

Apex Dental Care Limited

# Apex Dental Care - Sturry

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 7 February 2017 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**

Apex Dental Care – Sturry is owned and operated by the Oasis Dental Care group and provides NHS and private dental services to the local community. The demographics of the practice were mixed, serving patients from a range of social and ethnic backgrounds. The staffing team consisted of three dentists, two locum dentists, one hygienist, three qualified dental nurses who are registered with the General Dental Council (GDC), one of which is the head nurse, one student nurse, two receptionists and a practice manager

The practice is open Monday and Tuesday from 8am to 7pm Wednesday, Thursday and Friday 8am to 5pm and Saturdays 9am to 1pm, by appointment only. The practice facilities include four consultation/treatment rooms, reception and two waiting areas, decontamination room and staff room/facilities.

We received feedback from 16 patients. Patient feedback was positive about the service. Patients told us that staff were professional and caring and treated them with respect. They described the service as very good and provided an excellent standard of care. Information was given to patients appropriately and that staff were helpful.

The practice manager, is the registered manager. A registered manager is a person who is registered with the

# Summary of findings

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.

## Our key findings were:

- The practice had a process for managing significant and safety events.
- There were systems to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance.
- There were systems to ensure that all equipment, including the suction, compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment were working effectively.
- Staff had completed safeguarding children and vulnerable adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- Patients' care and treatment was planned and delivered in line with current legislation and evidence based guidelines such as that from the National Institute for Health and Care Excellence (NICE).
- The practice ensured staff were trained and that they maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- 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 the needs of patients and waiting times were kept to a minimum.
- The practice had a procedure for handling and responding to complaints, which was displayed and available to patients.
- The practice was well-led and staff felt valued, involved and worked as a team. Staff meetings were held to share information and facilitate learning.
- Governance systems were effective and there were a range of policies and procedures which underpinned the management of the practice. Clinical and non-clinical audits were carried out to monitor and improve the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the current arrangements for radiographic quality assurance audits. Paying due attention to the grading process.

# 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 systems for identifying, investigating and learning from incidents relating to the safety of patients. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

There were arrangements to deal with medical emergencies and staff had undertaken annual training

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

There were procedures for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. The staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

No action



### 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 current guidelines such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. Dental care records were detailed and included details of risks such as oral cancer and advice about alcohol and tobacco consumption.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentists and hygienist with information leaflets available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

No action



# Summary of findings

## Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively about how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

No action



## Are services responsive to people's needs?

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

Appointment times met the needs of patients. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours. They would see any patient in dental pain, fitting them in if necessary.

There was a clear complaints procedure and information about how to make a complaint was available for patients to see.

No action



## Are services well-led?

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

Staff felt supported and were encouraged to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuing professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff with whom we spoke.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required

No action



# Apex Dental Care - Sturry

## 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 the 7 February 2017 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with the practice manager, dentists, dental nurses and reception staff on the day of the inspection, we reviewed documents, and observed the practice during a working day.

We received 16 completed Care Quality Commission comment from patients and feedback was positive about the service. We also spoke with three patients following our inspection over the telephone.

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 systems to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensured they were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for staff reference.

The practice had an incident and accident reporting procedure. All incidents and accidents were reported in the incident log and accident book. There had been one accident /incident in the last 12 months that related to a needle stick injury. Records showed that the accident had been recorded, discussed and followed up in line with the practice policies for inoculation injuries, significant events and accidents.

All staff we spoke with were aware of reporting procedures including to whom and how to report an incident.

There had been no RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incident, within the past 12 months. Staff demonstrated a good understanding of RIDDOR regulations and had the appropriate forms on which to record and report an incident if one should occur.

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

The practice had policies and procedures for safeguarding adults and child protection. All staff had completed safeguarding training for both vulnerable adults and children to level 2. Details of the local authority safeguarding teams were readily available to staff in a central file, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

Dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway].

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medicines they were taking at the time of their visit. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely and those requiring refrigeration were also stored appropriately. Staff had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records of the monthly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order.

All clinical staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

### Staff recruitment

There was a full complement of the staffing team. The team consisted of three dentists, two locum dentists, three registered dental nurses, one student nurse, two receptionists and the practice manager. The team were supported by the Oasis company head office who had oversight of recruitment, audits and risk assessments and management support. Staff confirmed that the current staffing numbers were sufficient to meet the needs of their patients.

The practice had an appropriate policy for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All prospective staff completed an application form and were interviewed as

# Are services safe?

part of the recruitment and selection process. All staff had a Disclosure and Barring Services check completed and where relevant had provided proof of immunisation against Hepatitis B (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). We reviewed staff recruitment files and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC)

## Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties of each member of staff. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. The practice had defined procedures to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy. We noted that there were reciprocal arrangements with two other Oasis practices. However, the two practices listed were in excess of 50 miles away and may pose a problem for some patients to access. We discussed this with the practice manager who immediately made reciprocal arrangements with another practice in Canterbury. We saw that the plan was updated accordingly.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a fire risk assessment which had been completed in May 2016. The practice had three trained fire marshals responsible for overseeing fire safety related matters. Fire drills were conducted every six months, with the most recent one conducted in September 2016 and we saw records of these.

## Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The head dental nurse was the infection control lead.

There was a separate decontamination area. There were two sinks in the decontamination room; one for hand

washing; one for washing and rinsing dental instruments in separate bowls. Staff gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning instruments in a dedicated detergent solution, rinsing, inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in one of the three autoclaves. After a cycle in one of the autoclaves instruments were pouched and date stamped, so the expiry date was clear. Staff wore the correct personal protective equipment, such as apron, mask, goggles and gloves during the process.

We saw records of all the checks and tests that were carried out on the autoclaves to ensure all were working effectively. The checks and tests were complete and were in line with guidance recommendations.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations and what their current cover status was. The practice had a blood and body fluid spillage kit. Clinical waste bins were assembled and labelled correctly in the surgery and waste was stored appropriately until collection by an eternal registered waste company, every two weeks.

The surgeries were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves, masks, eyewear and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available.

The dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each clinical session in the mornings/ evenings. Staff had appointed a cleaner for the domestic cleaning of the practice. Cleaning schedules were in place and we saw the logs to confirm they were being completed regularly. There were appropriate colour coded cleaning equipment and it was stored correctly at the time of our inspection.

An up to date Legionella risk assessment had been carried out and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold



# Are services safe?

water temperature monitoring was being carried out and logged and water lines were being cleaned. Water temperature checks were completed every month to water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice had carried out an infection control audit on 5 September 2016 and undertook these audits every six months as per HTM 01-05 guidance .

## Equipment and medicines

There were appropriate arrangements to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the autoclaves, X-ray units and compressor. The compressor had been inspected in August 2016 and the autoclaves were serviced in Jan 2017. The practice had portable appliances and carried out PAT (portable appliance testing). Appliances were last tested in April 2016.

The practice held a small stock of medicines for dispensing to patients such as antibiotics and pain relief medicines. All of the medicines were held securely and had been procured, stored, dispensed and recorded in line with the Humans Medicine Act 2012.

## Radiography (X-rays)

The practice had a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays are small images taken inside the mouth).

X-rays were carried out in line with local rules that were relevant to the practice and specified equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out. The local rules are bespoke operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area. This is a set parameter around the dental chair/patient and the lowest dose possible. Applying the local rules to each X-ray taken means that X-rays are carried out safely

The Radiation Protection file and the local rules identified who was the radiation protection supervisor (RPS) this

being one of the dentists. The practice had appointed an external radiation protection advisor (RPA). This was a company who were available for expert advice regarding the machinery and radiation safety. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS to be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and only by qualified staff. The RPS must be somebody who has a radiography qualification and is on the premises whilst X-rays are being conducted. The RPS has oversight of radiation safety in the practice.

Records showed the X-ray equipment had last been checked by an engineer in March 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We looked at a sample of radiographs taken that had been graded as 1. Grade 1 images must be centred, with the relevant surfaces of the teeth, including soft tissues, the apex of the root and bone structures visible. The image must be of a good density and contrast and have no marks, scratches or other anomalies visible. The radiographs we viewed were either a grade 2 or 3. Grade 2 is where not all the criteria for grade 1 has been met but the image is still diagnostic (usable). Grade 3 images are undiagnostic (unusable) as they do not contain enough information to make a diagnosis. We spoke with the practice manager and the compliance manager for Oasis about our findings. Incorrectly graded images would therefore give a false outcome of the quality assurance audits conducted. The purpose of these audits it to demonstrate that the majority of the images taken are of a usable quality and to evidence the amount of grade 3 images taken (legislation determines this should be under 10% of all images taken) Grade 3 images are deemed as an unnecessary exposure to



## Are services safe?

a hazardous substance (radiation) and sometimes incurs a second or more X-rays being taken increasing the dose of radiation received. Effective auditing helps make sure that this is kept to an absolute minimum.

Therefore we were not assured the current percentage of unusable images was correct. Following our inspection we

were informed that one of the clinical leads for the Oasis company would be investigating the current grading practices of all the clinicians at Apex Dental Care - Sturry and following this up with refresher training and further audits.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists used the current National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF) guidelines to assess each patient's individual risks regarding their oral health needs to determine how frequently to recall them.

During the course of our inspection we checked a sample of dental care records from the dentist to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra-oral and intra-oral examination. The reason for the visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was not always recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

### Health promotion & prevention

The dentist told us that they gave health promotion and prevention advice to patients. Leaflets relating to diet, soft and hard tissues checks, cancer screening and smoking cessation advice where applicable were given to patients. Brushing techniques were demonstrated and diagrams used to help patients understand the benefits of maintaining good oral health.

The dentist told us that health promotion was a priority for the practice and they encouraged staff to actively promote good oral health to staff. These included reminding staff to record advice given and actively give out written information.

Printed information was available to patients in the waiting room and surgeries.

### Staffing

All clinical staff had current registration with their professional body - the General Dental Council, and were

up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles. The practice manager monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

### Working with other services

The practice had processes for effective working with other services. Referrals were either sent by post using a standard proforma or email. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral letter. Copies of all referrals made were kept in the patient's dental care records. Fast track referrals were seen within two weeks and details were faxed and followed up with a telephone call to ensure the referral was received. We reviewed a sample of referrals made by dentists and saw they were made appropriately.

### Consent to care and treatment

The practice had a consent policy to which staff could refer. The policy outlined how consent should be obtained and documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. All clinical staff whom we spoke with demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. Staff gave us examples of when the MCA could be used and how the role related to them in their role. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them].

Dental care records we reviewed demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

# Are services caring?

## Our findings

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

We received feedback from 16 patients. Feedback was positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

During our inspection we observed staff being respectful to patients by ensuring that the door to treatment rooms was closed and conversations could not be overheard in the surgery.

Patients' information was held securely electronically. All computers were password protected with individual login requirements.

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

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out to them. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentist explained how they involved patients in decisions about their care and treatment. This included using visual aids and models to help them understand the diagnoses and proposed treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had an emergency they were asked to come, and would be seen as soon as possible.

Information was available in other formats such as large print and the practice had a magnifying glass for patients who required it.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that would hamper them from accessing services. Access to the practice was level and both treatment rooms were on the ground floor. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. Staff told us that they had not needed to use this service so far, but could if needed.

### Access to the service

Appointments were booked by calling or attending the practice or through the practice website. In the event of a patient needing an appointment outside of the opening times, patients were directed to call the out of hour's service (via information on their website and recorded message on the practice answer machine).

Patients who provided feedback to us were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them. Patients commented on how they particularly liked the extended opening hours.

### Concerns & complaints

The practice manager explained their complaints policy and procedure. Any complaints received would be discussed and explanations of how they would be dealt with, were in line with their policy. At the time of our visit there had been one complaint since the practice manager took over in June 2016. We looked at the complaint in question which had been acknowledged and dealt with in line with the practice policy. Staff we spoke with also demonstrated knowledge of the complaints procedure, including knowing timescales for responding, and what to do in the event of a patient needing to make a complaint. We saw that the complaint had been discussed in a practice meeting in June 2016.

Information relating to complaints was readily available to patients. There was a poster about how to make a complaint in the patient waiting area as well as detailed information on the provider's website. Patients we spoke with were aware of how to complain, although no one we spoke with had complained to date.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service. There was a system for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were supported to meet their continuing professional development needs.

The practice had a comprehensive programme of audits in place. Various audits that had been completed over the past 12 months including audits of record cards, infection control, X-rays and medicines. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified. We saw that the X-ray audits were not robust. Staff informed us after the inspection that following training and a period of data collection these audits would be repeated and the results sent to us.

### **Leadership, openness and transparency**

Leadership was very clear in the practice and we saw instances where the registered manager lead by example and promoted an atmosphere of openness amongst staff. For example, we saw that team meetings were used to discuss issues related to staffing, medical emergencies, appointments and training needs. Staff we spoke with told us that management in the practice and at head office were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

We discussed the duty of candour requirement for providers and the registered manager demonstrated a good understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour.

### **Learning and improvement**

The practice had processes to ensure staff were supported to develop and continuously improve. Appraisals were carried out annually for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training about infection control and basic life support was arranged centrally for all staff. Other training opportunities were available on-line for staff and this was usually identified through the appraisal process but staff could request if they desired any additional training.

The practice held monthly team meetings. We saw the minutes of meetings for each month since June 2016 and noted that issues relating to the practice were discussed. The practice manager told us that minutes were always shared with staff.

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

The practice had gathered feedback from patients through patient surveys and compliments and complaints. Results of the most recent patient survey indicated that patients were very likely or likely to recommend the practice to family and friends.

Staff told us that the management team were very approachable and they felt they could share their views about how things were done at the practice. We looked at the most recent staff survey which indicated 76% of staff that took part said the practice was a positive place to work, 71% said that communication amongst the team and management was good and 91% said they worked well as a team. Staff confirmed that they had daily chats every morning; and staff who were absent were informed of these meetings when they were next on shift. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to and included in all aspects of the running of the practice.