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# Denton Dentalcare

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 7 June 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**

Denton Dentalcare is a dental practice situated in a converted house in the village of Denton, Northamptonshire.

The practice has two treatment rooms, a waiting room with reception desk, and office and a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are bought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice has a principal dentist, a visiting implantologist and a dental hygienist/ therapist, supported by a qualified dental nurse, a practice manager who is also a qualified dental nurse and a receptionist.

The practice offers general dental treatments to adults and children on a private basis, and dental implants (where a metal post is placed surgically into the jaw bone to support and replace a missing tooth or teeth).

The opening hours of the practice are 8am to 6pm Monday and Tuesday, 8am to 5pm on Wednesday and Thursday, and 8am to 4pm on Friday.

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.

# Summary of findings

We left comment cards at the practice for the two weeks preceding the inspection. 14 people provided feedback about the service in this way. All of the comments spoke highly of the service and the attentive and caring attitude of the staff.

**Our key findings were:**

- The practice was visibly clean and clutter free.
- Patients reported that they were treated with care and compassion and staff were friendly and helpful.
- The practice could normally arrange a routine appointment within a week and emergency appointments mostly on the same day.
- Infection control standards met national guidance.
- The practice kept medicines and equipment for use in medical emergencies. These were in line with national guidance.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Governance arrangements were in place for the smooth running of the service.

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the needs of hearing impaired people and asses the need for a hearing loop to assist patients who use hearing aids.

# 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 to safeguard children and vulnerable adults, staff had undertaken training appropriate to their role, and understood their responsibilities in this area.

Infection control procedures were in line with national guidance. Appropriate checks of equipment and procedures were carried out, as well as regular clinical audit to confirm standards were maintained.

Equipment and medicines for use in medical emergencies were stored appropriately and were in line with national guidance.

**Are services effective?**

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

Dentists used nationally recognised guidance in the care and treatment of patients.

Medical history forms were filled in when the patient first attended the practice, but there was no procedure in place to ensure that these were repeated regularly. Clinicians were checking verbally for changes at every visit, but following the inspection a system has been implemented to fill out a new form at each checkup appointment.

**Are services caring?**

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

Patients reported that they received an excellent service from the practice. Staff were professional friendly and caring.

Dental care records were kept securely, and staff described how sensitive conversations would take place with patients in the office, away from the waiting area.

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

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

The practice was open from 8am Monday to Friday, and until 6pm on Monday and Tuesday, thus providing flexibility for patients who have commitments during normal working hours.

The practice may every effort to see emergency patients on the day they contacted the practice.

The practice had a ramp to the front door, and was therefore wheelchair accessible as the treatment rooms and waiting area were on a single level.

**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 to assist in the smooth running of the practice.

Training logs were kept for all staff so that the management were able to retain oversight of the training needs of individual staff, and ensure that they met the requirements of the General Dental Council.

The results of monthly patient feedback surveys were discussed at staff meetings to examine ways to improve the service.

# Denton Dentalcare

**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 7 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice 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, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with the principal dentist, a dental nurse, the receptionist and the practice manager. We reviewed policies, procedures and other documents. We received feedback from 14 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. They had a significant incident file which detailed designated persons in the investigation of significant events. The investigation procedures were detailed including the importance of reporting near-misses.

A duty of candour was evident and encouraged through the significant incident reporting process. 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 log of incidents that had been recorded included a situation where a piece of dental equipment had failed; this was reported to the Medicines and Healthcare products Regulatory Agency (MHRA). A separate investigation of an incident had triggered a risk assessment being carried out in order to reduce the possibility of a similar situation arising in the future. This demonstrated the practice's commitment to learning from incidents. Incidents were discussed at staff meetings to feedback any learning.

The practice were aware of their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). They had information available which detailed how to make a report and in what circumstances a report should be made. 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).

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

The practice had systems and policies in place regarding safeguarding vulnerable adults and child protection. Policies were readily available in hard copy form and had been signed by all staff between April and May 2016 to indicate that the contents were understood. The policies detailed the types of abuse that might be seen, and signs to recognise them, as well as naming the safeguarding lead in the practice from whom advice could be sought.

A flow chart which detailed how to raise a concern was displayed in the staff room and contained contact information for relevant agencies including for the local multi-agency safeguarding hub (MASH).

All staff had undertaken training in safeguarding, and staff we spoke with were able to describe the actions they would take if they had concerns about a child or vulnerable adult.

The practice had an up to date employers' liability insurance certificate which was due for renewal in February 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 spoke with staff about the procedures in place to reduce the risk of sharps injury in the practice. The practice used a needle guard to dispose of needles from syringes. The dentists took responsibility for this; therefore the risk of injury to staff was reduced.

**Medical emergencies**

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were in date, stored appropriately, and in line with those recommended by the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). 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.

All medicines and equipment were checked regularly to ensure they were ready for use should an emergency arise.

# Are services safe?

Staff had all undertaken medical emergencies training, and the practice carried out regular scenario training where they could practice their response to a medical emergency.

**Staff recruitment**

We looked at the staff recruitment files for six 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.

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

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

The practice had a health and safety policy in place dated 20 August 2015. In addition to this policy a number of risk assessments had been carried out to ensure the safety of the practice for staff, patients and visitors.

An annual health and safety review was completed in February 2016; this looked at multiple areas of risk within the practice, and did not result in any action needing to be taken.

A computerised system of risk assessments was kept, and reviewed. Risk assessments carried out in the year preceding our visit included environmental cleaning, use of latex, the garden, manual handling, slips, trips and falls, and electrical safety.

A fire risk assessment was carried out in January 2016. Training on the fire procedures took place six monthly, fire alarms were tested weekly and we saw evidence that fire equipment was regularly serviced. Staff we spoke with were clear on the procedures in the event of a fire, and were able to describe their role in the evacuation and the muster point.

The practice had measures in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Practices are required to keep a detailed record of all the substances at use in the practice which may pose a risk to health. The practice found that having these paper based and in a large file was cumbersome to use and made accessing the information in a timely manner difficult. Therefore they have computerised these records so that a simple search can be carried out to find the specific details required. As a back-up, a paper file was also available and kept up to date in case of computer failure.

The practice had a business continuity plan in place which was dated 1 June 2016. This gave details on arrangements for patients should unforeseen circumstances close the practice.

**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 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; this had been reviewed, and signed by all staff in May 2016. This named the head dental nurse as the lead in infection control. The policy covered all aspects of infection control in the practice including decontamination, re-usable instruments, personal protective equipment, hand hygiene, clinical waste, environmental cleaning and blood borne viruses.

We observed a dental nurse carrying out the decontamination process from start to finish. The practice used an ultrasonic cleaner to wash the instruments. This is a piece of equipment which is specifically designed to remove contaminants from dental instruments by the use of ultrasound waves passing through a liquid.

The instruments were then inspected under an illuminated magnifier to look for any visible debris or defects in the instruments, before being sterilised in an autoclave.

# Are services safe?

Following sterilisation the instruments were placed in pouches and marked with a use by date.

We were shown details and logs of the tests performed on a daily, weekly and monthly basis to ensure that the decontamination process was working effectively. These were in accordance with the standards set out in HTM 01-05.

The practice staff undertook the environmental cleaning of the practice. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises. This ensured that equipment used for cleaning was specific to the area that was being cleaned. For example, equipment used to clean clinical areas was different to equipment used to clean the kitchen.

The practice demonstrated appropriate storage and disposal of clinical waste. Waste consignment notices were seen. Clinical waste was stored appropriately prior to removal from the premises.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. A risk assessment was carried out by an external contractor in December 2014, this highlighted several actions to undertake to reduce the risk. We saw evidence that these were carried out in line with the recommendations.

All clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact). Evidence of this was retained in the staff recruitment files.

**Equipment and medicines**

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

The practice manager kept a schedule of maintenance which detailed all the equipment in the practice, previous maintenance dates, and when it was due again. In this way they could be sure at a glance that all equipment was up to date, and maintained in line with manufacturers guidance.

The autoclave and air compressor had both been serviced and tested within the last year, as had the X-ray machines. Portable appliance testing had been completed on all electrical equipment in July 2015.

The practice dispensed certain medicines; these were stored in an appropriate secure place. Detailed logs were kept of any medicines issued, and stock logs including expiry dates.

The practice had a dedicated medicines fridge to store dental materials and an emergency medicine. We saw records to indicate that the temperature of the fridge was checked daily.

The visiting implantologist bought all their own equipment to the practice for siting implants, and was not at the practice on the day we visited.

**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.

All treatment rooms displayed the 'local rules' of the X-ray machine on the wall. These detailed the specifics of each machine as well as the responsible persons to contact.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which demonstrated that all of the X-ray machines had undergone testing and servicing in line with current regulation.

Evidence was seen that staff were up to date with required training in radiography as detailed by IR(ME)R.

# 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 dentist and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was filled in by patients when they first joined the practice, and was then checked verbally at every visit. There was no procedure in place to ask the patient to fill in a new form after a period of time. Following our visit the practice implemented a system by which a new form was completed at every check-up appointment in addition to the verbal check every visit.

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.

Oral and facial soft tissues were also regularly screened to assess to changes that may indicate oral cancer or other oral conditions.

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. A justification, grade of quality and report of the X-ray taken was documented in the dental care record.

**Health promotion & prevention**

The practice took its commitment to oral health promotion and prevention seriously. The medical history form asked specific questions regarding smoking and use of alcohol. The answers here would be used to introduce a discussion with the patient.

The practice had access to leaflets that could be printed off and given to patients on areas of oral health promotion such as smoking.

We found a comprehensive application of guidance issued in the Department of Health 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.

**Staffing**

The practice was staffed by the principal dentist, a visiting implantologist (a dentist specialising in surgically placing, and restoring dental implants), a hygienist/ dental therapist, a head dental nurse, practice manager (who was also a trained dental nurse) and receptionist. Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC).

Staff told us they had good access to ongoing 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, orthodontic therapists and dental technicians.

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

**Working with other services**

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves. A policy on procedures for referrals was in place to guide this process.

A hygienist worked at the practice, they received a referral and prescription from the dentist for any treatment carried out.

We saw example of referrals made, and found them to be detailed and appropriate.

# Are services effective?

## (for example, treatment is effective)

We asked the practice how they ensured the timeliness of a referral where a serious pathology (such as oral cancer) was suspected. In this situation the practice would telephone the hospital in order to ensure the referral had been received.

**Consent to care and treatment**

The practice had a consent policy in place dated 21 April 2016. Staff we spoke with described a thorough process for obtaining full, valid and informed consent. This included discussing the options for treatment, as well as any alternatives, the costs involved and the advantages and disadvantages of any particular option. Treatment plans were printed for patients to look over and sign once they were happy with the plan. Patients commented that they received information on treatments and the options available to them.

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 a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included an understanding of the legal situations where a family member may be able to consent on behalf of another and when it may be necessary to make decisions in a patient's best interests. All staff had received training in this area.

Clinicians were not clear on the situations in which a child (under the age of 16) may be able to legally consent for themselves. This is termed Gillick competence and relies on assessing the young person as having an adequate understanding of the risk and benefits of the procedure in question. Following our visit arrangements were made for training in this area.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

Information that we received through patient feedback indicated that they found staff to be friendly and helpful. Staff were able to put nervous patients at ease, and procedures were explained to the patient throughout.

Staff we spoke with explained how they ensured information about people using the service was kept confidential. Dental care records were computer based and password protected. Any paper records were stored in locked cabinets away from patient areas.

The practice had an office area where patients were taken for confidential discussions, rather than at the reception desk where they may be overheard.

Patients who had undergone a tooth extraction or complicated treatment could expect a phone call from the practice later the same day to confirm everything was good.

**Involvement in decisions about care and treatment**

Patients received a written treatment plan detailing the treatment and costs of treatment for them to keep. Dental care records indicated that discussions had taken place.

Patients commented that explanations they were given were detailed and clear, and that they felt listened to.

# 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. A new patient to the practice could expect to receive a routine appointment within a week.

The practice offered evening opening (until 6pm) on Monday and Tuesday to allow flexibility for those patients with commitments during normal working hours.

For the comfort of patients the practice offered wireless internet connection in the waiting room. Baby changing facilities were available for parents with young children.

**Tackling inequity and promoting equality**

The practice had an equality and diversity policy which indicated the practice's intention to welcome patients of all cultures and backgrounds. Some staff had completed equality and diversity training.

We spoke to staff about ways in which they assisted those with individual needs attending the practice.

The practice had a ramp leading to the front door. The waiting room, treatment rooms and toilet were all on ground level and so the practice offered good access for those using wheelchairs, or with restricted mobility. Staff explained that they would keep a look out for patients that they knew had individual needs, so that they would be assisted.

The practice had access to an interpreting service to aid those patients for whom English was not a first language.

The practice did not have a hearing loop for patients who wear hearing aids, however staff we spoke with explained the measures they would take to assist a patient who was hard of hearing, including writing information down. An interpreter in British sign language could also be arranged if necessary.

**Access to the service**

The practice was open from: 8am to 6pm Monday and Tuesday, 8am to 5pm on Wednesday and Thursday, and 8am to 4pm on Friday.

The practice endeavoured to offer an appointment to any emergency patient on the day they contacted the practice.

Out of hours arrangements were available for patients to hear on the answerphone, on weekday evenings they would be directed to the NHS 111 service. At the weekends the practice joined in a rota with other practices in the area to provide advice, and treatment if necessary.

**Concerns & complaints**

The practice had a comprehensive system for managing complaints, although they had not received a complaint in the year preceding our visit so we were unable to see the process in practise.

The practice had a handling complaints policy which detailed how a patient could raise a complaint with the practice and how it would be handled. This also gave details on the services that could be contacted to escalate the complaint if the patient remained dissatisfied. This policy and the external contact numbers could be accessed on the practice website.

Verbal complaints were assessed and triaged by way of a traffic light system, so that verbal complaints made to any member of staff would still be escalated to the management team and action taken if appropriate.

The practice kept a log to detail complaints; this meant that any trends could be identified.

# Are services well-led?

## Our findings

**Governance arrangements**

The principal dentist (who was the registered manager) and the practice manager 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 practice had robust governance arrangements in place to ensure the smooth running of the service.

Schedules for equipment servicing and maintenance ensured that the practice manager was prompted when testing was due. The computerised risk assessment tool would also prompt when risk assessments needed to be reviewed.

Staff meetings took place weekly, and minutes were kept of these meetings. Significant incidents and audits were discussed at the meetings as well as any aspects of health and safety and any upcoming challenges for the team.

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. These had all been reviewed within the last year.

**Leadership, openness and transparency**

Staff reported an open and honest culture where they felt supported to raise concerns. Communication across the team was constant and easy, and the management team were approachable and supported their staff both professionally and personally. Staff described situations where the practice supported the individual needs of staff.

Practice meetings had a fixed agenda point asking staff to divulge a 'high 'or 'low' of their week, which could be professional or personal. This helped to foster the team atmosphere that was apparent when we visited the practice.

The practice had in place a whistleblowing policy (dated 29 April 2016) that directed staff on how to take action against a co-worker whose actions or behaviours were of concern, including the contact details of outside agencies where a staff member could obtain independent advice. This was available in the office, and also in the employee handbooks.

**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. Infection control audits had been carried out at six monthly intervals most recently on 2 June 2016. This highlighted no causes for concern.

A radiography audit had been carried out in January 2016, this had generated an action plan for improvements and a re-audit date was listed to check for any change and complete the cycle. A record keeping audit had also been completed in the year preceding our visit.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC.

In addition the practice arranged training meetings for staff to attend. Most recently these covered cleaning and decontamination, and a fire training update.

The practice manager kept logs of all staff training and CPD so that they would be aware of any staff member not being up to date.

Staff received annual appraisals, and personal development plans were drawn up to aid their career progression. They reported these appraisals as being very useful and a good opportunity to discuss matters arising from their work.

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

The practice carried out monthly patient feedback surveys, the results of which were collated and discussed with staff at practice meetings. One such survey had fed back a concern with a certain clinic starting on time. An action plan was drawn up to address this concern, and the situation was re-audited to ensure that the solution was effective.

# Are services well-led?

Staff feedback was welcomed formally or informally, and staff were happy that they could approach the management team at any time with ideas or concerns. A panic button had been installed at the practice in response to a request from a staff member.