

Chris Edmonds & Associates Limited

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Inspection Report

3-9 Front Street
Sedgefield
Stockton On Tees
TS213AT

Tel:01740621040

Website: www.sedgefelddentalpractice.com

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Overall summary

We carried out an announced comprehensive inspection on 24 January 2017 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

Established in 2006, Chris Edmonds and associates provides private treatment to all patients. The entrance is located on the ground floor and the remainder of the practice is on the first floor. There are two treatment rooms (one of which is used as a dedicated decontamination room for sterilising dental instruments), a reception, a segregated waiting area, a staff room and general office. Car parking is available on the side-streets near the practice. Access for wheelchair users or pushchairs is not possible due to building restrictions. A stair-lift is available for aiding people up and down the stairs.

The practice is open:

Monday & Tuesday 0900-2000

Wednesday 0900-1700

Thursday & Friday 0815am-1715

Summary of findings

The dental team is comprised of the principal dentist who is also the registered manager, a practice manager and three dental nurses/receptionists.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 14 CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they found staff to be very caring and felt they were treated in a clean and tidy environment. They also mentioned the overall atmosphere within the practice was very relaxed which put patients at ease.

Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- Staff were very friendly, caring and enthusiastic.
- An Infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and positive manner.

- Staff received annual medical emergency training.
- Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- The principal dentist received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and distributed these amongst all staff within the practice.
- The practice was involved in promoting oral health at various schools and /or venues throughout the region.
- Risk assessments of materials within the practice were not carried out in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

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

- Review the practice responsibilities in regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 to ensure all documentation is present and up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

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.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions. We saw the practice was not carrying out regular tests on the spare steriliser.

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The dentist told us they did not routinely use rubber dam for root canal treatment as per the guidelines issued by the British Endodontic Society.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

The registered provider received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were distributed amongst all staff within the practice.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice. We found the practice's Control of Substances Hazardous to Health (COSHH) file did not contain risk assessments for all the materials held within the practice.

No
action


Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No
action


Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 14 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

No
action


Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Dental care records were kept securely in locked cabinets and computers were password protected.

Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services when required and the practice provided aids for different disabilities; a stair-lift was installed, hand rails were present on both sides of the staircase and glasses of varying prescription were available.

**No
action**


Are services well-led?

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

We found there were strong support systems in place to ensure the smooth running of the practice.

The principal dentist and practice manager were on-site every day of the week and there were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings, satisfaction surveys and informal discussions.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement and shared with patients through a bi-annual newsletter.

**No
action**


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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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 24 January 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team and Healthwatch County Durham that we were inspecting the practice; we received no information of concern from them.

During the inspection we spoke with the principal dentist, the practice manager and two dental nurses/receptionists.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were four incidents and one accident recorded by the practice within the last 12 months. We reviewed the records and found they were suitably detailed with an explanation of what occurred, when and what measures took place. Staff meetings took place every month where these accidents or incidents were discussed so as to enable staff learning. We saw evidence of this in minutes from these meetings.

The practice manager and principal dentist showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. These were distributed to other staff members promptly and discussed in staff meetings where appropriate.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment which was reviewed in August 2016. Traditional needles and syringes were used by the dentist together with safety measures. This risk assessment was updated annually to ensure any new updates or equipment was added.

Staff advised us of their local policy on occupational health assistance.

The dentist told us they did not routinely use a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the

mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We made the dentist aware of the importance of using rubber dam in line with the advice from the British Endodontic Society.

We reviewed the practice's policy for adult and child safeguarding; contact details of the child and vulnerable adult safeguarding teams were clearly detailed in the policy and flowcharts were available for reference. Staff were aware of their practice protocol and were confident to respond to issues should they arise. The principal dentist and practice manager both were safeguarding leads and training records showed staff had undergone level one or two training as appropriate.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns with the principal dentist or practice manager about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry May 2017).

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept and a weekly check was implemented to check stock and expiry dates.

We checked the emergency medicines and found they were of the recommended type and were all in date. We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked daily or weekly.

Are services safe?

This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We found the Glucagon injection was kept in the fridge as per manufacturer's guidance and the temperature was monitored daily. Staff had not recognised the temperature had gone above the required maximum on the rare occasion. We spoke with the practice manager and principal dentist of the need to ensure the temperature remains within the range advised.

Staff recruitment

We reviewed the staff recruitment files for four members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the practice risk assessment, health and safety risk assessment and fire risk assessment. These were carried out in accordance with the relevant legislation and guidance.

We found the Control of Substances Hazardous to Health (COSHH) file contained all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) and lacked actual risk assessments as required by the Health and Safety Executive. The practice manager assured us this would be rectified.

We saw annual maintenance certificates of firefighting equipment including the current certificate from December 2016. Six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures. We saw logs to confirm regular testing of the fire alarms and emergency lights took place. The practice had clear signs to show where evacuation points and fire exits were.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the main steriliser was in working order.

We noticed the practice was not carrying out regular tests on the spare steriliser; this equipment was only to be used in the event of a fault with the main steriliser and staff had not recognised the need to carry out checks regardless. We brought this to the attention of the principal dentist and they ensured us they would implement these tests immediately.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in October 2010. We saw measures such as temperature recording were implemented and documented.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site.

Are services safe?

Waste consignment notices were available for the inspection and this confirmed that all types of waste, including sharps and gypsum were collected on a regular basis.

The practice employed a cleaner to carry out environmental cleaning. The dental nurses also regularly cleaned the practice. We observed different coloured cleaning equipment was available for use in accordance with HTM 01-05 guidance.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment, compressor and X-ray machines in May 2016 and Portable Appliance Testing (PAT) in November 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

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

The practice kept a thorough radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, the local rules and maintenance certificates.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice manager and principal dentist showed us the practice was undertaking regular analysis of their X-ray through a regular audit cycle. We saw audit results from 2015 to 2016 were in line with the National Radiological Protection Board (NRPB) guidance. The principal dentist worked closely with all staff members to ensure the audit process evolved in each cycle to ensure ease of use and full disclosure of results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The principal dentist was not aware of the recent guidance from the British Society of Periodontology with regards to full periodontal charting. They assured us they would look into and implement this immediately.

Patients were advised of the findings and any possible treatment required.

The dentists told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

Dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines. We found evidence to suggest the practice had systems in place that were equal to what was recommended in the FDGP guidance.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention.

The practice regularly provided oral health and dietary advice to local schools and was involved in community projects to promote prevention.

Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion. The waiting area had a television displaying oral health and dentally relevant information for patients.

Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was also confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

The principal dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a

Are services effective?

(for example, treatment is effective)

patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

Staff were clear on the principles of the Mental Capacity Act 2005 (MCA) and the concept of Gillick competence.

The MCA is designed to protect and empower individuals

who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 14 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to the practice manager's office to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept securely in locked cabinets behind reception and computers were password protected. Computers were backed up and passwords changed regularly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area and on the practice website.

We spoke with staff about how they implemented the principles of informed consent; we looked at dental care records with clinicians who confirmed this was being sought and documented appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had carried out their own disability access audit in 2007 and reviewed this annually. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. The building could not be altered (due to regulatory restrictions) in order to accommodate disability aids, such as a ramp or ground floor surgeries for those with wheelchairs or pushchairs. A stair-lift was installed to aid people where required. Staff have access to a translation service where required and the staircase had handrails on both sides for support. Large

print leaflets and glasses were available for those with reduced vision. The practice manager showed us their future improvement plan which included installing a hearing induction loop.

Access to the service

Opening times were displayed in their premises and in the practice information leaflet.

Patients commented they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed. The principal dentist also provided their mobile phone number for patients to make contact in the event of an out-of-hours emergency.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed as recommended by the GDC.

Information for patients was available on the practice website. This included how to make a complaint, how complaints would be dealt with and the time frames for responses. We found the complaints policy was not displayed on-site and we referred the principal dentist to the GDC guidance on this.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received two verbal complaints in the last 12 months. We saw records that showed the complaint had been effectively managed and also shared with the whole practice to enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review on an annual basis and updates shared with staff to support the safe running of the service.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

We looked at the practice risk assessment, health and safety risk assessment and fire risk assessment. Each was in accordance with the relevant legislation and guidance. The practice's COSHH file did not contain risk assessments for materials within the practice and we were assured this would be rectified.

The practice had dedicated leads and various policies to assist in the smooth running of the practice.

Leadership, openness and transparency

The leadership was provided by the principal dentist and the practice manager. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware the legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

Regular staff meetings were scheduled each month. We saw minutes of meetings from the last 12 months were typed up and reflected a range of subjects being discussed.

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out by various members of staff. Topics included patient feedback, radiography, infection prevention and control and record keeping audits. We saw audits were carried out very thoroughly with results and action plans detailed.

Improvement in staff performance was monitored by appraisals every two years. Appraisal templates were currently being modified with a view to carry out annual appraisals for all staff.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online or through surveys. The patient survey was very in-depth and we saw evidence of how the results were analysed and displayed in their bi-annual newsletter.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager.