

Mr Andrew Gatecliff

The Limes Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 December 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

The Limes Dental Practice is situated in Epworth, North Lincolnshire. It offers mainly NHS dental treatment but also offer private options. The services include preventative advice and treatments, routine restorative dental care and orthodontics.

The registered provider has a money sharing agreement with another registered provider who also works from the same practice. Each provider are both responsible for all the staff members.

The practice is situated in a detached building. There is step free access to the premises.

The practice has three surgeries, a decontamination room, a waiting area and a reception area. One surgery is on the ground floor of the premises and the other two surgeries are on the first floor.

There are five dentists, five dental nurses and two receptionists.

The opening hours are Monday to Friday 9-00am to 5-00pm.

During the inspection we spoke with eight patients who used the service and reviewed 17 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. They

Summary of findings

told us they were treated with dignity and respect in a clean and tidy environment, informed of treatment options and were able to make appointments in a timely manner.

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.
 - Staff received training appropriate to their roles.
 - Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
 - Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit.
 - Patients were treated with care, respect and dignity.
 - The appointment system met patients' needs.
- There were areas where the provider could make improvements and should:
- Review the practice's policy on the storage of dental burs giving due regard to the guidance from the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05).
 - Aim to undertake regular staff meetings in order to disseminate learning to all staff.
 - Aim to improve the audit system to include a quality assessment of X-rays and a fuller audit of dental care records.
 - Aim to record in the dental care records a summary of discussions which have occurred with patients about treatment options including risks and benefits.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). These had been recorded, reflected upon by the practice and actions taken as a result to prevent it from happening again. If patients were involved then they would be given an apology and informed of any actions as a result of the incident.

Staff had received training in safeguarding patients and knew the signs of abuse and who to report them to.

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

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and generally in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. However, on the day of inspection we noted that there was no buccal midazolam. We saw after the inspection that buccal midazolam had been ordered.

We noted that reusable dental burs were stored in the surgery for more than one day unbagged.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice 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. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (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.

The clinical staff were up to date with their continuing their professional development (CPD) and they 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.

We spoke with eight patients who used the service and reviewed 17 completed CQC comment cards. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs were given. Staff also demonstrated to us how they would involve patients in decisions about treatment. However, documentation of these discussions were not always fully recorded in the dental care records.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

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 they understood.

Are services responsive to people's needs?

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

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 could access routine treatment and urgent care when required and at a time which suited them. The practice offered same day emergency appointments which enabled patients to receive treatment quickly.

There was wheelchair access to the premises. However, due to a lack of space there are no disabled toilet facilities.

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 appreciated in their own particular roles. The practice owner 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 improvement and learning. However, we noted that the audits could be more specific to identify areas for improvement.

The practice was undertaking the NHS Family and Friends Test.

The Limes 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 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.

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

During the inspection we spoke with eight patients who used the service and reviewed 17 completed CQC comment

cards; spoke with two dentists, three dental nurses and the receptionist. 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

The practice had a process for staff to report incidents and accidents. There had not been any accidents or incidents in the last year. However, staff were knowledgeable and confident about how to respond to accidents or incidents. These would be documented, investigated and reflected upon by the dental practice. Any learning from incidents or accidents would be displayed in the staff room for other members of staff to read. If patients were affected then they would be given an apology and informed of any action taken as a result. The practice owner understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child and adult safeguarding teams. The practice owner was the safeguarding lead in the practice and all staff had undertaken safeguarding training. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff were knowledgeable about the different types of abuse and the signs or symptoms of abuse. They told us they were confident about raising any concerns with one of the safeguarding leads or the local safeguarding team.

The practice had a whistleblowing policy and procedures in place for staff to report underperformance. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations. Staff were also aware of external contacts to contact if the need arose.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that dental care records were accurate, complete, legible, up to date and stored securely to keep people safe and protect them from abuse.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was generally in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). However, buccal midazolam was not present in the emergency drug kit. This was brought to the attention of the practice owner and we saw evidence that it was ordered. All emergency medications and equipment were in date. The emergency resuscitation kits, oxygen and emergency medicines were stored in a central location and 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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out to ensure the AED and oxygen were safe to use. The practice owner used an electronic reminder system on the computer to alert them when an emergency drug was going out of date so that a new one could be ordered. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation (including the use of the AED) and basic life support within the last 12 months.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files

Are services safe?

and found the recruitment procedure had been followed. The practice owner told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These 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 reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Where issues had been identified, remedial action had been taken in a timely manner.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, use of equipment, fire evacuation procedures and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The COSHH folder was reviewed every year to ensure that no new hazards had been identified for the substances included in the folder. However, this review was not documented in the COSHH folder.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health,

namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. Staff worked in the decontamination room on a rota basis a day each week.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were generally free from clutter. However, one of the upstairs surgeries had a small amount of clutter on work surfaces. This was brought to the attention of the practice owner and we were told that this would be removed. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. There was no dedicated hand washing sink in the decontamination room. However, there was a hand washing sink in the adjacent surgery which was attached to the decontamination room.

Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfectant to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in

Are services safe?

an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

During the inspection we noted that unused dental burs were stored in the surgeries unbagged and not sterilised at the end of the day. HTM 01-05 states that all unbagged instruments kept in a clinical environment should be sterilised at the end of each day. This was brought to the attention of the practice owner and we were told that dental burs would now be bagged to prevent cross contamination.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in July 2015 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 the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in January 2014 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had undertaken regular in-house risk assessments for legionella. The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each month and using a weekly water conditioning agent in the dental unit water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. One of the dentists also kept an electronic diary on their computer of when equipment needed servicing. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety) in May 2015.

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given to ensure their safe use.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that 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 the surgery and within the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every year. This included checking whether X-rays had been justified, graded and reported on. However, this audit did not cover whether the X-rays were of a suitable quality. This was brought to the attention of the practice owner and we were told that this would be included in the audit from now on.

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 an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented in the care records and also discussed with the patient. The practice audited whether a recall interval had been documented in the dental care records and whether a reason had been given for the recall interval.

We reviewed information recorded in patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, gum health, soft tissue lining the mouth and any signs of mouth cancer. Medical history checks were updated for each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Patients confirmed that their medical history was checked at each examination appointment and also prior to any treatment taking place. The practice regularly audited whether an up to date medical history had been documented in the dental care records, whether it had been signed by the patient and also how long it had been since a new medical history form had been completed by the patient.

The practice used current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

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, the practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth. Patients were given advice regarding maintaining good oral health. When required, high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. We saw evidence in dental care records that patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available to support and advise patients about maintaining a healthy lifestyle.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We saw evidence of the induction procedure having taken place for the newest member of staff. This included making the new member of staff aware of health and safety issues, fire evacuation procedures and the location of the medical emergency kit.

Staff told us they had good access to on-going training to support 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 relevant staff and we saw evidence of on-going CPD. Mandatory training included basic life support, hand hygiene and infection prevention and control. This mandatory training was organised by the practice owner to complete in-house. For those unable to attend they would be encouraged to complete the training either at another venue or online.

The practice owner monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

Dental nurses were supervised and supported on a day to day basis by the practice owner. Staff told us the practice owner was available for support and advice.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the

Are services effective?

(for example, treatment is effective)

patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The dentist was familiar with the NICE guidelines for the removal of wisdom teeth.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Patients gave verbal consent for treatment and this was documented in the dental care records. Staff described to us how valid

consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient. However, we saw that these discussions were not always fully documented in the patient's care records. This was brought to the attention of the practice owner and we were told that these discussions would now be documented from now on. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that most of the patients had been attending the practice for many years and they had built up good relations with them. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

We observed privacy and confidentiality was generally maintained for patients who used the service on the day of inspection. We observed staff were discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room was always available to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage systems. The paper parts of the care records were locked in cabinets when the practice was closed.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented 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 dentist described to us how they would use a whiteboard in the surgery to draw pictures to demonstrate to patients about a procedure. Patients commented that they were fully informed of and involved with treatment decisions and were never pushed into a particular treatment. They were always aware of the cost of treatments prior to having the treatment done. However, we noted that discussions about treatment options were not fully documented in the dental care records. This was brought to the attention of the practice owner and we were told that these would now be documented from now on.

Patients were also informed of the range of treatments available and their cost on notices in the practice.

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 within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

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. We saw that they had made reasonable adjustments to enable patients to receive their care or treatment, including step free access to the premises and a ground floor surgery. However, there was no ground floor toilet. This was because there was no space for one to be installed on the ground floor. New patients to the practice would be made aware of this issue prior to booking an appointment.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours were Monday to Friday 9-00am to 5-00pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. When treatment was urgent patients would be seen within 24 hours or sooner if possible.

When the practice was closed patients who required emergency dental care were signposted to a local emergency dental service. Details for the emergency service were displayed in the waiting area, patient information leaflet and on the telephone answering system.

Concerns & complaints

The practice had a policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice owner to ensure responses were made in a timely manner. The practice owner told us they aimed to resolve any complaints at a local level in the practice. However, if the patient wished to take the complaint further then contact details for other organisations were readily available in the practice information leaflet and in the waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This included acknowledging the complaint within two working days and providing a formal response within 10 working days. If the practice was not able to provide a response in 10 working days then the complainant would be made aware of this. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice information leaflet. There had been two complaints in the last year and we saw that these had been dealt with in accordance with the practice's policy.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. The practice owners were in charge of the day to day running of the service. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control.

There were a range of policies and procedures in use at the practice which were reviewed on an annual basis. These included safeguarding children, whistleblowing, health and safety and infection control. Staff knew how to access these policies and procedures.

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

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and 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.

There had not been any regular staff meetings in the past year. We were told that this was because most of the staff were part-time and there was never a time when all staff would be present at the practice. Any information would be disseminated to staff informally or by posting a notice in the staff room. We discussed this with the practice owner

and they decided it would be a good idea to have a more formal way of documenting that staff had read and understood any information. This could involve staff signing a form to say that they had read it.

Learning and improvement

There was an approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of infection control, medical history checks and X-rays. Where areas for improvement had been identified action had been taken. However, we noted that the X-ray audit did not check the quality of the X-rays taken. This audit only checked whether the X-rays had been justified, graded and reported on. The National Radiological Protection Board states that an annual audit should be undertaken to assess the quality of X-rays being taken. This was brought to the attention of the practice owners and we were told that this would be implemented at the next audit cycle.

Staff told us they had access to training and this was organised by the practice owner to ensure essential training was completed each year; this included medical emergencies, infection control and basic life support.

Staff received regular performance checks to ensure that they adhered to the practice's policies on cross infection. Any issues would be dealt with and further training would be suggested as necessary.

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

The practice were currently conducting the 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 100% of patients asked said that they would recommend the practice to friends and family. The results of the FFT were displayed in the waiting room along with comments which patients had made about the service.