

IDH Limited

Buckshaw Village Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 October 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

Buckshaw Village Dental Practice is situated in a newly built modern health centre in Chorley. It provides mainly NHS dental treatments to patients of all ages but also offers private treatment options. The practice is located on the first floor of the building and access is available via stairs or a passenger lift. The premises are designed to support access for wheelchair users. There is disabled parking and adapted WC facilities. The practice has two surgeries, a decontamination suite and a patient waiting area.

There were two dentists, a visiting implantologist, three dental nurses, a trainee dental nurse, a dental hygiene therapist, a receptionist, a trainee receptionist and a practice manager.

The opening hours are Monday, Wednesday and Friday from 8.30am to 5.15pm, Tuesday and Thursday from 8.30am to 6.30pm and Saturday 9.00am to 1.00pm.

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'.

Summary of findings

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.

Thirteen CQC comment cards were completed by patients as part of the inspection. The feedback was all positive in relation to treatment and care. Comments included that staff provided compassionate, friendly and professional care in an environment that was clean and welcoming. All discussions about treatment options, including the associated costs were explained thoroughly.

Our key findings were:

- The practice was uncluttered, clean and hygienic.
- Infection control procedures were conducted in accordance with published guidelines.
- 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.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- 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, respect and confidentiality was maintained.
- The appointment system met patient's needs.
- The practice had a complaints system in place.
- The practice was well-led and staff felt involved, supported and worked well as a team.
- Effective governance systems were established at the practice.
- The practice sought feedback from staff and patients about the services provided.
- There were clearly defined leadership roles within the practice.

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

- Review and develop the local rules to ensure they are specific to the practice and ensure that recommendations from routine tests are implemented without delay.
- Review and develop the process for monitoring referrals to other health professionals.

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 care and treatment was provided in a safe way. These included systems for infection prevention and control, clinical waste, dental radiography and management of medical emergencies.

Decontamination procedures were effective and the equipment used in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The Local Rules for the safe operation of the x-ray equipment were not specific to the practice and recommendations from routine tests had not been implemented.

No action



Are services effective?

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

Dental care records provided comprehensive information about the patient's current dental needs and past treatment. The staff monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care, such as guidance from Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).

There was a focus on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged 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).

Effective arrangements were in place for seeking and recording consent to treatment. Staff were aware of the process to follow for patients who may lack capacity to consent to treatment.

No action



Summary of findings

We found that the monitoring of referrals to other professionals was not robust and that referrals were only checked to ensure they had been sent.

Are services caring?

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

During the inspection we received feedback from 13 patients. This feedback indicated that patients were pleased with the service and that staff treated them in a caring way and with respect and dignity.

We observed patients being treated with respect and dignity at the reception desk and during conversations on the telephone.

Patient feedback showed that patients were involved in making decisions about their treatment.

Paper and electronic patient records were stored securely to ensure confidentiality.

No action



Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. Two appointment slots were kept free each day for urgent or emergency appointments. Clear instructions were available on the answerphone message, website and practice leaflet for patients requiring urgent care when the practice was closed.

The premises had been designed to ensure full accessibility for patients with limited mobility or who were wheelchair users. There was a lowered reception desk, two accessible toilets, a lift and step free access to the building with automatic doors.

The practice had a complaints process, which was accessible to patients who wished to make a complaint. The practice also had advice leaflets and practice information leaflets available on reception.

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 in place and all staff felt supported and in their roles. The practice manager was responsible for the day to day running of the practice. Staff said there was an open culture at the practice and they felt confident raising any concerns.

The practice held monthly staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, X-rays and dental care record audits.

No action



Summary of findings

<p>The practice conducted patient satisfaction surveys through-out the year and this was collated and fed back to staff and patients.</p>	
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Buckshaw Village Dental Surgery

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 carried out on 11 October 2016 and was led by a CQC Inspector, a specialist advisor and a second CQC inspector.

We informed NHS England area team and Healthwatch North Yorkshire that we were inspecting the practice; we did not receive any information of concern from them

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with one dentist, two dental nurses, the practice manager and a receptionist.

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

Using examples, the practice manager described how incidents and significant events were managed at the practice. This included reporting arrangements, investigatory procedures and learning from events. We were told about an occurrence that had not been recorded as a significant event when it should have been. We discussed this with the practice manager at the time of the inspection. They said they would review incidents in the future to ensure they were categorised appropriately.

Staff were aware of the policies and procedures in place for reporting accidents and incidents, including significant events. They told us incidents were analysed by the practice manager and discussed at practice meetings or sooner if they were of a serious nature. Learning from incidents was shared across the organisation through the two weekly bulletin circulated to staff.

Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager was aware of the notifications which need to be made to the CQC.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were actioned if appropriate and shared throughout the practice. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Staff told us that patients were informed when they had been affected by something that went wrong. They were given an apology and informed of any actions taken as a result. The registered manager was aware of when and how to notify CQC of incidents which cause harm.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These were accessible for staff and provided information in relation to identifying, reporting and dealing with suspected abuse. The contact details for both child and adult safeguarding teams were displayed in the staff room. The practice manager was the safeguarding lead for the practice and had a good

understanding of issues relating to abuse and neglect. All staff had undertaken level two safeguarding training. Staff were knowledgeable about abuse and were aware of the procedure to follow if they had any safeguarding concerns.

A whistleblowing policy was in place for the practice. Staff said they were confident they could raise concerns with the practice manager or external agencies without fear of recriminations.

The dentists told us they routinely used 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, as the practice was latex free they used latex free 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.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe needle device and guidelines about responding to a sharps injury. Staff provided a good overview of what they would do in response to a sharps injury.

Medical emergencies

The practice had procedures in place that provided staff with guidance about what to do in the event of a medical emergency. Staff had received training in basic life support within the last 12 months, including the use of an Automated External Defibrillator (AED). 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.

The practice kept medicines and equipment for use in a medical emergency and staff knew where these were located. Checks of the equipment were carried out daily with more detailed checks taking place each month. The medicines and equipment were in accordance with the 'Resuscitation Council UK' and British National Formulary guidelines.

Are services safe?

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked daily by two clinical members of staff with a separate overview check each month.

Staff recruitment

The practice had policy and procedures in place for the safe recruitment of staff, which included a proof of identity, a check of relevant qualifications and confirmation of professional registration. We reviewed the recruitment records for three members of staff and confirmed the recruitment process had been followed. Personal records were stored securely in the practice manager's office.

The practice manager told us that all staff had been checked by the Disclosure and Barring Service (DBS). The three recruitment records we looked at confirmed this. 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.

Qualified clinical staff working at the practice were registered with the General Dental Council (GDC). The practice manager told us they checked every month the status of GDC registration for all staff to ensure registration was current. The staff that required personal indemnity insurance had this in place; 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

A health and safety policy was in place at the practice. A range of risk assessments had been undertaken to manage risk at the practice. They included, a sharps risk assessment, environmental risk assessment and risk assessments in relation to the use of specific items of equipment. Where risks had been identified, control measures had been put in place to reduce the risk.

Procedures were in place to reduce the risk from fire. The practice manager told us that the two designated fire marshals were due to update their training next month. A fire risk assessment was in place for the building and a further fire risk assessment had been undertaken specific to the practice. The practice manager told us that fire drills

were held every six months and records confirmed the last fire drill took place in April 2016. Routine checks of fire equipment, including smoke alarm and emergency lighting tests were carried out as part of the wider building checks.

The practice maintained a file relating to the Control of Substances Hazardous to Health (COSHH) 2002 regulations, including substances such as disinfectants, and dental materials in use in the practice. The file was regularly reviewed by the practice manager particularly if new COSHH products were introduced. Staff were advised of any changes at staff meetings. Mercury and blood spillage kits were available. We checked the mercury spillage kit and noted an item had exceeded its expiry date. The practice manager confirmed that a replacement item had been ordered.

Infection control

There was an infection prevention and control (IPC) policy and procedures in place. 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)'. One of the dental nurses was the infection prevention and control lead and was responsible for overseeing the infection control procedures within the practice. Staff completed on-line IPC training as part of their induction and evidence was provided to show that staff had received up-date training in August 2016.

We observed the surgeries and the decontamination suite were clean and hygienic. Work surfaces were free from clutter. Arrangements were in place for the cleaning of the premises and equipment. Cleaning schedules and checks were in place for cleaning staff and for the nurses.

The decontamination suite consisted of two dedicated rooms and had three sinks; one for the scrubbing of used dental instruments, one for rinsing instruments and a separate sink for washing hands. The full range of personal protective equipment (PPE) was available for staff, with heavy duty rubber gloves changed weekly. Hand washing guidance was displayed in the decontamination area. The procedure for cleaning, disinfecting and sterilising the

Are services safe?

instruments was clearly displayed on the wall to guide staff. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones. There was a sufficient supply of instruments at the practice.

Records were maintained that showed equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were operating correctly.

A sharps policy was in place and a sharps risk assessment had been undertaken for the practice. Staff were familiar with the action to take if a sharps injury occurred. Sharps bins were wall mounted and located appropriately in all surgeries. A clinical waste room was in place for the building and a contract was in place with an external organisation for the removal of clinical waste.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards and all actions had been addressed.

A Legionella risk assessment had been completed for the building within the last 12 months. Hot and cold water temperature checks took place at the practice. Arrangements were established for dental unit water line management, including dip slide testing on a quarterly basis. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

The service had maintenance contracts and recorded routine checks in place for the equipment used at the practice, including the washer disinfector, the two autoclaves and the compressor.

Portable appliance testing (PAT) had been completed and was due to be repeated in December 2016. PAT testing confirms that electrical appliances which can be moved about are routinely checked to ensure they are safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Prescription pads were stored securely at all times.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment, including service and maintenance history. Records reviewed at the inspection and provided after the inspection demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor and a Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only.

Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. The local rules were a basic generic template and were not reflective of the specific recommendations of the critical examination and acceptance report for each piece of equipment. Shortly after the inspection the practice manager provided us with revised local rules that addressed the specific recommendations of the x-ray equipment.

We saw a justification, grade and a report was documented in the dental care records for X-rays that had been taken. Routine x-ray audits were carried out every year or more frequently if required. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice maintained up-to-date detailed electronic dental care records. They contained information about the patient's current dental health needs, dental treatment history and general medical history. 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.

We saw that dentists used NICE guidance to determine a suitable recall interval for individual patients. This guidance takes into account the likelihood of the patient experiencing dental disease based on a range of risk factors.

Patient dental care records were routinely audited to ensure they complied with the guidance provided by the FGDP. An action plan was developed if necessary in order to address any concerns identified.

Health promotion & prevention

The dentists advised us they discussed lifestyle and behaviour, such as smoking and alcohol use with patients. For example, patients who smoked were advised of how to access local smoking cessation facilities. 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, the dentists applied fluoride varnish to all children every six months to minimise the risk of tooth decay. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were prescribed for adults at high risk of dental decay.

The practice facilitated specific oral health promotion days/events for children that involved fun but information activities. These were held during half-term and school holidays to promote maximum participation. The practice also provided oral health promotion leaflets to local schools and residential care homes.

Staffing

An induction process was in place to inform new staff to the practice about the way the practice operated. 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 personnel records we looked at.

Staff were required to undertake routine and regular training. This included training in managing medical emergencies, basic life support, infection control and safeguarding. We saw this training was up-to-date. Staff said they had good access to on-going training to support their skill level and they were encouraged and supported to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Staff told us they had an annual appraisal and we saw evidence in the personnel files that these had taken place. Professional development and training needs were discussed at appraisal. Staff said training and development was promoted at the practice and training was available if they requested it. We were provided with evidence to show that staff performance was managed in a positive and supportive way.

Working with other services

The practice worked with other health professionals where this was in the best interest of the patient and in line with NICE guidelines where appropriate. Criteria were in place for use when considering referring patients to specialist services. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery. An implantologist provided a service on a sessional basis at the practice. Dental implantology is concerned with the replacement of missing teeth and supporting oral tissues with dental implants.

Each dentist logged and monitored the referrals they made. We found monitoring did not involve anything further than checking that the referral had been made. We discussed this with the practice manager and shortly after the inspection they provided us with a template to show how referrals would be logged and monitored going forward.

Are services effective?

(for example, treatment is effective)

The practice had a fast-track process for urgent referrals for suspected malignancies and had good working relationships with local hospitals.

Consent to care and treatment

Patient records showed clear evidence that treatment options and costs were discussed with each patient. Patients were provided with relevant verbal and written information to support them to make decisions about the treatment available.

Staff had a good awareness of the principles of the Mental Capacity Act (2005) and how it applied to when ensuring patients had the capacity to consent to their dental treatment. Staff had completed training in relation to mental capacity. They described how valid consent was obtained for all care and treatment, and the support patients may need with understanding and making decisions about treatment. The dental records we looked at showed consent was always recorded.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients provided positive feedback about the service. Comments about the service suggested patients were treated with care, respect and dignity. We observed staff treating patients in a respectful and appropriate way at the reception desk and over the telephone. Staff told us that if a patient wished to speak in private then an empty room would be found to speak with them. Longer appointments could be made for patients who needed it, particularly patients who may be anxious about their dental care.

Personnel confidential information, including dental care records were handled securely and not left visible to the

public at the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet.

Involvement in decisions about care and treatment

The patients who provided feedback about the service said they were involved in planning their treatment. They said treatment options and costs were fully explained to them and they were provided with information to support with making informed choices. Staff described to us how they involved the relatives or representatives of patients in treatment planning if appropriate, and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

A range of dental health and treatment information leaflets were available in the waiting room for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system in place to respond to patient's needs. The practice manager told us routine appointments could be arranged within two to four weeks. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Feedback from patients suggested they were fully aware of and satisfied with the arrangements for appointments. They were aware of how to access the out-of-hour's dental service. Patients commented they had sufficient time during their appointment and they were not rushed. Patients said the dentists took their time to discuss their treatment needs in detail and explained the treatment options in a way they understood.

Tackling inequity and promoting equality

The premises had been designed to accommodate the needs of all patients. Full wheelchair access was available from the entry door and lift on the ground floor to the practice that was located on the first floor. Two accessible toilets were located in the waiting area and there was a lowered reception desk to accommodate wheelchair users.

The practice had an equality and diversity statement and all staff had undertaken training in order to understand how to meet the diverse needs of patients. The practice had access to telephone translation services for those whose first language was not English and information

leaflets could be translated or enlarged if required. The practice manager told us the practice had a large number of Polish patients and it was helpful that one of the dentists was Polish.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website. The opening hours are Monday, Wednesday and Friday from 8.30am to 5.15pm and Tuesday and Thursday from 8.30am to 6.30pm. The practice is open on Saturday from 9.00am to 1.00pm.

Two appointments for emergencies were kept free to accommodate patients that had an urgent need to be seen that day. If the emergency appointments had already been taken for the day then the patient was invited to come to the practice and wait for an appointment. If the practice was closed the practice answer machine directed patients to the out-of-hour's services.

Concerns & complaints

A complaints policy was in place for the practice. It provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room.

The practice manager was responsible for handling complaints. The practice manager said no complaints had been received since the practice was established. The practice manager provided us with an overview of the procedure for managing complaints, including the acknowledgment recording, investigating and responding to complaints.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day-to-day running of the service. They were supported by senior managerial and regulatory input provided from head office. Staff confirmed there was an effective management structure in place. They told us that they felt supported and were clear about their role, responsibilities and accountability.

Clinical governance processes were in place to continuously improve the quality of their services and ensure high standards of care delivery. These included a range of regularly reviewed operational policies and procedures, risk management systems and a programme of audit.

Policies were reviewed annually as a minimum and staff had signed to indicate they had read and understood each policy. Risk management processes were in place to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the environment, sharps injuries and the use of the autoclave.

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

Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of meetings and from discussions with staff, it was evident the practice worked as a team and that staff were comfortable raising matters. It was also evident the practice responded to any matters in a professional manner.

All staff were aware of with whom to raise issues 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. The practice held monthly meetings involving all staff members. If information needed to be shared with staff between meetings then this was done informally or by email. We noted from the minutes of the meeting held in August 2016 that patient feedback and medical emergencies were topics for discussion.

Learning and improvement

The practice audited areas of practice as part of a system of continuous improvement and learning. This included audits, such as dental care records, X-rays and infection prevention and control. Any issues identified from an audit translated into an action plan, which was checked at the next audit or earlier if urgent, to ensure the actions had been addressed. The audits we looked at showed the practice was performing well.

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

The practice had a systems in place to involve, seek and act upon feedback from people using the service including carrying out continuous patient satisfaction surveys. We reviewed feedback received and it was all positive.

The practice manager also routinely reviewed and responded to all feedback submitted to the NHS Choices website. There was some negative feedback and the practice manager had reviewed this feedback with the staff team to determine how improvements could be made. We noted from meeting minutes that feedback from the NHS Choices website was shared and discussed at staff meetings. The practice manager provided an example of how negative feedback was responded to and this involved providing customer care services training for staff.