

## Bovington Dental Centre

Sir Richard Hull Road, Bovington, Wareham, Dorset BH20 6PH

### Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by the practice and patient feedback about the service.

Are services safe?	<b>No action required</b>	✓
Are services effective?	<b>No action required</b>	✓
Are services caring?	<b>No action required</b>	✓
Are services responsive?	<b>No action required</b>	✓
Are services well led?	<b>No action required</b>	✓

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## Summary

### About this inspection

We carried out an announced comprehensive inspection of Bovington Dental Centre on 20 July 2023.

**As a result of the inspection we found the practice was safe, effective, caring, responsive and well-led in accordance with the Care Quality Commission's (CQC) inspection framework.**

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

### Background to this practice

Located in Wareham, Bovington Dental Centre is a 2-chair practice providing a routine, preventative and emergency dental service to a military population of approximately 962 service personnel.

The Dental Centre is open Monday to Friday with clinical hours 08:00 to 12:30 and 13:30 to 16:30 and Friday 08:00 to 12:30pm. Lunchtime appointments are available on request. Out-of-hours (OOH) arrangements are in place through a duty dental officer who is contactable 24 hours a day and 7 days a week. This duty rotates around the Southwest Region Dental Officers and military/civilian nurses.

### The staff team comprises.

Senior Dental Officer	1
Dental nurse	1
Practice Manager	1
Hygienist	1 (2 days)

## **Our Inspection Team**

This inspection was undertaken by a CQC inspector and a dentist. In addition, a new specialist advisor shadowed this inspection.

## **How we carried out this inspection**

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the Senior Dental Officer, practice manager, dental nurse and the hygienist. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We checked the building, equipment and facilities. We also reviewed patient feedback about the practice.

### **At this inspection we found:**

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment. Staff took care to protect patient privacy and personal information.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Local systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults.
- Appraisals and required training for staff were up-to-date, and staff were supported with continuing professional development.
- Clinicians provided care and treatment in line with current guidelines. An audit calendar was in place.
- Leadership at the practice was inclusive and effective. The team worked well together and staff views about how to develop the service were considered.
- An effective system was in place for the management of complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.
- Staff worked in accordance with national practice guidelines for the decontamination of dental instruments.

### **The Chief Inspector recommends to the practice:**

- Ensure prescriptions are recorded and logged.
- Review the arrangements for isolating power to the X-ray unit.

- Ensure arrangements are put in place to secure sight of the cleaning contract and monitoring against this contract should then be embedded.

**The Chief Inspector recommends to DPHC:**

- The regional team keeps staffing levels and additional staff roles under review to ensure there is clinical resilience in the system.
- Ensure that the dental centre team has a formal deep clean provided.

**Mr Robert Middlefell BDS**

**National Professional Advisor for Dentistry and Oral Health**

## Our Findings

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### Are Services Safe?

#### Reporting, learning and improvement from incidents

All staff had a log-in to the Automated Significant Event Reporting (ASER) DMS-wide system to report a significant event (SE). Evidence of individual training was seen. Duty of Candour training had also been completed. Minutes confirmed SEs were a standing agenda item at practice meetings. Staff were aware of when and how to report incidents in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. We saw a recent example where an ASER had been raised following notes not being saved due to a glitch on the clinical system (DMICP).

Staff accidents were reported via the Defence Unified Reporting and Lessons System (referred to as DURALS).

A process was in place to monitor and share with the staff team national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System (CAS). The practice manager was registered to receive alerts directly from the CAS website. In addition, alerts were received through the regional 'Direction and Guidance' bulletin and were printed and added to the staff file. Alerts were also discussed at the practice meetings.

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

The safeguarding lead was the Senior Dental Officer (SDO). All members of the staff team had completed safeguarding training at a level appropriate to their role. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their age or circumstances. The dental centre had good links with the Dorchester safeguarding team.

A notice board contained up-to-date safeguarding policies and the contact details for reporting a safeguarding concern. Six patients under the age of 18 were registered with the dental centre at the time of the inspection. The practice manager attended the quarterly unit health committee meetings and if appropriate would be made aware of any vulnerable patients.

The dentist was always supported by a dental nurse when assessing and treating patients. Every room within the dental centre had a portable alarm to call for help if required in an emergency and they were tested regularly.

Staff were aware of how to raise concerns through whistleblowing processes. Whistleblowing and Freedom to Speak Up information was displayed.

The dentist routinely used rubber dams in line with guidance from the British Endodontic Society. Floss ligatures (to secure the dam clamp) were used with the support of the

dental nurse. Rubber dam usage was mandated for endodontics (root canal treatment) and used for all restorations where it could be placed.

The business continuity plan (BCP) was reviewed in June 2023. The plan included staff shortages, loss of power, adverse weather conditions and loss of compressed air. Example of its use was during COVID-19 when refurbishment delays meant the main department could not be used. A temporary dental facility was set up in an appropriate room within the medical centre to provide a dental service.

A lone working risk assessment for the practice was in place. The policy was displayed and accessible. Lone working was rare and usually only happened when the dental nurse was cleaning (they were also the contracted cleaner). A 'last person out' log was used to confirm department security and the person lone working informed the guardroom on leaving the department and also informed the SDO or practice manager by text message.

### Medical emergencies

All staff were aware of medical emergency procedures and knew where to find medical oxygen, emergency drugs and equipment. The team completed basic life support, cardiopulmonary resuscitation and automated external defibrillator (AED) training annually. An AED was available in the dental centre. Formal training that used simulated emergency scenarios had been undertaken in May 2023 and also informal training through discussion was held routinely.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. Clinical staff were aware of the signs of sepsis and had completed training. We saw sepsis management protocols were located in and around the dental centre. Patients were made aware of what to do if their condition deteriorated, the SDO followed up with a telephone call to ensure the patient was recovering well following more complex/urgent procedures. Patients on antibiotics were reviewed after 3 days. The SDO ensured patients were aware of how to call the out of hours duty dentist and what to do should they deteriorate outside of the dental centre's opening hours.

### Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed in line with organisational policy.

Managed by the regional headquarters, with oversight by the practice manager, the registration status of staff with the General Dental Council, their indemnity cover and vaccination status was monitored.

### Monitoring health & safety and responding to risks

The practice manager had funding approval and had enrolled on the next course for the Institute of Safety and Health training (referred to as IOSH) and this would be completed by August 2023. They were the lead for safety, health, environment and fire (referred to as SHEF). Health and safety information was displayed at the practice, including the named health and safety representative for the camp.

Measures in place to minimise of spread of COVID-19 SOP included a risk assessment updated in August 2022 and practice protocol (January 2023) based on the DPHC COVID-19 standard operating procedure. Information about COVID-19 was displayed around the dental centre including the COVID-19 pathway. Hand sanitiser was provided throughout the building and the practice had procured a large stock of personal protective equipment. The respiratory pathway was followed for patients who presented with a cold.

The unit responsible for health and safety carried out an annual risk assessment. The 5-yearly fire risk assessment was undertaken in May 2019. The fire system was checked each week. A fire marshal was identified for the building. The staff team were up-to-date with fire training and a fire evacuation drill was conducted in July 2023.

Control of Substances Hazardous to Health (COSHH) risk assessments and data sheets were available in paper and electronic formats. The risk assessments were reviewed annually or if there was a change of product. They were last reviewed in July 2023. COSHH products were stored securely.

A legionella risk assessment for the building had been undertaken in January 2022. Clinical staff described the process for the flushing of dental unit water lines (DUWL) in accordance with the local legionella risk assessment. The sentinel water outlets (nearest and furthest outlets from hot and cold-water tanks) were checked each month by the property management team.

The practice followed relevant safety laws when using needles and other sharp dental items. Sharps boxes were labelled, dated and used appropriately. The local risk assessment and protocol for the management of sharps and needle stick injuries was displayed in clinical areas. All staff had received training in the management of sharps.

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. The risk register was a standing agenda item at the practice meetings. The main issues identified were low staffing numbers, issues with the Reverse Osmosis machine and poor ventilation.

The dental centre was located on the first floor above the medical centre and had no lift to support patients with limited mobility. Regional headquarters had engaged with the project team to include the dental centre in any planned primary healthcare facility re-provision. The building had major climate control issues due to steam heating mains underlying the building. There were plans in place for a possible new build of the dental and medical centre in 5-7 years' time.

### **Infection control**

The dentist was the lead for infection control and was currently undertaking the specific training for this role. The local IPC policy took account of the Health Technical



Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. The staff team was up-to-date with IPC training. IPC audits were undertaken twice a year, the last being completed in July 2023.

Decontamination of dental instruments took place in the Central Sterile Services Department (CSSD). Sterilisation was undertaken in accordance with HTM 01-05. Validation checks were in place to monitor that the ultrasonic baths and autoclaves were working correctly. Records of temperature checks and solution changes were maintained. Instruments and materials were routinely checked by staff: we saw that the sterilisation use-by-date was in place and we did not note any out-of-date items.

Within the CSSD, ventilation was provided by an extraction ventilation system and an opening window, this window was not tinted nor screened making the room very hot. Also, the surgeries did not have full window screening or tint meaning that full sunlight coming through made the rooms very hot and sometimes made glare a problem for the clinicians. Following the inspection we were told this was going to be completed within 2 weeks.

The premises was cleaned in the morning and throughout the day by a member of the dental team that was also contracted by the cleaning agency, the dental centre was visibly clean throughout. We were unable to see a copy of the current environmental cleaning contract, from the outside agency. A colour coded table for the cleaning requirements was located inside the cleaning cupboard and we saw colour coded disposable mop heads were used. However, areas were not colour coded to describe what level of cleaning was required, following the inspection these were put in place. Currently the practice manager was unable to monitor against the standards required, instead they monitored day to day standards as best they could. There were no arrangements in place for formal deep cleaning.

Two clinical waste contracts were in place that covered gypsum, amalgam, teeth and sharps. The locked and secured clinical waste bin shared with the medical centre was located outside the building. The dental centre maintained its own clinical waste log and all entries in the log were accurate. Waste transfer notes matched with those of the medical centre and copies of consignment notes were retained. The clinical waste company collected waste when required so there was the option of increased uplifts if needed. A pre acceptance audit was completed in April 2023.

### **Equipment and medicines**

An equipment care policy was in place and displayed on the equipment care board. An equipment log was maintained to keep a track of when equipment was due to be serviced. The compressor, steriliser, ultrasonic bath and X-ray equipment were in-date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. Routine portable appliance testing was undertaken and was last done in May 2023. A faults log was in place to track the reporting and management of faulty equipment. Packaged instruments were signed and dated. All equipment held at the practice was latex free.

A system was in place for the management of stock and one of the nurses took the lead for ensuring there was adequate stock. Surplus items and instrument packs were kept securely.

Serialised prescription pads were stored securely but we noted there was no log of prescriptions issued. Medicines were stored securely. Medicines requiring cold storage were kept in a fridge. The temperature of the fridge was checked twice daily in accordance with organisational guidance. Antibiotic usage was monitored and an audit completed annually. From the last audit the SDO had modified their prescribing in line with current guidance (from 7 reduced to 5 days with a review after 3 days).

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

The practice had arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor were identified for the practice. Signed and dated Local Rules were available in the surgery along with safety procedures for radiography and the Health and Safety Executive notification.

Evidence was in place to show equipment was maintained in accordance with manufacturer's instructions. However, we noted there was no separate X-ray isolation switch. Power to the unit was isolated by the main switch located inside the surgery. Its position was not suitable to minimise risk, in the event of a malfunction of the X-ray unit it would require a staff member to enter the controlled zone while the X-ray unit was potentially emitting radiation.

The dental nurse was qualified to safely take intra-oral and extra-oral radiographs of patients. These skills enhanced the service to patients. Radiology audits were undertaken every 6 months, the next being due in October 2023. The dentist reviewed each digital image and provided justification, quality assurance grading and an outcome in the patient's clinical records. Staff requiring Ionising Radiation Medical Exposure Regulations (referred to as IR(ME)R) training had received relevant updates.

## Are Services Effective?

### Monitoring and improving outcomes for patients

The treatment needs of patients were assessed in line with recognised guidance, such as NICE and Scottish Intercollegiate Guidelines Network (SIGN) guidelines. The dentist followed the guidance from the British Periodontal Society regarding periodontal staging and grading; basic periodontal examination - assessment of the gums and caries (tooth decay). They also referenced appropriate guidance in relation to the management of wisdom teeth, considering operational need.

We looked at 5 patients' dental records to corroborate our findings. The records were comprehensive and included 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 and showed that treatment options were discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. Records confirmed patients were recalled in a safe and timely way.

The Senior Dental Officer (SDO) had good knowledge of their patients and of their deployment status. They adjusted recalls and reviewed in line with risk and the deployment of personnel. Downgrading of personal was discussed in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO. The key performance indicator for category 1 patients was 70% (category 1 are those patients dentally fit to deploy with minimum risk of dental morbidity for 12 months).

Bovington was an extremely busy practice with a high throughput of recruits and the SDO provided a full range of practice including complex tooth extractions.

### Health promotion and prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. The hygienist was the lead on health education campaigns and had a holistic approach to managing their patients with prevention at the heart of their approach and targeted toward self-maintenance by the patient. A full range of treatment and prevention rationale was used.

The dentist carried out the periodontal work in line with the 'Delivering Better Oral Health toolkit'. In accordance with recent Defence Primary Healthcare (DPHC) guidance to drive oral health promotion, patients were asked at their appointment about dietary habits, smoking and alcohol use and a brief intervention was given. Our review of dental records confirmed this. The application of fluoride varnish and the use of fissure sealants were options considered if clinically necessary. Equally, high concentration fluoride toothpaste was recommended to some patients. We saw display boards and information for patients. A range of oral health promotion leaflets was available for patients in the waiting area. Health fairs were supported by attendance from members of the team. We saw feedback from several patients who had complimented the staff at the dental centre on the care and support given to them especially in improving and educating them on their own dental hygiene routine.

Access to the 'My Healthcare Hub' was available via the Defence Gateway Portal on the practice leaflet. The site provided information about Defence Primary Healthcare covering medical, dental, mental, rehabilitation (physio) and occupational healthcare services. Guidance was available on the site in regard to current dental service delivery and the locations of military dental centres throughout the UK and Overseas. The site also answered some frequently asked questions and offered some self-help if patients experiencing dental problems.

### Staffing

An induction programme was in place. We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this, we confirmed that all staff had undertaken training they were required to complete.

The system showed clinical staff were undertaking the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Staff were aware of the GDC requirements to complete CPD over a 5-year cycle and said they felt supported and were given the opportunity to do so.

Staff worked hard to provide good care for the patients at Bovington Dental Centre. This was sometimes hindered by a lack of staff. The practice manager covered reception as there were no administrative staff. There was only 1 dental nurse instead of the ratio of 1.5 per dentist as outlined in JSP 950 (Primary Dental Care).

### Working with other services

The SDO advised us that referral support was efficient and timely. For restorative, periodontal, orthodontics and endodontics, a formal referral was made through the Defence Centre for Rehabilitative Dentistry.

Staff were aware of the referral protocol in place for suspected oral cancer under the national 2-week wait arrangements. This was initiated in 2005 by NICE to help make sure patients were seen quickly by a specialist. There was a practice referral log, which was used to track referrals. This was checked regularly to ensure urgent referrals were dealt with promptly and other referrals were progressing in a timely way.

### Consent to care and treatment

Patients were given information about treatment options and the risks and benefits of these so they could make informed decisions. The patient records we reviewed indicated reference to consent was always made, including the taking of verbal consent when undertaking a periodic dental inspection. For more complex procedures, full written consent was obtained.

Clinical staff had received training of the Mental Capacity Act (2005) and how it applied to their patient population. They received regular refresher training and had good awareness of the subject.

## Are Services Caring?

### Respect, dignity, compassion and empathy

All sources of feedback indicated staff treated patients with kindness, respect and compassion. All 45 comments cards that we received from patients at the inspection included comments about how kind and considerate staff were.

For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, provided longer appointments and time to discuss treatment and invite any questions. Several patients' feedback we read said how the staff had helped them overcome their anxiety.

Access to a translation service was available for patients who did not have English as their first language. A periodontal information leaflet had been translated into Nepalese and this had proved a useful resource in helping patients understand their oral health. Where required, personnel were provided with an escort/interpreter when they attended the dental centre.

### Involvement in decisions about care and treatment

All sources of patient feedback suggested the clinicians provided clear information to support patients with making informed decisions about treatment choices. This included verbal explanations and printed information. Clinicians talked through treatment options with patients and checked for their understanding. The dental records we looked at confirmed patients were involved in decision making about the treatment choices available.

## Are Services Responsive?

### Responding to and meeting patients' needs

The Senior Dental Officer (SDO) followed appropriate guidance in relation to recall intervals between oral health reviews; typically, they set the recall interval at 6-18 months and adapted this for high-risk patients where required. They also aligned recall intervals dependant on patient's deployment status. Periodontal patient recalls were aligned to clinical assessments at 3-6 months dependent on risk.

The nurse liaised closely with the camp points of contact to ensure they had advanced notice of upcoming in takes and used this information for block booking for Periodontal Dental Inspections to ensure care was programmed to maximise dental fitness.

Patients could make routine appointments between their recall periods if they had any concerns about their oral health. At the time of the inspection, the waiting time for a periodic dental inspection or check-up appointment was 5-6 weeks.

### Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in October 2022. The dental centre was located on the first floor above the medical centre and had no lift to support patients with limited mobility. If patients had limited mobility they were able to go to another dental centre nearby with better access.

### Access to the service

The opening hours of the dental centre were displayed in the premises, recorded on the answer phone message and available in the practice leaflet. On the day appointment slots were available to see patients with urgent needs.

Information about the service, including opening hours and access to an emergency out-of-hours (OOH) service, was displayed in the practice and on the practice leaflet. OOH provision was provided through a duty dental officer who was contactable 24 hours a day and 7 days a week. This duty rotated around the Southwest Region Dental Officers and military/civilian nurses.

### Concerns and complaints

The SDO was the lead for complaints. Complaints were managed in accordance with the Defence Primary healthcare complaints policy. Complaints training was facilitated at 6 monthly intervals by the SDO and was recorded in the staff training log. A process was in place for managing complaints, including a complaints register for written and verbal complaints. Complaints were a standing agenda item at the practice meetings. There were no outstanding complaints at the time of the inspection.

Patients were made aware of the complaints process through the practice information leaflet and information in the waiting area.

## Are Services Well Led?

### Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The practice manager had the delegated responsibility for the day-to-day administration of the service. The staff team were a committed and hardworking team. The SDO shouldered a lot of responsibility and went above and beyond to ensure they provided support and appropriate down time as required to look after the staff team. This was rewarded by a hard-working team who were clearly committed to providing the best possible holistic care to their patients and to fully support each other.

Staff were clear about current lines of accountability and secondary roles. They knew who they should approach if they had an issue that needed resolving. The SDO had overall responsibility for the management of risks for the service. These risks were fed into the regional risk register and in turn then from the regional headquarters to Defence Primary Healthcare (DPHC) headquarters. The risk register as well as the business continuity plan were seen at the visit and confirmed to be thorough. They were monitored on a regular basis for updates/compliance and changes.

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were local dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they referred to them throughout the inspection. The General Dental Council standards were displayed in the practice.

Internal and regional processes were established to monitor service performance. An Internal Assurance visit was undertaken in September 2022 and the dental centre was rated with 'substantial assurance'.

The regional Governance, Performance, Assurance and Quality (GPAQ) dashboard was used to monitor significant events. The practice used the internal quality assurance tool, the electronic Health Assurance Framework, to monitor safety and performance. A management action plan was in place and updated as actions were completed.

Dental targets were monitored and discussed at the practice meetings. A monthly governance return was completed for the regional team which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

Staff we spoke with were clear that their remit was to support patients to benefit from the best possible healthcare outcomes which, in turn, supported operational capability. This included a preventative approach which involved proactive health promotion support and lifestyle advice.

The dental centre had forged close links with all the units it supported and tailored the service to their specific needs to support rapid deployments. The practice was co-located with the medical centre and staff had a good working relationship.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had a

login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. A reporting system was in place should a confidentiality breach occur. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles to protect confidential patient information.

### **Leadership, openness and transparency**

Staff told us the team worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement. All staff told us they were well supported and felt valued.

### **Learning and improvement**

Quality improvement activity (QIA), including audit, was used to promote learning and continuous development. The range of QIA included environmental, equipment and inventory checks. Regular audits included infection prevention and control (IPC), yearly antibiotic audits and radiology, and records audits.

The SDO attended regular meetings with their peers within the region so that they could discuss any new guidance and discuss more complex cases. They also had frequent, informal discussions with other dental colleagues at regional meetings.

Staff received mid and end of year annual appraisals and these were up-to-date.

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

Options were in place for patients to leave feedback about the service including links to a Quick Reference (QR) code to access the patient experience survey and a suggestions/compliments box in the waiting area. The GPAQ dashboard was used to monitor patient feedback.

Staff had the option to complete the organisational feedback surveys. In addition, staff could provide feedback at practice meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.