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Loughborough University Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 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

The practice is based on the campus of Loughborough University. It has been located in its present site since it started in 1994 and consists of three treatment rooms, a central decontamination room, and a small patient waiting room at reception. The practice has pay and display parking on the University campus grounds where disabled parking is also available. The practice is a single storey building and there is easy access to the treatment rooms for patients using wheelchairs and those with limited mobility

There are three dentists and five dental nurses who also cover reception duties. The provider who is the principal dentist is also the practice manager. The current owner took over in 1994 and at the time of our inspection was going through the process of selling the practice to the two associate dentists in the practice.

Summary of findings

The practice provides both NHS and private dental treatment to both adults and to children. The practice is open Monday to Thursday from 9.00am to 5.30pm and Friday 8.00am to 1.30pm.

The provider 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.

We received feedback from 49 patients about the services provided. All of the feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy; they found the staff offered a friendly service and were helpful, kind and caring. They found the practice to be clean and tidy. They said explanations were clear and that they were always informed of what was happening which made the dental experience as comfortable as possible.

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations.

Our key findings were:

- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about them.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Governance systems were effective although policies and procedures had not been reviewed for up to two years.
- The practice staff and manager were unable to locate portable suction.
- The practice did not record and analyse significant events.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Infection control process to be laminated and displayed for all staff to have access to and be practice specific.
- Review the cleaning and sterilising process in relation to published guidance (HTM 01-05).
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice protocols for the servicing and maintenance of equipment. Ensure a new contract for the servicing of the compressor is in place.

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 care which was safe in accordance with the relevant regulations.

The practice did have effective systems and processes in place to ensure all care and treatment was carried out safely.

Staff had received training in safeguarding vulnerable adults and children, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training although the staff we spoke with said that this was different to their process. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates however the practice did not have portable suction.

The practice did not have an incident reporting policy nor did they have a way to record significant events. Staff we spoke with were unable to identify what a significant event was other than needlestick injury.

Are services effective?

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

Patients received an assessment of their dental care needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits and options available to them. Staff were supported through training and opportunities for development. Patients were referred to other services in a timely manner. Staff had not received training in the Mental Capacity Act (MCA) 2005 and staff we spoke with were inconsistent with how the MCA principles applied to their roles. Not all staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans. Patients with urgent dental needs or pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

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

Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, and options were explained.

Staff were supported through training and opportunities for development. Patients were referred to other services in a timely manner.

Are services well-led?

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

Summary of findings

The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records had been audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. Clinical audits were taking place however the practice had not effectively used audits clinical or non clinical to monitor and improve the quality of care provided. The practice sought and acted upon the views of patients with a suggestion box and survey.

Loughborough University 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 29 October 2015 and was conducted by a CQC inspector and a specialist dental advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from complaints.

The only significant event that was recorded was a needlestick injury which staff said they would record in the accident book. Staff would inform the practice manager verbally of any other incident that occurred and it would be rectified and discussed in a practice meeting, however there was no formal system in place for recording, investigating, analysing or any learning and actions following such incidents. Staff were encouraged to bring safety issues to the attention of the dentists and management. The practice had a no blame culture and policies were in place to support this. There were no significant events recorded for 2015.

From information reviewed during the inspection we saw that the practice had received four complaints during the last 12 months which had been investigated and shared at a practice meeting with all staff. As a result of one of the complaints lessons learned and staff training had been identified for the staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients; however, these had not been updated or reviewed since November 2013. Staff we spoke with were aware of these policies and knew who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that staff at the practice had completed safeguarding training on line in safeguarding adults and children. The practice manager was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy however there was no contacts other than within the practice that staff could go to with any concerns. However, staff spoken with on the day of the inspection told us that they felt confident

that they could raise concerns without fear of recriminations and were able to give examples of who they could raise concerns with such as the Care Quality Commission or the General Dental Council.

A rubber dam was not used routinely for root canal treatment.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training including the use of the defibrillator (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). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (severe allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. However, the emergency kit did not contain portable suction as recommended in the Resuscitation UK Guidelines November 2013: Minimum equipment list for cardiopulmonary resuscitation in Primary Dental Care. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that all staff had received a Disclosure and Barring Service check.

The practice had a formal induction system for new staff which was documented within the staff files that we checked.

Are services safe?

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleagues. The practice did not use agency or locum staff.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice however it had taken place in 2013 and had not been reviewed since then. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were also other policies and procedures in place to manage risks at the practice which were all dated 2013 and had not been reviewed since. These included infection prevention and control which was reviewed shortly after the inspection. The practice had a current Legionella risk assessment in place which was due to be reviewed in 2016. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested by the university however the practice did not have any records to support this.

The practice did not have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Staff we spoke with said that they would contact the practice manager if anything happened.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. One of the dental nurses was also the cleaner of the premises and when that staff member was off work the other staff would cover. The practice had systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the

premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. There was only one Sharps bin in use for the practice which was sited in the decontamination room. It was signed, dated and not overfilled. There was a risk of sharps injury due to the sharps being disposed of in the decontamination room by the dental nurse. This was discussed with the practice manager who agreed to put sharps bins in all surgeries to prevent this risk. A clinical waste contract was in place and waste matter was stored in a locked area prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated 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. We found good access from all surgeries to the decontamination room and it ensured a hygienic environment was maintained. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination however the hand washing was in a sink close to the clean zone which meant that there was a risk of splashing. There was not sufficient work surface to put down dirty trays safely and the trays were covered in the dirty PPE e.g. bibs, gloves and masks so if there was something sharp it would be difficult to see it. Staff wore appropriate personal protective equipment during the process and these included disposable gloves and protective eye wear.

On the day of our inspection, a dental nurse demonstrated the decontamination process to us and followed the procedures. There were two sinks in place. The washing of instruments was done with hot water and the temperature of the water was not monitored throughout the cleaning procedure to ensure the temperature of the water was 45 degree Celsius or lower. All instruments were sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed and stored. We looked at the sealed instruments in the surgeries and found that not all had an expiry date recorded on them, although the ones that did met the recommendations from the Department of Health and all were free from damage

Are services safe?

and cement ensuring the sterilisation process was not compromised. We found that instruments were not being cleaned and sterilised in line with published guidance (HTM 01-05).

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. The practice was unable to locate a copy of the new contract for the servicing of the compressor as the previous one had been cancelled in 2014. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the other equipment was in good working order and being effectively maintained.

Staff wore appropriate uniforms that were clean and told us that they changed them daily. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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 blood borne infections.

The practice had a Legionella risk assessment in place but there was no legionella policy or named lead as identified in the risk assessment as an action to be completed. Since the inspection the practice have put adopted a legionella policy. Regular tests were conducted on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

The practice had a sharps management policy which was clearly displayed and understood by all staff. Single use items were used, where practical, to reduce the risks associated with cleaning sharp items such as matrix bands. Sharps were not disposed of by Dentists and were taken through to the decontamination room where the sharps bin was situated which meant that there was an increased risk of injury to staff.

Equipment and medicines

Records we viewed showed that equipment in use at the practice was not regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) had taken place on all electrical equipment in April 2014. Fire extinguishers however were checked and serviced regularly by an external company in July 2015.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were kept for evidential and audit purposes.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

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. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies. The patient notes contained all the relevant detail and followed the guidance provided by the Faculty of General Dental Practice. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentists we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for patients with a high risk of dental decay. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and detailed dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing and recording the options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) guidelines.

We received feedback from 49 patients. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults. Staff also advised patients on the impact of tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement

of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours individuals had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. Staff had received training in the safeguarding of children and vulnerable adults. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance; however, we were unable to view any records as the practice had sent them away due to the impending sale of the practice. Staff confirmed that appraisals had taken place and they felt supported and involved in discussions about their personal development. They told us that all the dentists were supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way and followed NICE Guidelines criteria were appropriate.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. One dentist we spoke with was also aware of and understood the assessment of Gillick competency in young persons. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions however not all dental staff were aware of this.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. However staff had not yet received Mental Capacity Act 2005 (MCA) training despite this being identified in a previous inspection in 2013. Not all staff that we spoke with understood their responsibilities and were

Are services effective?

(for example, treatment is effective)

able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was small and open plan but we were told by staff members that they considered conversations held at the reception area when other patients were present. Staff members we spoke with told us that they never asked patients questions related to personal information at reception and that there was always an available room that they could take patients to if necessary.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained however there were two boxes that had patients paper records stored in the staff toilet. These records were patients that no longer attended the practice.

Patients told us that they felt that practice staff were friendly and caring and that they were treated with dignity and respect and were helpful. They also told us that staff were always polite and helpful.

Involvement in decisions about care and treatment

Feedback from patients included comments about how they were given good advice and treatments were always explained clearly. Patients also commented that staff were calming and reassuring to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information displayed in the waiting area described the range of services offered to patients, the complaints procedure and information about patient confidentiality.

Appointment times and availability met the needs of patients. Patients were able to book routine appointments for the following week and new patients appointments were also available. Emergency appointments were available from 12.30pm to 13.00pm each day with the dentist. The practice's answering machine informed patients of contact details for the dental emergency service and the NHS 111 telephone line.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity although these policies had not been reviewed since 2013. Staff we spoke with were aware of these policies. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. Patients that may have difficulty with access would be offered an appointment in the treatment room closest to the entrance to the practice. The car park was a public car park as part of the university and was at the front of the building. Disabled parking spaces were available. All of the patient treatment areas were on the ground floor. There were no toilet facilities for the patients although there were public toilets in the university entrance next to the practice and there were accessible toilet facilities available there.

The practice used an interpreting service, both via the telephone and by booking interpreters in advance if necessary for any non-English speaking patients.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were very happy with the availability of routine and emergency appointments.

Out of hours services were available by contacting 111 and there was an answerphone message stating this for when the practice was closed.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been four complaints made within the last 12 months and actions had been taken which resolved these which we saw had been discussed and reviewed with practice staff in the monthly meeting. CQC comment cards reflected that patients were satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

Clinical audits had taken place such as radiography and infection control to monitor and improve the quality of care provided and these were cascaded to other staff and discussed at practice meetings. Other audits such as clinical record audits had also taken place. The most recent record card audit had taken place in April 2015 which had highlighted that patients needing a six monthly recall had not routinely been made. This had been discussed at the next practice meeting.

There was a full range of policies and procedures in use at the practice although they had not been reviewed since 2013. The policies were in the process of been re written by the new associate dentist who was also in the process of buying the practice. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. This enabled dental staff to monitor their systems and processes and to improve performance.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with any of the dentists if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the dentists 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.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff to improve the services provided.

We saw that the dentists reviewed their practice and introduced changes to practice through their learning and peer review.

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

Staff told us that patients could give feedback at any time they visited.

The practice had systems in place to review the feedback from patients who had cause to complain. All complaints were investigated and discussed at the next monthly practice meeting to review and analyse the complaints and then learn from them if relevant, acting on feedback when appropriate. Following feedback from patients the practice had the daily paper in the waiting area and also an improved selection of magazines.

The practice held regular staff meetings and informal staff discussions. Staff told us that appraisals had been undertaken however we were unable to see evidence of this as at the time of the inspection these documents were with the solicitor due to the practice been sold to the new partners. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.