline may need to be re-administered every five to ten minutes. The practice only had one adult dose available, and so would not be able to administer a second dose should it prove necessary and the ambulance not having arrived. We discussed this with the principal dentist who instigated a protocol with the pharmacy next door that further doses would be obtainable from them in this scenario.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, with the exception of oro-pharyngeal airways which can support the airway in an unconscious or semi-conscious patient. These were purchased immediately following the inspection.

The practice did not have an automated external defibrillator (AED); however a community AED was positioned on the external wall of the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff were able to describe the procedure to gain access to the AED which involved obtaining a code by dialling 999.

All staff had received medical emergencies training and staff we spoke with could describe what medicine would be required for specific medical emergencies.

## **Staff recruitment**

We looked at the staff recruitment files for five staff members of different grades to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks 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.

All staff had a DBS check in place as per the practice policy and all other recruitment checks were in line with regulation, although references obtained verbally were not always recorded.

A staff induction was in place for new starters to the practice, this included training in the practice's accident and incident reporting protocols, the use of personal protective equipment, and where necessary proof of training in radiology.

## **Monitoring health & safety and responding to risks**

The practice had systems in place to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which was dated February 2016 and had been recently amended to reflect staff changes. The policy discussed areas of risk including working with amalgam and the use of person protective equipment (for example: masks, aprons, gloves and eye protection).

A full practice risk assessment had been completed in February 2016; in addition risk assessments had been completed for fire, trainee dental nurses and pregnant or nursing mothers.

The practice had received a fire safety inspection form from the local fire service in February 2015, which indicated that a risk assessment was available, equipment was maintained and staff had received appropriate training.

The practice had a protocol in the event of a fire, and fire drills were assessed annually to ensure staff acted promptly and appropriately.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors. It was up to date and organised. Staff we spoke with were all aware of the file and where it was kept.

## **Infection control**

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail

# Are services safe?

the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy in place which had been reviewed in April 2016. This included topics such as hand hygiene, blood borne viruses, environmental cleaning and personal protective equipment. An annual infection control statement had been produced which brought together the information on measures the practice had taken to meet national guidance. This included the results of audits that had been carried out, and any training that staff had undertaken.

The practice had appointed an infection control lead, and was visibly clean and tidy.

The practice did not have a dedicated decontamination facility, although we were shown plans that had been drawn up and the intention was to complete the work within the next year. In the interim instruments were cleaned in the treatment room and then transported to a separate room to inspect and sterilise in one of two autoclaves. Sterile instruments were pouched and dated with a use by date. These steps were carried out in accordance with the published guidance (HTM 01-05).

We were shown tests that were carried out on the process to ensure it remained effective.

The practice demonstrated appropriate storage and disposal of clinical waste. Waste consignment notices were seen. Clinical waste was stored in a locked bin prior to removal from the premises; however the bin was not secured to prevent it being wheeled away. This was addressed and secured immediately following the inspection.

All clinical staff had documented immunity against Hepatitis B. Staff 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 the risk of contracting blood borne infections.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had been carried out by an external company in January 2015. As per the recommendations the practice

were checking water temperatures monthly and in addition the practice was carrying out quarterly dip slides. These are designed to measure and monitor microbial activity in the water.

A comprehensive cleaning schedule was available for a daily cleaner, who conformed to the national guidelines for colour coding cleaning equipment in a healthcare setting.

## Equipment and medicines

We saw that the practice had equipment to enable them to carry out a range of dental procedures.

Both autoclaves had been serviced and tested this year. The compressor had been serviced in February 2016 however there was no evidence of it having been tested since 2009. We raised this with the principal dentist who arranged for this to be completed within two days of the inspection.

Portable appliance testing had been carried out in November 2013, and the Oxygen cylinder had been serviced and re-filled in March 2016. Fire extinguishers had also been serviced within the last year.

The practice dispensed antibiotics and therefore maintained a stock on the premises, these were stored appropriately and logs kept of batch numbers and expiry dates. Labels used on dispensed medicine contained the appropriate information.

Glucagon is an emergency medicine used to treat diabetics. It needs to be refrigerated in order for it to remain effective until the expiry date. Although the practice were keeping it in the fridge they were not monitoring the temperature. Following our inspection the practice took immediate steps to ensure it was stored correctly and amended the expiry date to reflect the fact that the temperature of the fridge could not be assured.

Prescription pads were kept securely on the premises; however a log was not kept of prescription numbers. Following the inspection this was implemented.

## Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.



## Are services safe?

The practice had one intra-oral X-ray machine in each of the three treatment rooms that was able to take an X-ray of one or a few teeth at time. Each of these machines had been serviced and tested appropriately.

A radiation risk assessment had been carried out in September 2016, and the practice had a contact in place

for a radiation protection advisor (an expert usually a medical physicist who advises on optimising X-ray dosage and X-ray safety). All dentists were able to demonstrate recent training in X-ray protection.

Dental care records were shown demonstrating that a written justification was documented for every X-ray taken, as well as a quality grade and report of the findings. This was in line with the requirements of IR(ME)R 2000.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was completed by patients every six months, and verbally checked at each attendance. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

### Health promotion & prevention

Dental care records we saw indicated that an assessment was made of patient's oral health oral hygiene instruction was given. Medical history forms that patients were asked to fill in included information on nicotine use; this was used by dentists to introduce a discussion on oral health and prevention of disease. Dentists indicated that oral hygiene advice was tailored towards the patient's individual needs.

We found a good application of guidance issued in the DH publication 'Delivering better oral health: an

evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Oral health leaflets were available in the waiting area, including dietary advice for oral health.

### Staffing

The practice had five dentists and a dental hygienist, supported by two qualified dental nurses, a receptionist and three trainee dental nurses.

Prior to our inspection we checked that all appropriate clinical staff were registered with the General Dental Council and did not have any conditions on their registration.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, dental technicians, and orthodontic therapists.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies and infection control.

We were told the dental hygienist normally worked without chairside support but support was available when requested. We drew to the attention of the provider the advice given in the General Dental Council's Standard (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of the dental team when treating patients in a dental setting.

### Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves. A referrals policy was available to staff to assist them in this process.

Urgent referrals made to hospital for suspicious pathology were faxed to the hospital and followed up with an immediate telephone call to ensure receipt.

# Are services effective?

(for example, treatment is effective)

The practice offered patients a copy of the referral letter sent, but were not tracking all referrals made from the practice in order to be able to chase them up should referrals get lost. Following the inspection a log of referrals was started.

## **Consent to care and treatment**

We spoke to clinicians about how they obtained full, educated and valid consent to treatment. Comprehensive discussions took place between clinicians and patients where the options for treatment were detailed. These discussions were recorded in the dental care records.

The practice had separate consent forms to obtain written consent for specific treatments such as tooth extractions or root canal treatment.

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. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. Information on the MCA was available to reference in the practice safeguarding file.

Similarly staff demonstrated an understanding of the situation in which a child under the age of 16 could legally consent for themselves. This is termed Gillick competence.

# Are services caring?

## Our findings

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

Comments we received from patients indicated that they were very happy with the level of care they received from the practice. Patients commented that the staff were friendly, helpful and professional and that they dealt particularly well with children.

We spoke to staff about how patient's confidential information was kept private. We were shown that paper records were kept secured on the premises. Day lists were kept out of sight at the reception desk so they could not be overseen by anyone standing at the desk. In addition staff described how private conversations would be moved away from the reception desk so that they could not be overheard.

These measures were underpinned by the practices policies on confidentiality, access to records and data security.

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

Dental care records shown to us gave a detailed description of discussions held between the clinician and patients regarding the treatments options available to them, and their risks and benefits. We received comments from patients that confirmed that patients felt listened to, advised and informed of their options.

NHS and private price lists were displayed in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

We asked reception staff how soon a new patient could be given a routine appointment and were told that at the time of our inspection this could be arranged within a week. Patients commented that they were always seen on time.

The practice had toys in the waiting room for children to play with prior to their appointment.

### Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs. Patients commented specifically about instances where the practice had made alterations to meet the patient's individual needs.

The practice is accessible to wheelchair users, except the toilet. New patients that were booking an appointment were informed of this in case it affected their decision to attend this practice. Wheelchair access was easiest to one of the treatment rooms and so clinicians would move rooms to make this simpler for wheelchair users.

Staff we spoke with discussed ways in which they were able to assist patients attending the practice, from allowing longer appointment slots to assisting with filling out forms. These measures were underpinned by the practice's equality and diversity policy dated 6 September 2016.

### Access to the service

The practice was open from 9 am to 5.30 pm Monday to Thursday, and 9 am to 4 pm on Friday. Emergency slots were set aside daily with every clinician to meet the needs of patients with emergency problems. Several patients commented that when they contacted the practice in pain they were seen on the same day.

Outside normal working hours patients were directed to contact the NHS 111 service by the message on the answerphone. The answerphone also allowed messages to be left and the practice would ring back at the first available opportunity.

### Concerns & complaints

The practice had a complaints policy in place which was displayed in the waiting area. This detailed how patients could raise a complaint with the practice, and also the contact details of independent external agencies that patients could approach if they wished to escalate their complaint beyond the practice.

The practice had a template in use for recording complaints; their investigation and outcomes. Complaints received by the practice were dealt with promptly and with candour.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist took responsibility for the day to day running of the practice. In addition other staff members had been assigned lead roles in areas of the practice. We noted clear lines of responsibility and accountability across the practice team.

The staff had monthly staff meetings in which recurring points of business included complaints, comments or incidents.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding children and vulnerable adults, information governance and whistleblowing. All policies had been reviewed in the previous year. The folders were organised and a document advising where particular policies were located ensured that staff could find them with ease.

The practice had a detailed schedule with weekly, monthly and quarterly governance tasks to ensure that specific tasks were completed in an appropriate timeframe.

The practice had a business continuity plan, which detailed an up to date list of useful contacts should an unforeseen event close the surgery, and also a contingency plan for emergency patients involving them being seen at a local practice.

### Leadership, openness and transparency

Staff we spoke with reported an open and honest culture across the practice and they felt fully supported to raise concerns with the principal dentist.

An underperformance and whistleblowing policy was available. This was dated June 2016 and detailed the practice's expectation of candour to raise any concern regarding a colleague's actions or behaviours. The policy detailed external agencies where a concern could be raised.

### Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved, and an audit schedule indicated when certain audits needed to be completed. Infection control audits had been carried out most recently in September 2016 and an action plan drawn up to indicate any areas where improvements could be made.

An audit of radiograph quality was carried out for all clinicians separately in April 2016. This looked at different types of X-ray taken, and detailed specific feedback to each clinician to help improve overall quality.

Similarly an audit of record keeping had identified areas where individual clinicians could make improvements. And had been completed between May and June 2016.

The responsibility to carry out clinical audit was shared among the practice team ensuring that all staff understood the importance and felt engaged in the audit procedures within the practice.

The practice training policy indicated that individual training needs of staff be identified, as well as detailing the specific requirements of the General Dental Council in training. Staff received appraisals and personal development plans to highlight areas of training required.

Recent in-house practice training included amalgam spillage, reporting accidents or incidents, control of substances hazardous to health and blood spillage.

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

The practice obtained feedback from patients and staff from several pathways. Patient satisfaction surveys were carried out, most recently in May 2016 where results had been analysed. In addition the practice took part in the NHS friends and family test.

Staff were supported to give feedback either informally or formally, and in addition staff satisfaction questionnaires had been used to collect feedback, most recently in September 2016.