Overall summary

We carried out an announced comprehensive inspection of Shrivenham Dental Centre on 16 May 2017.

To get to the heart of patient’s experience of care and treatment we asked 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 formed the framework for the areas we looked at during the inspection.

Our findings were:

<table>
<thead>
<tr>
<th>Are services safe?</th>
<th>No action required ✓</th>
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<tr>
<td>Are services effective?</td>
<td>No action required ✓</td>
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<tr>
<td>Are services caring?</td>
<td>No action required ✓</td>
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<tr>
<td>Are services responsive?</td>
<td>No action required ✓</td>
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<tr>
<td>Are services well-led?</td>
<td>No action required ✓</td>
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Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General’s office.

This inspection was led by a CQC inspector and supported by a dental specialist advisor.

Background to this practice

Shrivenham Dental Centre is located within The Defence Academy of the UK and provides dental care for an approximate population of 1000 registered regular military UK service personnel. In addition to the registered patients, the centre also provides emergency care for overseas students and UK service personnel who are at the station on short courses. The majority of patients are aged between 18 and 50. There are two surgeries at the centre.

The civilian dental team comprised a senior dental officer, practice manager and two dental nurses.

How we carried out this inspection

Prior to the inspection we reviewed information about the practice provided to CQC by the DMS. On the day of inspection we collected 28 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not get the opportunity to speak with patients directly because the dental centre was not treating patients on the day of the inspection. This was because a station-wide health fair was taking place. We attended the fair and were able to see the type of information the dental centre provided for people attending the fair.

During the inspection we spoke with the practice manager, the senior dental officer and a dental nurse. We looked at practice systems, policies and procedures, and other records about how the service is managed. We also checked the building, equipment and facilities.

Our key findings were:

- The practice sterilised dental instruments in accordance with published guidance.
- Sufficient dental equipment was available and it was well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems for recording incidents, accidents and significant events.
- The practice had systems to support with the management of risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and young people.
- The practice had thorough staff recruitment procedures.
• The clinical staff provided care and treatment in line with current guidelines.
• Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
• The appointment system met patient’s needs.
• The practice had effective leadership. Staff felt involved and supported, and worked well as a team.
• The practice asked patients for feedback about the services they provided.
• The practice dealt with complaints positively and efficiently.

We found areas where the practice could make improvements. CQC recommends that the practice:

• Due to the ongoing problems with controlling vermin, the premises should be reviewed to establish its suitability for provide safe clinical care.
• Review the current staffing resource and skill mix to ensure it is adequate to effectively meet the needs of the population.

Dr John Milne MBE BChD, Senior National Dental Advisor
(on behalf of CQC’s Chief Inspector of Primary Medical Services)
Our findings

We found that this practice was safe in accordance with CQC’s inspection framework

Reporting, learning and improvement from incidents

Underpinned by policy and procedure, the practice used the standardised DMS-wide electronic system to report, investigate and learn from significant events and near misses. Staff were aware of their role in the reporting and managing of incidents, including when to report in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). A notification form was used to report accidents and incidents.

To demonstrate how learning from incidents led to improvements, the practice manager provided an example of how analysis of a series of incidents involving digital imagery identified a concern resulting in a change to practice. The practice meeting minutes we looked at showed the management of incidents was a standing agenda item. All incidents and lessons learnt were routinely discussed with the staff team. Discussions also included significant events that occurred in other dental practices within the region.

The practice manager said they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). A protocol was in place for the management of medical devices. The practice manager kept a register of all the alerts received. We noted from practice meeting minutes that relevant alerts were discussed with staff.

Reliable safety systems and processes (including safeguarding)

A safeguarding lead was identified for the practice. Staff knew their responsibilities if they had concerns about the safety of adults who were vulnerable due to their circumstances. A safeguarding policy and procedure was in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were familiar with the signs and symptoms of abuse and how to report concerns. The practice manager confirmed that the dentist always treated patients with the support of a dental nurse.

The safeguarding procedure was available in a prominent place for staff to quickly access. We were provided with evidence to confirm staff received safeguarding training at a level relevant to their role. The practice manager said the training was refreshed every three years. The practice had never had cause to report a safeguarding concern.
A whistleblowing policy was in place. Staff were aware of how to report a concern in accordance with the policy and said 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 were regularly reviewed. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists routinely used rubber dams when providing root canal treatment in line with guidance from the British Endodontic Society.

A business continuity policy and disaster recovery plan was in place, which set out how the service would be provided if an incident occurred that impacted on its operation.

**Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every two to three months. A record of this training was logged and the practice manager monitored it to ensure staff attendance. Staff said simulated emergency scenarios took place every six months to test the responsiveness of staff. The most recent simulation exercise tested staff’s response to managing a diabetic hypoglycaemic incident.

Emergency equipment and medicines, including oxygen were available as described in recognised guidance. Staff kept records of the daily checks they undertook to ensure the required equipment and medicines were available, within their expiry date and that equipment was in working order. We noted that a scissors was not available as part of the emergency kit. The practice manager rectified this while the inspection was in progress. Bodily fluids and mercury spillage kits were available, along with a first aid kit. The practice manager confirmed that the staff team had received first aid training.

**Staff recruitment**

The full range of recruitment records were held centrally at regional headquarters. The practice manager maintained a log so could demonstrate that all relevant safety and security checks had taken place at the point of recruitment. These included a Disclosure and Barring Service check to ensure staff were suitable to work with vulnerable adults and young people. These checks were renewed every five years. Information was in place to confirm staff had received all the relevant vaccinations required for their role at the practice.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager kept an electronic log of the dates when staff renewed their registration, along with a scanned copy of their certificate of registration.

At the time of the inspection the population at risk (PAR) was 1140. Staff advised us the PAR was variable and could rise to 1200. In the absence of a hygienist/therapist and a second chair for dental nurses to apply fluoride varnish, the senior dental officer carried out all dental treatment. They told us they frequently worked over their working hours in order to meet the demands of the service. This mainly related to administrative work, such as referral letters and dental record keeping as there was no capacity during clinical sessions to do this.

The practice manager and team were both strategic and creative in how they planned appointments to ensure the most effective and efficient use of staff time. They factored in the complexity of each clinical session along with instrument requirement and the need for a sterilisation cycle to take place. We were advised that the senior dental officer was to be deployed
to another military dental practice one day per week from June. This meant additional strain would be placed on the dental centre team resource.

From discussion we staff and review of dental data it was evident the practice was not meeting the dental targets set by the military, which could relate to the current staffing resource. The need for additional staffing resources had been acknowledged in planned developments for the practice. The building identified for the dental centre to move to would have two dental chairs and there were plans to employ a dental hygienist.

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

A health and safety policy, protocols and risk assessments were in place for the station to help manage potential risk. They were produced and monitored centrally by the station’s Safety, Health, Environment and Fire (SHEF) department. Staff were required to attend health and safety training on an annual basis and attendance at this training was monitored centrally.

The SHEF department was responsible for ensuring routine health and safety risk assessments of the premises took place. The practice manager carried out their own checks of the premises and equipment. They said maintenance requests were dealt with in a timely way and any health and safety concerns were responded to promptly.

The SHEF department were responsible for management of fire and a fire management plan was in place for the station. A fire risk assessment of the premises took place in April 2017. All staff were required to attend SHEF fire training on an annual basis and attendance at this training was monitored to ensure staff participated. The last fire evacuation test took place in March 2015. Records were in place showing checks of fire management systems took place, including the fire alarm, emergency lighting and fire doors. The practice manager checked the firefighting equipment each month.

The dental centre was located in an old building with a modular pre-fabricated extension. Staff advised us there was an ongoing problem with rats and mice outside the building. Vermin control were managing and monitoring the situation on a monthly basis. Staff said the vermin problem increased following a flood caused by a burst pipe in January 2017. The pipe was fixed a few weeks before our inspection. We looked around the outside and noted there was a small a gap between the ground and floor of the extension and we could see that vermin traps had been placed around the building.

There were two treatment rooms at the practice. One treatment room was in regular use and the other treatment room was described by the practice manager as a ‘back up’ in case of an emergency, such as equipment failure in the regularly used treatment room. The ‘back up’ treatment was no longer in use for clinical activity because during the flood mice had been lodging in the dental chair floor box and chewed through the wires required for its operation. We were shown a hole in the flooring under the dental chair box which could be how the mice gained access. The practice manager confirmed that the mice had been removed and had not been seen in the building since.

A request for refurbishment had been submitted jointly with the adjoining medical centre a week prior to the inspection. The practice manager advised us that an alternative building in the station had been identified for both the dental centre and medical centre to move to. The building required re-furbishment. Although the practice manager was involved in discussions about its development, they were unable to provide us with timelines as to when the new premises would be ready to
A Control of Substances Hazardous to Health (COSHH) file was maintained to ensure information on the risks from hazardous substances was available for staff. We noted that risk assessments for each of the COSHH products were in place along with safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident. The practice manager reviewed the COSHH file annually to ensure it was up-to-date and took account of any new products introduced to the practice. The last review took place in November 2016.

**Infection control**

An infection prevention and control (IPC) policy supported by protocols was in place at the practice. It followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. One of the dental nurses was the dedicated lead for IPC and had completed a one day training course for the role. Records confirmed that staff completed IPC training as part of their continuing professional development. Staff said they also participated in regular ‘in-house’ training.

There was not a separate decontamination room and the sterilisation of equipment took place in the treatment room. Staff talked us through the sterilisation process. Although not ideally located within a treatment area, the staff’s description of the decontamination process, including the cleaning, checking, sterilising and storing instruments was in line with HTM01-05. Records demonstrated the equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturer’s guidance. The practice manager carried out IPC audits twice a year.

The practice had a management plan and protocols in place to reduce the possibility of Legionella or other bacteria developing in the water systems. These procedures were in accordance with the Legionella risk assessment. An external company carried out monthly safety checks of the relevant hot and cold water outlets each month.

Environmental cleaning was carried out by an external company once a day. The practice manager advised us cleaning had not been happening in line with the agreed contact of twice daily twice a day. The contract had been reviewed and we were assured that cleaning twice a day was due to start from June 2017. The practice was clean when we inspected and patient feedback confirmed the practice was always clean. Environmental cleaning equipment was in accordance with national guidance, including how it was stored.

Arrangements were in place for the segregation, secure storage and disposal of clinical waste products, including amalgam, extracted teeth and gypsum.

**Equipment and medicines**

Equipment logs were maintained by the practice manager that kept a track of when equipment was due a service. An alert system was in place to highlight when an item of equipment was due for maintenance. Service maintenance records we saw included those for the X-ray machines, compressor, autoclave and washer disinfector. Staff carried out routine equipment checks in line with the manufacturer’s recommendations. A safety test of portable electrical appliances was due to take place.

The practice had suitable systems for the safe management of medicines as described in current
guidance. Prescription sheets were stored securely. Antibiotics were logged, checked and stored appropriately. Medicines requiring cold storage were refrigerated and the temperature of the fridge was monitored and recorded each day.

**Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The practice was meeting current radiation regulations and had the required information in the radiation protection file. Local Rules were located in the radiation file and also alongside the X-ray machine they related to.

The dental records we looked at showed that the dentists justified, graded and reported on the X-rays they took. In accordance with current guidance and legislation, the practice carried out X-ray audits each year. Clinical staff were up-to-date with dental radiography training and they had completed it as part of their continuous professional development.
Our findings

We found that this practice was effective in accordance with CQC's inspection framework

Monitoring and improving outcomes for patients

We looked at a range of dental records. They were detailed containing comprehensive information about the patient’s current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded.

The dentist assessed patient’s treatment needs in line with recognised guidance. For example, the dentist followed recognised guidance in relation to the management of wisdom teeth and recall intervals between oral health reviews. The practice audited patient’s dental care records to check that the dentists recorded the necessary information.

Feedback from many patients indicated that their dental assessment and treatment was thorough, and they were kept fully informed of every stage of the treatment process.

Health promotion & prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. We could see from the dental records that oral health promotion was discussed with patients on an individual basis, including lifestyle habits. For example, referrals could be made to smoking cessation if needed or patients could be referred to the medical centre if support was needed regarding alcohol use.

The use of fluoride varnish, fissure sealants and prescription of high concentration fluoride toothpaste were options that could be considered depending on individual patient need. Both the dental nurses were trained to apply fluoride varnish. Because there was only one treatment room in operation and it was used by the dentist, there was no facility for nurses to treat patients.

An oral health promotion stand was located in the waiting area and this was refreshed on a regular basis to include promote new topics, such as Smile Month, Stoptober and Mouth Cancer Awareness Week. There was also a display showing the amount of sugar in various drinks. The practice participated in the regular station health promotion fairs. On the day of our inspection a health fair was taking place and we attended to see how the dental centre presented its service and promoted good oral health. Promotional leaflets were given to people, along with tooth brushes, tooth paste and a timer for cleaning teeth. Staff were available on the stand to respond to any questions.

Staff new to the practice had a period of induction based on a structured induction programme. We looked at some induction records and could see that the induction for both the station and dental centre were comprehensive. We confirmed clinical staff completed the continuous...
professional development required for their registration with the General Dental Council.

Staff said they discussed training needs at their mid and end year annual appraisal. We saw evidence of completed appraisals. The practice manager kept an electronic log of staff training and the system provided an alert facility to highlight when staff were due to refresh their training. The training staff were required to complete included safeguarding, equality and diversity, workplace safety, business continuity, IPC, medical emergencies and information governance. Staff said they were supported and encouraged for them to keep up-to-date with their continuous professional development.

**Working with other services**

Staff confirmed patients could be referred to a range of services if treatment was not provided at the practice. These services included referrals to internal enhanced dental practices (practices providing additional services, such as sedation) and external referrals to a local NHS trust for oral surgery. A referral protocol was in place for suspected oral cancer under the national two week wait arrangements. This was initiated in 2005 by The National Institute for Health and Care Excellence (NICE) to help make sure patients were seen quickly by a specialist.

The practice manager maintained a log of all referrals made and they monitored the status of referrals on a regular basis, particularly to ensure urgent referrals were dealt with promptly.

**Consent to care and treatment**

Staff we spoke with understood the importance of obtaining and recording patient’s consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The dental records we looked at confirmed this. Mostly it was verbal consent taken from patients. For any oral surgery procedures full written consent was obtained. Feedback informed us that patients were satisfied they received clear information about their treatment and treatment options were discussed with them.

Staff had a good understanding of their responsibilities under the Mental Capacity Act (2005) should they need to treat adults who may not be able to make informed decisions.
Are services caring?

Our findings

We found that this practice was caring in accordance with CQC’s inspection framework

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people’s diversity and human rights. Patients commented positively and said staff were helpful, efficient and professional. They said they felt listened to and their views were respected.

Patients told us staff were understanding and put them at ease if they were nervous about having dental treatment. A range of strategies were used to support with reducing anxiety. These included an extended appointment time, referral for cognitive behavioural therapy and a referral to an internal military practice for conscious sedation.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not fully provide privacy when reception staff were liaising with patients. Staff addressed this by playing background music. Staff told us that if a patient required 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 patient’s electronic care records and backed these up to secure storage. Paper records were stored securely at the practice.

Information about the service, including opening hours and access to emergency out-of-hours treatment, was displayed in the patient waiting area and available in the practice leaflet.

Involvement in decisions about care and treatment

Patient feedback suggested staff provided clear information to help with making treatment choices. The dentist said they provided verbal information and showed patients the dental concern using x-rays and restoration models. Patient information leaflets were also available, including a leaflet explaining the procedure for root canal treatment.
Our findings

We found that this practice was responsive in accordance with CQC’s inspection framework

Responding to and meeting patients’ needs

Patient feedback described high levels of satisfaction with the responsive service provided by the practice, including urgent out-of-hours access.

The practice had an efficient routine appointment system to respond to patient need. Staff followed the principle that all regular serving military personnel are required to have a periodic dental inspection every 6 - 24 months depending on a dental risk assessment or recall period. The practice manager said they conducted regular searches on the dental electronic system to check that patients had an appointment with the dentist in accordance with their recall time.

Promoting equality

An access audit as defined in the Equality Act 2010 was not available for the premises. An access audit forms the basis of a plan to support with improving accessibility of premises, facilities and service for patients, staff and others with a disability. Although the population of wheelchair users and patients with disabilities using the dental centre was very low, the practice manager had started this audit and completed it while the inspection was in progress.

Wheelchair users and people using other mobility aids could access the dental centre through the adjoining medical centre. There was a ramp and the door to the medical centre opened automatically. There was an adapted toilet at the rear of the medical centre. We noted the corridor to access the toilet was narrow and involved passing through two doors that would require opening manually. In the absence of an access audit for the medical centre, we could not be certain whether the corridor would facilitate ease of access for all patients using wheelchairs and other mobility aids. A hearing loop was not available as this had not been identified as a need for the population at the station.

Staff had access to a translation service. The practice manager said the translation service was often used by the dentist as the population included military personnel from up to country 30 countries, some of whom were attending an English language course at the dental academy. Information about the translation service was displayed in the reception.

Because the station supported a diverse range of people from various countries, staff were sensitive and accommodating to the cultural needs of people. For example, during periods of fasting some patients may not to wish to rinse their mouth during treatment in case of swallowing water. Staff could also refer patients to another dental military practice if they had a preference to be treated by a male dentist. Training records confirmed that staff had received training in equality and diversity.
**Access to the service**

The practice displayed its opening hours in the premises and the opening hours were also recorded on the answerphone message for the dental centre. Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. They were aware of how to access the out-of-hours dental services.

An hour slot was allocated for emergencies (referred to as sick parade) in the morning. If additional emergency time was needed then staff said they would work through their lunch hour. A rota was in place for access to an on-call dentist out-of-hours. This rota was available at the guardroom and was also held by heads of department.

**Concerns and complaints**

The practice manager was responsible for managing complaints. A complaints policy and protocol was in place that provided guidance for staff on how to handle a complaint. Staff had received training in complaints so were familiar with the policy and their responsibilities.

There had been three complaint in the last 12 months which we discussed these with the practice manager. Each complaint was logged, including the outcome and any learning. The practice manager provided examples of changes made and said training had been arranged as a result of one complaint. Staff had received training in the management of complaints in January 2017.
Our findings

We found that this practice was well-led in accordance with CQC’s inspection framework

Governance arrangements

The senior dental officer had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

The practice manager provided us with an overview of the governance arrangements for the dental centre, including lines of reporting and accountability. The practice manager completed a report every four weeks for regional headquarters that provided feedback on a range of clinical and non-clinical activity undertaken for the month. The Common Assurance Framework (CAF), a structured self-assessment internal quality assurance process, formed the basis for monitoring the quality of the service. The practice manager in collaboration with the dental team completed the CAF and the practice manager kept it under review and updated it as appropriate. The Principal Dental Officer (PDO) for the region had access to the CAF and carried out unannounced spot checks. Using the CAF framework, the PDO coordinated a bi-annual health governance assurance audit of the practice. If required, an action plan was developed following this and was then updated by the practice manager as actions were completed. It was accessible on the system for the PDO to monitor.

The practice manager attended regional practice manager meetings. At these meetings significant events, new guidance, learning from incidents and any changes were shared.

The practice manager provided an overview of the dental centre’s relationships and engagement at station level. They attended monthly unit committee meetings. These meetings mainly looked at the statistics regarding the dental fitness of military personal, with the focus on dental targets and whether they were being met. Because the SHEF department was responsible for health and safety, including infrastructure and equipment, the practice manager also attended quarterly formal SHEF meetings.

A framework of organisation-wide policies, procedures and protocols were in place. In addition, there were dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they made reference to them throughout the inspection. Risk management processes were in place to ensure the safety of patients and staff working at the dental centre. They included risk assessments relating to the environment, equipment and lone working. A range of checks and audits were in place to monitor the quality of service provision and inform the CAF.

We looked at communication systems within the practice. The main forum for sharing information was through the monthly practice meetings. We looked at a range of meeting minutes and noted they included standard agenda items, such as equipment, SHEF, governance, significant incidents, staff training and complaints. It was clear that the outcome of investigations, audit and
other quality checks was shared with the staff team. MHRA and CAS alerts were also discussed at the meetings. The practice manager provided feedback to the staff team from the regional practice meetings, unit committee meeting and SHEF meetings.

Information governance arrangements were established and staff were aware of the importance of these in protecting patient’s personal information. Each member of staff had their login password to access the electronic systems. They were not permitted to share their passwords with other staff. Paper records were stored securely.

**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 gave us an example of an incident resulting in an injury to a patient and it was clear they adhered to the principles of the duty of candour by apologising to the patient and explaining what had happened.

Staff told us there was an open, no blame culture at the practice. They said they would feel confident raising any concerns and their concerns would be listened to and acted on appropriately. Staff could raise any concerns and discuss clinical and non-clinical updates at the practice meetings. Immediate discussions were arranged to share urgent information. It was evident from observation and discussions that the team worked well together and valued each other’s contribution.

**Learning and improvement**

Quality assurance processes to encourage learning and continuous improvement were evident at the practice. These included a programme of audit. Infection prevention and control audits were conducted every six months. The dentist completed an annual radiology audit. Other audits undertaken included a complaints audit, healthcare waste audit and foreign student’s audit. A prescribing audit was undertaken for the region and the dental centre contributed to it. The practice had records of the results of these audits, including the action plans and improvements made. For example, chairs were changed as a result of the IPC audit in 2016.

The practice manager said that significant findings from audits in other dental practices were shared across all dental practices.

We could see from the monitoring system that staff were up-to-date with their mid and end year appraisals. Each member of staff had a personal development plan resulting from their appraisal. The practice manager had a process in place to monitor that staff were up-to-date with their continuing professional development. It involved staff providing the practice manager with evidence of the training they had undertaken on a six monthly basis.

The staff said they participated in a peer review every six months year with other dental professionals within region.

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

We looked at a patient feedback survey produced in December 2016 and noted the feedback received about the practice was positive. A suggestion box was located in the waiting area. The practice manager said any suggestions received were acted on. For example, a broader variety of magazines had been provided in the waiting area based on feedback.
A system was in place for staff to provide feedback and this was organised through the Defence Medical Services.