

## Oasis Dental Care Limited

# Oasis Dental Care - Askern

## Inspection Report

1A Market Place

Askern

Doncaster

DN6 0HY

Tel: 01302 700792

Website: [www.oasisdentalcare.co.uk](http://www.oasisdentalcare.co.uk)

Date of inspection visit: 15 November 2016

Date of publication: 29/12/2016

## Overall summary

We carried out an announced comprehensive inspection on 15 November 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**

Oasis Dental Practice is situated in Askern, Doncaster. The practice offers NHS and private dental treatments.

The practice comprises of four first floor dental treatment rooms, a decontamination room, a waiting and reception area with practice manager office, staff kitchen area, staff and patient toilets.

There are three full time dentists, a full time dental hygiene therapist, a practice manager and a practice co-ordinator, four dental nurses, one trainee dental nurse, two receptionists and a domestic cleaner. The regional health and safety compliance co-ordinator was also present for the inspection.

The practice is open between 8:00am and 8:00pm Monday to Friday, Saturday 9:00am – 1:00pm. opening hours vary throughout the week.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission 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.

On the day of inspection we received 22 CQC comment cards providing feedback. Patients who provided feedback were very positive about the care and attention to treatment they received at the practice. Comments

# Summary of findings

included that patients felt they were involved in all aspects of their care and found the staff to be very pleasant and helpful, the practice had a happy environment; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

## **Our key findings were:**

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice was visibly clean and uncluttered.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice and staff felt supported at all levels.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies.

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We saw corresponding processes and systems in place.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession via the Oasis support centre.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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.

We reviewed the legionella risk assessment from May 2016. Evidence of regular water testing was being carried out in accordance with the assessment.

No action



### Are services effective?

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated. .

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

No action



### Are services caring?

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

No action



# Summary of findings

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 22 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Electronic dental care records were kept securely and paper records were kept locked cabinets behind the reception desk and computers were password protected.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients

## **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 emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. The next available routine appointment was the next day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Patients had access to an interpreter service.

**No action**



## **Are services well-led?**

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

There was a clearly defined management structure and team ethos in place and all staff felt very supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous detailed improvement and learning system.

The practice conducted patient satisfaction surveys; there was also a comments box in the waiting room for patients to make suggestions to the practice.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held staff meetings weekly and monthly, which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

**No action**



# Oasis Dental Care - Askern

## 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 was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with the registered manager, the practice co-ordinator, the regional health and safety compliance co-ordinator, three dentists, four dental

nurses, two receptionists and four patients. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The practice manager told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession: alerts are received from the regional support centre. We saw evidence to support that alerts had been received and actioned accordingly throughout the practice.

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

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The practice manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff gave good examples of their understanding and demonstrated their awareness of the signs and symptoms of abuse and neglect. They and were also aware of the procedures they needed to follow to address safeguarding concerns.

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system was

not in use but a thorough risk assessment was seen to mitigate risk of sharps injury. We were told that the clinicians were responsible for handling local anaesthetic syringes.

The dentists told us that rubber dam was routinely used when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy dated May 2016 which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. The staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

### Medical emergencies

The practice had good procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were very knowledgeable about what to do in a medical emergency and had completed external training in emergency resuscitation and basic life support and a separate first aid at work course within the last 12 months. The practice also carried out in-house scenario based emergency simulations quarterly to remain current with emergency procedures.

The emergency medicines, emergency resuscitation kit and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out on the emergency medicines and medical oxygen cylinder. These

# Are services safe?

checks ensured the oxygen cylinder was sufficiently full and in good working order, we saw the oxygen cylinder was serviced on an annual basis. The AED was charged and checked daily.

## **Staff recruitment**

The practice had a comprehensive recruitment policy and associated checks in place. The checks included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the two most recent staff members' recruitment files which confirmed the processes had been followed. All personal information was stored securely.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

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

The practice had undertaken a number of risk assessments, due for review December 2016 to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice also had a current Health and Safety policy, seen by all staff.

The practice had maintained a comprehensive Control of Substances Hazardous to Health (COSHH) folder which was due for review December 2016; COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. Risk assessments and safety data sheets were present and the file was seen by all staff.

We noted there had been a fire risk assessment completed in November 2016. We saw as part of the checks by the team the smoke detectors were tested weekly and the fire extinguishers were checked weekly and serviced annually.

There was evidence that fire drills were undertaken bi-annually. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients. All staff had undertaken fire marshal training in 2016.

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

## **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control. We also saw the appropriate daily and weekly tests were being carried out by the dental nurses to ensure the autoclaves were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in May 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed good results and an action plan was in place.

We inspected the decontamination and treatment room. The rooms were very 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.

Records showed the practice had completed a Legionella risk assessment in May 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session

# Are services safe?

and between patients, monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste outside in a secure container. An appropriate contractor was used to remove the waste from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps, amalgam and gypsum was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the National Patient Safety Agency guidance. In-house monitoring of practice cleanliness was carried out. We saw a lone working policy was also in place.

## Equipment and medicines

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

The practice had a protocol for logging prescription pads given to patients and implemented an audit to ensure systems are in place to monitor and track their use.

We saw evidence of servicing certificates for sterilisation equipment, the X-ray machines and Portable Appliance Testing (PAT). (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.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

Intra-oral X-ray audits were carried out by the practice bi-annually, we saw evidence of the most recent X-ray audit which was clinician specific, graded and analysed for improvement. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw patient dental care records were audited annually to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audit had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the dental hygiene therapist for a more detailed treatment plan and advice.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were dental information posters and health promotion leaflets available in the waiting room to support patients.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had very good access to on-going training to support and advance their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had mid-year and annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal and probationary appraisal documents. Staff also felt they could approach the practice manager at any time to discuss continuing training and development as the need arose.

### Working with other services

The dentists 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. We saw the patient referral tracker system which was used to monitor the progress of all referrals.

Referral details included patient identification, medical history, reason for referral and X-rays if relevant.

# Are services effective?

(for example, treatment is effective)

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 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 the patient's record. Any treatment option declined would also be recorded. 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.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Feedback from patients was very positive and they commented they were treated with patient centred care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The waiting room and reception were within close proximity and staff told us that privacy was not always easy to maintain. An alternative area would be offered if a patient wished to speak privately.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet in accordance with the Data Protection Act.

We saw the 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

A practice information folder giving details of policies and procedures and a selection of magazines and dental leaflets were in the waiting room for patients to read.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients told us they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's professional and informative website provided patients with information about the range of treatments which were available at the practice, after care and symptom advice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet which included opening times and the practice complaints procedure. Access to emergency care and staff details could be found on the practice website.

### Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Patients who found the first floor practice difficult to access would be signposted to an alternative practice.

### Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet, practice website and on the NHS Choices website.

The opening hours are:

8:00am - 8:00pm Monday to Thursday

8:00am - 5:00pm Friday

9:00am - 1:00pm Saturday

Where treatment was urgent staff told us they were trained to triage emergency patients to offer a same day appointment. The practice would always aim to see emergency patients the same day so that no patient was turned away. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included who was the lead complaints manager, how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We looked at the practice policy and procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response.

The practice had received one complaint in the last 12 months; we saw an end to end process with appropriate response times.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a comprehensive range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. All policies were seen by staff.

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. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of the policies and their roles and responsibilities within the practice.

There was an effective management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held staff meetings involving all available staff members on a weekly and monthly timetable. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. We saw that staff read and signed all meeting minutes.

All staff were aware of whom to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

### Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays, Health and Safety and infection prevention and control. In addition the practice conducted regular prescription pad and clinical concerns audits.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the GDC.

All staff had mid-year and annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had a large, very dedicated team. There was a strong emphasis on team work, staff told us and we saw they were very happy in their role.

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment card feedback form in the waiting room, feedback is also gathered by using an internet survey. The satisfaction surveys included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

Patients were encouraged to provide feedback on a regular basis either verbally or using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.