Shrubbery Dental Practice

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 January 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

Shrubbery Dental Practice is situated near Worcester city centre in a converted residential property. It provides private dental care. The practice has three dentists (two of whom are partners in the practice), two dental hygienists, five dental nurses and two apprentice dental nurses. The dental nurses also carry out reception duties and are supported in this by a head receptionist. The practice has a practice manager who is also a qualified dental nurse.

The practice has four dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area, a waiting room, three of the treatment rooms and patient toilets are on the ground floor. There is a second waiting room and further patient toilets on the first floor.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 14 completed cards. We also saw the practice's patient comments book and patient survey forms. These all provided a consistently positive view of the service the practice provides.

Our key findings were:

- Patients who completed CQC comment cards and those who had filled in the practices own surveys were all positive about the practice team and the care and treatment provided.

Summary of findings

- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures to help them ensure the suitability of staff they employed. They had improved these during 2015 because they recognised their procedures needed to be more structured to reflect legal requirements. They made further changes on the day of the inspection.
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.
- The practice had used an external business consultant to help the partners and practice manager develop their leadership skills and their approach to management and effective team building.

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 took safety seriously and had systems for managing this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and fire safety. Staff were aware of their responsibilities for safeguarding child and adults. Contact information for local safeguarding professionals and relevant policies, procedures were readily available for staff to refer to if needed.

Are services effective?

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent, including when treating patients who might lack capacity to make some decisions themselves.

Are services caring?

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

We gathered patients' views from 14 completed Care Quality Commission comment cards and read the practice's own comments book and patient survey results. The information from these was consistently complimentary about the dentists and other members of the practice team. Children made specific comments about the practice's kind and understanding approach and patients with a fear of having dental treatment said the practice had made them less fearful and anxious about receiving dental treatment. During the inspection we saw that staff were warm, friendly and respectful towards patients.

Are services responsive to people's needs?

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

Many patients who provided us or the practice with feedback had been patients at the practice many years. All the feedback we looked at reflected satisfaction with a service which met the needs of adults and children in a personalised way.

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment and urgent and emergency care when required.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients and responded to any complaints promptly and openly.

Are services well-led?

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

The practice had arrangements for managing and monitoring the quality of the service. The partners and practice manager had worked with an external business consultant to develop and action plan to develop their leadership skills and approach to management.

Summary of findings

Members of the practice team we spoke with said they felt there had been positive developments at the practice and felt supported by the dentists and practice manager.

The practice had policies, systems and processes which were available to all staff.

The practice team were positive about using learning, development to maintain and improve the quality of the service and were using monthly one to one meetings and annual appraisal to support this.

Shrubbery Dental Practice

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.

The inspection was carried out on 26 January 2016 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including dentists, dental nurses, reception staff and the practice manager. We looked around the premises including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 14 patients on comment cards provided by CQC before the inspection. We also looked at the results of the practice's monthly in house surveys from October 2015 to January 2016 and the entries made by patients in a comments book.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. There was an established process for reporting significant events and accidents.

We saw that the practice followed up accidents and other significant events, took remedial action when necessary and used these as opportunities to share learning and to improve. For example, following a staff injury caused by an item of equipment the practice ordered a different type which was safer to use. Another example involved advising a patient who fainted to make sure they ate before their appointments.

The practice received national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA). The practice manager printed relevant alerts for staff to review but did not have a formal process to monitor this. During the inspection the practice manager set up a new process on the practice computer system to organise and monitor future alerts.

Reliable safety systems and processes (including safeguarding)

We asked members of the practice team about child and adult safeguarding. They were aware how to recognise potential concerns about the safety and well-being of children, young people and adults whose circumstances might make them vulnerable. All members of the practice team had completed safeguarding training and another course had been booked for 2016.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Worcestershire. Staff knew who the practice's safeguarding lead was.

We confirmed that the dentists at the practice used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The dentists were not routinely working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. The partners and practice manager confirmed they would ensure that they and other staff did so in future. Following the inspection the practice sent us a new sharps procedure which they had completed to reflect the guidance and to reduce the risk of injuries to staff. They also sent a copy of an invoice and photographic evidence that they had purchased a safer system for dismantling needles.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw evidence that staff completed annual basic life support training and training in how to use the defibrillator.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The staff kept various daily, weekly and monthly records of the emergency medicines and equipment to monitor that they were available, in date, and in working order.

We noted that the glucagon, a medicine used to treat patient with diabetes who experience sudden low blood sugar levels was not refrigerated. This is acceptable but the expiry date must then be shortened by 18 months. The practice had not done this and the glucagon was out of date. The practice ordered a replacement and received confirmation of the order before we left the inspection. They have confirmed that this arrived at the practice the day after our inspection. The practice decided to store the glucagon in their non-food refrigerator in future. Before the inspection ended they ordered a digital thermometer and prepared a daily temperature recording form ready to use. The practice confirmed that the thermometer arrived two days after the inspection and a member of staff had volunteered to be responsible for the temperature checks and records.

Staff recruitment

Are services safe?

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw evidence of DBS checks for all members of staff.

The practice had a low turnover of staff and the two most recently appointed staff had been in post for over a year. We looked at the recruitment records for these staff and the practice's recruitment policy and procedure. There was written confirmation that some, but not all, of the expected formal checks had been carried out for these staff. Whilst there were DBS checks and other required information there was no confirmation that the practice had obtained satisfactory evidence of their conduct in previous health related employment. This was because both were well known to the partners who had not appreciated the requirement to complete a formalised recruitment process in those circumstances.

The practice manager had already identified staff recruitment procedures as an area the practice needed to develop and showed us a new policy and recruitment paperwork. These still did not fully reflect all the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 201. The practice manager reviewed and amended these in line with the requirements before the end of the inspection.

The practice used the annual appraisal process to monitor that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy and risk assessment which both addressed numerous general and dentistry related health and safety topics.

The practice had a fire risk assessment. Staff took part in fire drills twice a year and staff carried out routine checks of the various fire safety precautions. Arrangements were in place with a specialist company for the maintenance and servicing of fire safety equipment.

The practice had detailed information about the control of substances hazardous to health (COSHH).

The practice had an arrangement with another practice to provide emergency cover for patients if the practice was unable to operate.

Infection control

The practice used a cleaning company for general cleaning of the building which was visibly clean and tidy. They had a written cleaning schedule for the cleaners to follow. Feedback about cleanliness from patients who completed CQC comment cards was positive.

The practice had an infection prevention and control (IPC) policy and completed IPC audits twice a year using a recognised format.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) 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 the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01- 05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room. The separation of clean and dirty areas in the decontamination room and in the treatment rooms was clear.

The dental nurses could explain the processes they followed and kept records of the expected processes and checks including those which confirmed that equipment was working correctly.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and paper towels.

We saw that the practice had a procedure for staff who had any concerns or questions about IPC arrangements to record these. The lead IPC nurse checked each week to see if there were any queries and responded to them. We also noted that IPC related issues were regularly discussed at staff meetings and where necessary improvements were made. All staff completed IPC training during 2015. We saw they had completed an annual infection control statement

Are services safe?

in October 2015 as described in the dentistry specific section of the Department of Health Code of Practice on the prevention and control of infections and related guidance.

The practice had a Legionella risk assessment carried out by a specialist company in 2015. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw that staff carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice monitored the immunisation status of each member of staff as part of the annual appraisal process.

Equipment and medicines

The practice's maintenance records showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor, X-ray equipment and portable electric appliances.

The practice did not provide patients with prescriptions but did keep antibiotics in stock to dispense direct. These were stored securely and the practice kept records of the name, batch number, expiry date and quantity of all medicines held. This information was then recorded when medicines were dispensed together with the names of the patients concerned. The practice had identified that they needed a written protocol for this and the practice manager was writing this. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the maintenance of the X-ray equipment was up to date. We could not see the required information to show that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building. This may have been because the equipment was in place before this requirement existed. However, the practice immediately sent their information to HSE to be sure and sent us confirmation the day after the inspection that the HSE had acknowledged this.

We saw the certificates confirming that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

The practice had records showing that the practice audited the technical quality grading of the X-rays taken by each dentist and that this was an ongoing process. The dental care records we saw showed that X-rays were justified, graded and reported on to help inform decisions about treatment.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

We saw examples of suitably detailed treatment plans for patients which reflected their dental needs. Patients were asked to complete an up to date medical history form when they first joined the practice and to update and sign this at the start of a course of treatment. The dentists confirmed that they checked whether there were any changes at each appointment. We saw that dental care records contained expected details of the dentists' assessments of patients' tooth and gum health, medical history and consent to treatment.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. One of the partners was in the process of updating and extending the range of information leaflets for patients. The dentists provided verbal advice and information to patients about oral health, stopping smoking and sensible alcohol consumption. A range of dental care products were available for patients to buy.

The area had a fluoridated mains water supply. The practice prescribed fluoride for patients when they assessed a need for this and had recently introduced fluoride applications for children.

Staffing

The practice encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. Staff received monthly one to one supervision and annual appraisals. We confirmed that staff were supported to complete the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). The practice paid staffs registration fees with the GDC and staff told us the partners also funded or part funded some of their training. Staff we spoke with confirmed they had completed safety related training such as basic life support and defibrillator training, fire safety and infection control. The practice had a structured induction process for new staff.

One of the dental nurses told us they had identified in their appraisal that they would like to complete some additional training to enable them to carry out some extended duties such as treatment co-ordination and oral health education. The practice manager confirmed this and said this would be progressed during 2016.

The practice manager was enrolled on a level five leadership and management course along with one of the existing dental nurses.

Working with other services

The dentists referred patients as needed to the dental hygienist employed at the practice and to external professionals if they needed complex treatment the practice did not offer. This included referrals for orthodontic treatment, dental implants and complex gum and root canal treatment.

The practice referred patients for investigations in respect of suspected cancer in line with NHS guidelines. One of the partners provided information to us about a structured policy and protocol they were writing for oral cancer referrals based on current guidelines.

We saw examples of structured NHS forms and private referral templates the practice used for referrals to other services.

Consent to care and treatment

The dentists understood the importance of obtaining and recording consent and giving patients the information they needed to make informed decisions about their treatment. One of the partners described how the practice provided patients with written treatment plans to help them make informed decisions and said they often suggested patients take these home to read before starting treatment.

The practice had a written policy and guidance for staff about the Mental Capacity Act 2005.The 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. The dentists understood the relevance of this legislation in

Are services effective?

(for example, treatment is effective)

dentistry. The dentists were also aware of and understood the legal framework they must follow when considering whether young people under the age of 16 may be able to make their own decisions about care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 14 completed Care Quality Commission comment cards. We also saw the results of the practice's quarterly in house patient surveys and entries by patients in the practice's comments book. The information from all these sources was consistently complimentary about the dentists and other members of the practice team. Many of the comments in the practice's comments book were written by children who said they didn't mind coming to the dentist because everyone at the practice treated them in a kind and understanding way. Satisfaction scores in the survey forms were mostly 10s which was the most positive option. There were a small number of forms with scores of nine but none lower than that.

We saw information from some patients who said they had extreme levels of fear about going to the dentist. They described their appreciation of the sensitivity and care shown towards them which had led to them being less fearful and anxious about receiving dental treatment.

The waiting room was partially separated from the reception area by a wall. This helped ensure that patients had privacy when speaking with receptionists. We saw that the reception computer screens were not visible to patients and that no personal information was left where another patient might see it.

Involvement in decisions about care and treatment

Many of the patients whose feedback we looked at confirmed that they received good information and guidance about their treatment options and that their dentists explained these clearly. Some families had used the practice's comment book to thank the team for the reassurance and care given to their children.

The dentists told us they used diagrams and language suited to the age and understanding of patients to help make sure they understood the treatment they needed or were about to receive.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 14 completed Care Quality Commission comment cards. We also saw the results of the practice's quarterly in house patient surveys and entries by patients in the practice's comments book. Many patients who provided us or the practice with feedback had been patients at the practice many years. One wrote that they were the practice's first patient in 1954. All the feedback we looked at reflected satisfaction with a service which met the needs of adults and children in a personalised way.

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room and took this into account when arranging appointment days and times.

There was information for patients in the waiting room. This included details of private charges and details of a dental payment scheme available to patients.

Tackling inequity and promoting equality

The practice had an equality and diversity policy.

Staff told us that they had very few patients who were not able to converse confidently in English. When needed they used an interpreting service to assist with communication. The practice had an induction hearing loop to assist patients who used hearing aids. Reception staff gave us an example of booking longer appointments to assist patients with communication difficulties.

The practice building was in a converted residential property which had been assessed in respect of access for patients with disabilities. The reception, main waiting room, an accessible patients' toilet and three treatment rooms were on the ground floor. Staff told us that they always arranged for patients with restricted mobility to be seen downstairs.

Access to the service

Patients who commented on this were positive about their experience of making routine and urgent appointments.

The practice was open Monday to Friday at the following times –

Monday to Thursday 8.30 am - 5pm

Friday 8.30 – 4pm

Reception staff confirmed that the length of each patient's appointments varied according to the type of treatment they needed. They explained that this was on patients' individual treatment plan which they were able to view on the computer system when making each appointment. They told us patients needing an urgent appointment were seen on the day they contacted the practice. Emergency appointments were reserved for each dentist from 12pm to 1pm each day.

Reception staff explained that the practice dentists provided on call cover up to 10pm every day of the week including weekends. They showed us the on call rota which they used to record a daily answerphone message with the telephone number for whichever dentist was on call. The telephone message also explained to patients that after 10pm they could access emergency NHS dental treatment by telephoning the NHS 111 number.

Concerns & complaints

The practice had a complaints policy and procedures and guidance from the British Dental Association. There was information for patients in the waiting room but not on the practice website. The information explained who to contact if patients had concerns and how the practice would deal with their complaint. Details of how they could complain to the Dental Complaints Service, which deals with complaints about private dental care, were included.

We looked at the records of complaints and saw the practice received two during 2015. The practice had followed their complaints procedure and responded to the patients promptly. In one case a refund and apology were given. The other related to the new partner running late when seeing patients. The practice identified that this was due to them getting to know patients for the first time and so adjusted the timings of their appointments while they became more familiar with the practice.

Are services well-led?

Our findings

Governance arrangements

The practice had a full time practice manager who supported the two partners in the day to day running of the practice. They had recently increased their working hours to ensure they had enough time to carry out their role effectively.

Monthly staff meetings were held and typed notes of these were provided so that staff had a record of what was discussed at each meeting. The staff meeting notes we looked at showed that a wide range of topics were covered each month but were not easy to refer to because they were not structured. We discussed the benefits of using set headings for groups of topics to make the notes more user friendly. The practice manager and partners agreed this would be helpful. In addition staff told us that they also had 'lunch and learn' sessions to provide practice based opportunities for shared learning.

The practice's statement of purpose described a desire to provide personalised care for each patient. The practice had a range of up to date policies and procedures based on guidance from the General Dental Council and the British Dental Association to support them in this.

The practice used regular audits to help them manage the practice and maintain the quality of the service they provided. We saw evidence that audits of infection prevention and control, hand hygiene, dental care records, radiography (X-rays) and dental appliances had all been completed in the last year.

Leadership, openness and transparency

Shrubbery Dental Practice had been a dental practice since 1954 and had passed through generations of the same family with dentists working there over many years. During 2014 there were significant changes when one dentist died and another joined as a partner. This had been a challenging time for the whole practice team because of the loss and the changes this brought about.

To support the team through this period the partners recognised that an external objective view of the practice would help them address these challenges in a positive way and asked a business consultant to work with the whole team. The partners gave the consultant open access to all the staff so that everyone could express their views.

The consultant had developed an action plan for the partners and practice manager to help them develop their leadership skills and approach to management. During the inspection the practice manager updated the action plan to provide us with confirmation of the progress the practice had made with this. The updated action plan showed that all of the identified actions had been acted upon and were completed, in hand or ongoing.

Members of the practice team we spoke with said they felt there had been positive developments at the practice and felt supported by the dentists and practice manager.

Management lead through learning and improvement

We found staff at the practice were positive about the future and enthusiastic about their work. Staff received training, monthly one to one supervision and annual appraisals. The monthly one to one sessions were introduced as part of the improvement action plan suggested by the external consultant. The practice also held monthly staff meetings.

We saw that during 2015 staff had completed a range training including oral cancer, infection prevention and control, dental record keeping and dental ethics. We saw evidence of future courses booked for information governance, complaints handling, dignity in care, appraisal and safeguarding.

The practice manager was enrolled on a level five diploma in management and leadership aimed specifically at managers in dental care settings along with one of the existing dental nurses.

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

The practice used a comments book and ongoing patient satisfaction surveys to help them monitor patient views about the service provided at Shrubbery Dental Practice. We looked at the comments book starting from October 2015 and saw survey results for July 2015 to January 2016. These showed high levels of patient satisfaction. The survey form included a section specifically asking for patients to suggest improvements but most had left this blank or made comments to the effect that the practice should stay as it is because no improvements were necessary. One person had commented that they would like the upstairs waiting room to be more welcoming. The

Are services well-led?

practice confirmed that this was in their programme of upgrading and would be redecorated during the summer of 2016. The positive feedback in the comments book and surveys echoed the complimentary descriptions of patients' experiences in the 14 completed CQC comment cards.

The practice had begun to carry out staff surveys and we saw these in staff folders. We learned that an improvement as a result of this was the provision of more suitable chairs in the waiting room for patients with limited mobility. The staff questionnaires reflected the work the partners and practice manager had begun to improve communication across the whole practice team. Another initiative was the introduction of monthly one to one supervision sessions for all staff. The practice also changed the position of the reception telephone because staff found the previous position led to them working in an uncomfortable position. Staff we spoke with felt they were listened to and were positive about the developments that were taking place.