

Mr. John McCourt

Valley Bridge Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 October 2015 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

Valley Bridge Dental Practice is situated in Scarborough, North Yorkshire and is a partnership. The practice offers a mix of NHS and private dental treatments. The services include preventative advice, routine restorative dental care and dental implants.

The practice has four surgeries, a decontamination room, a reception area and a waiting room. Toilets are available on both floors.

There are three dentists, one hygienist, six dental nurses and a practice manager.

The layout of the practice is on two floors where two surgeries are located on the ground floor and two surgeries are on the first floor along with the decontamination room.

The practice is open:

Monday – Friday 08:30 – 17:00

One of the practice owners 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 28 CQC Care Quality Commission comment cards providing feedback and

Summary of findings

spoke to three patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be excellent, efficient, caring and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- 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 governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- Implement a policy for lone working.

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 that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw that staff had received training in infection control. There was a decontamination area and guidance for staff on effective decontamination of dental instruments.

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.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. It had been a few years since a new member of staff had joined the team but good supporting evidence was available for each member of staff.

We reviewed the legionella risk assessment dated June 2011 a more recent in house risk assessment from May 2015, There was evidence of regular water testing was being carried out in accordance with the assessment although there was not review date on the risk assessment. We discussed with the practice manager ensuring an external review was not required.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded. Any changes in risk factors were also discussed and recorded and, if required, a referral to the hygienist was recommended for more in-depth preventative advice.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients' dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we reviewed included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Summary of findings

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Comments on the 28 completed CQC Comment Cards we received included statements saying the staff were excellent, efficient, caring and they were treated with dignity and respect in a clean and tidy environment. Patients we spoke to on the day confirmed this.

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

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. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had undertaken a disability access risk assessment and reasonable adjustments had been made to accommodate patients with a disability or limited mobility including a new path outside with hand rails.

The practice had a complaints process which was available to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patient advice leaflets available on reception.

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. The registered manager was responsible for the day to day running of the practice and also delegated tasks to the lead nurse and practice manager.

Staff reported that the registered providers were both approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test. The practice regularly sought feedback from patients in the form of a satisfaction survey in order to improve the quality of the service provided.

The practice held regular staff meetings which were minuted, gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control and X-rays. The X-ray audit findings were within the guidelines of the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care.

Valley Bridge Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting their obligations associated with the Health and Social Care Act 2008.

The inspection was carried out on 20 October 2015 and was led by a CQC Inspector.

We informed NHS England area team and the local Healthwatch that we were inspecting the practice; however 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 two dentists, two dental nurses and the practice manager. We saw policies, procedures and other records relating to the management of the service. We reviewed 28 CQC comment cards that had been completed.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that the practice had an accident book which had no entries recorded in the last 12 months.

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received two complaints in the last year and there was evidence these had been processed in accordance to the policy and in a timely manner, they had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints.

The registered manager told us that they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. 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 that all staff had received safeguarding training in vulnerable adults and children. In respect of safeguarding children, all dentists were trained to level two and the lead was trained to level three. Staff could easily access the safeguarding policy. The dentists we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentists told us that they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient..

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

We discussed with registered manager that no lone working policy was in place within the practice, this would ensure safe systems are in place in case of an emergency.

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 life threatening irregularities of the heart including ventricular fibrillation 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, on the day of the inspection we found that the oropharyngeal airways were out of date this was brought to the attention of the practice manager and an order was placed immediately for next day delivery. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were checked weekly. Emergency medicines were also checked regularly. This helped ensure that the equipment was fit for

Are services safe?

use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed four personnel files which confirmed that the processes had been followed.

We saw that 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 noted that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice); the dentist had their own cover. 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 to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed in May 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. 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. We saw that the registered manager had reviewed the COSHH folder in 2013 as no changes of materials had occurred since then. We discussed the need for yearly reviews to ensure their records were up-to-date and any changes in safety data could be implemented.

The practice manager showed us that there had been a fire risk assessment in January 2014. All equipment had been checked in May 2015. There was evidence that a fire drill had been undertaken in May 2015. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

The room had an extractor fan to aid good air flow to reduce the risk of cross contamination. There was a separate hand washing sink for staff, in addition two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses we spoke with were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety instruments were transported between the surgeries and the decontamination area in lidded and sealed boxes.

We saw records which showed that the 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 that it was functioning properly.

We saw from staff records that all staff had received infection control training at different intervals over the last year covering a range of topics including hand washing techniques.

Are services safe?

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw that all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection outside the practice in a designated bin. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical 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.

We reviewed the last legionella risk assessment report dated June 2011 and a new in house assessment had been carried out in May 2015. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Staff told us that 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) was undertaken annually and had been completed in October 2015.

The practice displayed fire exit signage. We saw that the fire extinguishers had been checked annually to ensure that they were suitable for use if required. We saw that the fire extinguishers had been checked in May 2015.

We saw maintenance records for equipment such as autoclaves, ultrasonic baths and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw that all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider told us that they undertook annual quality audits of the X-rays taken. We saw the results of the April 2015 audit and the results were in accordance with the National Radiological Protection Board (NRPB). Action plans were in place to continuously improve the procedure and reduce future risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentist told us that they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The dental care records we reviewed showed that at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The dental care records showed that dental examination appointments included checks for gum disease and oral cancer had taken place.

There was evidence that patient records had been regularly audited to ensure that they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in July 2015 where an action plan was in place to address the issues that arose.

The patient care records we reviewed showed that they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were always recorded and signed treatment plans were scanned into the patient care records.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the records that the dentist was following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception/waiting area contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries and had a hygienist three days a week to help support this.

The registered provider advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

The dental surgeries had a patient display screen where information or videos about a procedure could be shown to a patient to help them better understand the treatments and preventative advice given.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Are services effective?

(for example, treatment is effective)

Staff told us that they had annual appraisals and training requirements were discussed at these times.

Staff told us that they had a flexible part time members of staff to help cover period of absence, for example because of sickness or holidays.

Working with other services

The dentists explained that they would refer patients to other dental specialists when necessary, for example patients for sedation, minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected. The dentists both said they had a good line of communication with local services to help efficient and effective treatment for patients.

Consent to care and treatment

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a

legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions for themselves). The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The registered provider informed us that verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice wrote to patients with complicated or detailed treatment requirements to highlight all options, risks and cost associated with their treatment. A copy of this was stored within their patient care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records were held securely.

We received 28 CQC comment cards providing feedback and spoke to three patients. The patients who provided

feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be pleasant and efficient and caring and they were treated with dignity and respect.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that they were involved in their care and treatment.

When treating children the dentist told us that to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or carer. For patients with disabilities or in need of extra support staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception/waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The dentists told us that they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The practice was open:

Monday – Friday 08:30 – 17:00

For patients in need of urgent dental care during normal working hours the practice offered same day appointments, for example those patients in pain.

Tackling inequity and promoting equality

Two surgeries were located on the ground floor of the building and the other two were on the first floor. Access to the practice was a path that had been replaced to help access for all patients. The practice had staggered lunch hours so patients needing access to the ground floor surgeries could be accommodated each day and see their own dentist.

We saw that staff had received equality and diversity training and staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service or private patients had direct contact to the dentist by email or phone.

Concerns & complaints

The practice had a complaints policy and procedure in place. The practice displayed information in the reception/waiting area on how to complain and they also provided a patients' advice leaflet.

The staff were aware of the complaints process and told us that they would refer all complaints to the practice manager to deal with.

We saw that the practice had received two complaints within the last 12 months and these had been processed in accordance with their policy.

Are services well-led?

Our findings

Governance arrangements

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 recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

There was evidence that patient records had been regularly audited to ensure that they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in July 2015 where an action plan was in place to address the issues that arose.

The registered provider told us that they undertook annual quality audits of the X-rays taken. We saw the results of the April 2015 audit and the results were in accordance with the National Radiological Protection Board (NRPB). Action plans were in place to continuously improve the procedure and reduce future risks.

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 where relevant it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us that the registered manager and practice manager were responsive to their concerns and would act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The registered provider was aware of their responsibility to comply with the duty of candour and told us that they preferred to address any concerns or issued immediately should they arise.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw that staff had personal files and showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff stated that they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The registered provider explained that the practice had a good longstanding relationship with its patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that there were 130 respondents of which they all said that they were extremely likely to recommend the practice to family and friend. All the CQC comment cards were complimentary about the services.

We saw that the practice held regular practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.