

Mrs. Jasbir Kaur Paik

Pearldent Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 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 practice is operated by Mrs. Jasbir Kaur Paik and is situated in Stockport. The practice provides NHS and

private dental care and treatment for its patient population. Dental care and treatment was provided by four dentists and a dental implantologist. The dentists were supported by the practice team comprising of the practice manager, five dental nurses/receptionists and two dental therapists. The practice is open Monday to Friday 9am to 5pm.

We spoke with two patients who used the service on the day of our inspection and reviewed 50 CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were very complimentary about the service. They told us they found the staff to be professional, supportive, informative and welcoming. They also said they were treated with dignity and respect. The comments on the CQC comment cards were also very positive about the practice team and the service provided.

Our key findings were:

- There were systems in place for staff to report and learn from incidents. There were sufficient staff on duty to deliver the service. There was enough equipment available for staff to undertake their duties and all equipment had been regularly checked/serviced. Systems were in place to minimise risk including procedures and processes to prevent infections, manage emergencies and safeguard people using the service.
- Patients needs were assessed and dental care and treatment was planned and delivered in line with current

Summary of findings

guidance and best practice. This included the promotion of good oral health. We saw evidence staff had received training appropriate to their roles and further training needs were identified and planned through the appraisal process. Arrangements were in place to refer patients to specialist dental services where required. Staff clearly understood the importance of obtaining informed consent from patients and how to support patients who may lack the capacity to provide informed consent.

- The patients we spoke with and all the comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. We were told that communication with patients and their families and access to the service and to the dentists, was good. Patients reported good access to the practice with same day emergency appointments being available when required.

- The practice had procedures in place to take into account, respond to and learn from patient's comments, concerns or complaints.

- A clear management structure was in operation. The quality assurance and governance arrangements ensure that responsibilities are clear, quality and performance are regularly considered, and risks are identified, understood and managed. Staff told us that the provider valued their involvement and that their views are reflected in the planning and delivery of the service.

There was one area where the provider could make improvements and should:

Whilst action was being taken to minimise the risk from legionella no record was maintained reflecting the outcome of monthly checks of hot water temperatures at the practice (as identified in the legionella risk assessment). The provider should ensure such a record is maintained to maximise protection from legionella.

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 were aware of their responsibilities and the procedure to raise concerns and report incidents and accidents. There were regular practice meetings that had items on the agenda regarding safety that demonstrated the practice was committed to providing a safe service. We saw up to date records that demonstrated that safety checks were regularly conducted and acted upon where issues were identified. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies and dental radiography. We found that the equipment used in the dental practice was well maintained.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. National Institute for Health and Care Excellence (NICE) and local clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual. Staff received regular training appropriate to their roles. Continuing professional development (CPD) for staff was supported by the provider and practice manager. This enabled staff to meet the requirements of their professional registration. We saw evidence that the practice worked together with other health professionals.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. The patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in all their care and treatment decisions. The CQC comment cards and the provider patient survey reflected that patients felt well supported, were treated with dignity and respect and were involved in planning their care and treatment. There was sufficient information available for patients to help them understand the dental care available. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. We saw that the appointments system enabled patients to access dental treatment in a timely way. This included being able to access same day emergency appointments when required. The facilities and premises were appropriate for the provision of dental care and treatment. There was a clear complaints system with evidence that demonstrated the practice had measures in place to respond quickly if an issue was raised.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. There was evidence of a visible, transparent and open leadership culture in the practice. The practice had an ethos of continuing improvement of the service they provided. There was a leadership structure and staff felt supported by the provider and practice manager. Regular staff meetings were held and minuted to discuss all aspects of the delivery of dental care and the management systems operated at the practice. There were systems in place to monitor and improve quality and to identify and manage risks. The practice proactively sought feedback from staff and patients and this was acted upon.

Pearldent Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 22 December 2015 and was conducted by a CQC inspector and a dental specialist advisor.

We informed NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them. The practice sent us their statement of purpose, details of their staffing levels and details of how they managed complaints. We also reviewed further information on the day of the inspection, talked with people using the service, interviewed staff, made observations and looked at documentation kept by the practice.

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. This did not highlight any significant areas of risk across the five key question areas.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. We saw evidence there were systems and processes in place to manage accidents and incidents if they occurred. We saw that incidents and all the details of investigations were recorded. All learning points were documented and included discussions with the person at the centre of the incident. Learning from incidents was also discussed at the monthly practice staff meetings.

Reliable safety systems and processes (including safeguarding)

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. We reviewed dental care records on the computerised system. All demonstrated that a medical history was obtained and/or updated prior to the commencement of dental treatment. The dental care records we saw were all clearly structured and contained sufficient detail to enable another dentist to understand what treatment had been prescribed or completed, what was due to be carried out next and details of any possible alternatives. Leadership in respect of safeguarding was provided by the provider (who is also the principal dentist at the practice). We looked at training records which demonstrated that staff had received relevant role specific training on safeguarding. Staff were aware who the practice's safeguarding lead was and described how they would possibly recognise signs of abuse in older people, vulnerable adults and children. They were also able to tell us what to do if they encountered safeguarding concerns during the course of their work. Contact details for the local authority safeguarding team were readily available and accessible to all staff.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. There was a range of suitable equipment including emergency medicines and oxygen was available for dealing with medical emergencies should one occur.

The practice had an Automated External Defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice followed guidelines about how to manage emergency medicines in accordance with the British National Formulary (BNF). The British National Formulary (BNF) is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines. The emergency medicines were all in date and securely stored along with emergency oxygen in a central location known to all staff. The expiry dates of medicines and equipment were monitored using a checklist which enabled the staff to replace out of date items and equipment in a timely manner. This demonstrated that the risk to patients during dental procedures was reduced. Staff we spoke with were clear about what to do in a medical emergency and had received annual training in emergency resuscitation and basic life support (most recently in January 2015). We saw evidence that arrangements had been made to update this training in January 2016.

Staff recruitment

The provider operated practice recruitment and selection policies that were implemented and monitored by the provider's senior management team and practice manager. These clearly described the recruitment processes and checks conducted by the provider prior to new staff commencing work at the practice. We looked at the recruitment records of three of the practice staff. They contained the required evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, two written references, details of professional qualifications, details of the individual's registration with the appropriate professional body and documentary evidence of criminal records checks through the Disclosure and Barring Service (DBS) were sought. It was the provider's policy to conduct DBS checks on all staff employed at the practice. Newly employed staff had a period of induction training and support to familiarise themselves with the way the practice ran, before being allowed to work unsupervised.

Monitoring health & safety and responding to risks

The practice regularly completed risk assessments to safely manage the health and safety of patients, visitors and staff. We saw that these risk assessments were completed regularly and where remedial actions had been identified

Are services safe?

these were implemented and monitored. There was a fire risk assessment that had been reviewed annually. Fire extinguishers were also serviced annually and fire alarms regularly checked and services. Safety alerts received were disseminated by the practice manager to practice staff. Alerts were discussed with staff individually or at practice meetings to ensure all were aware of any relevant to the practice and where action needed to be taken.

Infection control

We observed that the practice appeared clean and well maintained. There was a cleaning plan, schedule and checklists, which we saw were completed, and cleaning equipment was stored appropriately in line with Control of Substances Hazardous to Health (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health. One of the dental nurses provided leadership in respect of infection prevention and control in the practice. Training records and discussion with staff demonstrated all the practice staff had received regularly updated training in respect of infection prevention and control. The practice regularly discussed infection control matters at practice meetings.

We looked at evidence that the practice was meeting the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw evidence the practice had undertaken a recent Infection control audit that reflected compliance with HTM01-05 standards. Decontamination of dental instruments was carried out in designated decontamination rooms. The senior dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. We observed that the arrangements ensured that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. When instruments had been sterilised they were stored appropriately until required. The dental nurse demonstrated to us that the practice operated systems to ensure that the autoclave (equipment used to sterilise instruments) used in the decontamination process was working effectively. We noted that data sheets used to record the essential daily and weekly validation checks of

the sterilisation cycles were complete. We also reviewed the regular maintenance schedules, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines and the practice had undertaken a sharps risk assessment. We observed that sharps containers were well maintained and correctly labelled. When we spoke with practice staff they understood the practice sharps injury protocol. This indicated that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this. Legionella is a germ found in the environment which can contaminate water systems in buildings. Whilst action was being taken to minimise the risk from legionella no record was maintained reflecting the outcome of monthly checks of hot water temperatures at the practice (as identified in the legionella risk assessment). The provider should ensure such a record is maintained to maximise protection from legionella.

There were appropriate hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE) for patients and staff members. Staff and patients we spoke with told us that staff wore protective aprons, gloves and masks during assessment and treatment to minimise the risk from the spread of potential infections.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the X-ray sets. There were arrangements in place to ensure tests of equipment were carried out at the right time and there were records of

Are services safe?

service histories for each of the pieces of equipment tested. Portable appliance testing (PAT) was completed and recorded in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety. The practice had a recording system for the prescribing of the medicines used when providing dental care and treatment. Medicines and prescription pads were stored securely.

Radiography (X-rays)

One of the dentists was the named radiation protection supervisor. We identified who was fulfilling the required

role of radiation protection adviser. The practice had a radiation protection file which we reviewed. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. We saw evidence that audits of X-rays were carried out and that radiological protection rules were on display next to the x-ray machines. We also saw a copy of the most recent radiological audit. The audit demonstrated that a very high percentage of X-rays were of the appropriate standard. We saw documentary evidence that the provider had submitted a notification of ionising radiation activities at the practice to the Health and Safety Executive (HSE).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patient's dental health needs were assessed and dental care and treatment was planned and delivered in line with their individual treatment plans. We looked at a sample of computerised patient records. The records contained details of the condition of the gums and soft tissues lining the mouth. These examinations were carried out at each dental health assessment. Patients were informed of the status of their oral health following these assessments. Patients' dental recall intervals were determined by the dentist using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that patients get fair access to quality treatment. The recall interval for each patient was set following discussion of these risks with them. The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits. Medical history checks were updated at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. Patients were given a copy of their treatment plan, including any fees involved.

Health promotion & prevention

The practice recognised and acted upon the importance of preventative care and supporting people to improve their oral health. Fluoride applications for children and oral health advice were provided. The practice provided patients with advice on preventative care and supported patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This 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, as appropriate, to receive fluoride applications to their teeth. The medical history assessment included questions about smoking, diet and alcohol intake. The dentist and nurses we spoke with

told us they discussed this information with patients and provided appropriate advice. The practice provided a range of written information relating to dental health promotion and prevention.

Staffing

We reviewed three staff recruitment files and the training records of all staff at the practice. Staff we spoke with confirmed they were supported and enabled to access training and professional development opportunities relevant to their role. The practice provided a programme of professional development to ensure that staff maintained and developed their professional skill to ensure patients were provided with a high standard of dental care and treatment. This included training in core skills such as health and safety, safeguarding, radiography, medical emergencies and infection prevention and control. Training records reflected that staff were being provided with regular training appropriate to their role at the practice. We also reviewed information about continuing professional development (CPD), current criminal records bureau (CRB) certificates (now known as disclosure and barring service (DBS) checks), current General Dental Council (GDC) registration and immunisation status and found them all to be in order. We reviewed the practice induction process which included all aspects of health and safety and included fire safety, medical emergencies and decontamination procedures. We saw evidence that staff met regularly with the practice manager for formal appraisals or monthly one to one meetings that including discussion regarding individual training and professional development needs.

Working with other services

There was a clear and documented process in operation to refer patients to NHS or other specialist dental services when required. The system ensured when patients were referred all the information that was required to assess and deliver their ongoing care was appropriately shared in a timely way. There was a system whereby patients could be urgently referred if oral cancer was suspected. The practice manager and staff we spoke with explained how they would follow up referrals to ensure they had been responded to.

Consent to care and treatment

Patients who used the service were provided with appropriate information and support to enable them to

Are services effective?

(for example, treatment is effective)

make informed decisions about their dental care and treatment. We spoke with five patients who used the service. All said they were provided with clear treatment options which the dentists discussed with them in terms they could understand. This was also demonstrated when we spoke to one of the dentists and looked at patient records. We saw discussions with patients about treatment options consent were consistently documented in detail when we reviewed patient records. The dentists we spoke with were aware of how they would manage a patient who

lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect. Staff demonstrated a clear understanding of the Gillick competencies. (These help staff to identify children aged under 16 who have the legal capacity to consent to examination and treatment).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff treated patients with dignity, compassion and respect during our visit. The patients we spoke with were very positive about the care and treatment they had received from the practice. They said they were treated with respect and dignity at all times and that their privacy and confidentiality were maintained. Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or phobic of dental treatment. Staff were sensitive to the needs of their patients and there was a focus on reducing anxiety and supporting people to feel comfortable in the surroundings. We observed staff took care to follow the practice's confidentiality policy when discussing patient's treatments so that confidential information was kept private. Staff and patients told us all consultations and treatments were carried out in the privacy of a surgery. We observed the treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would

raise these with the practice manager. They were confident that any such concerns would be investigated and any learning identified would be shared with staff individually or at practice meetings if necessary.

Involvement in decisions about care and treatment

The practice, which provided exclusively private dental care and treatment, displayed information in the waiting area that gave details of the current dental fees. We also saw that the practice had displayed information about dental care and treatments and opening times. There was also information and contact details displayed regarding how patients could access emergency dental care if required. This information was also available in the patient information leaflet. The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist asked questions about each patient's current oral hygiene practice and made suggestions how this could be improved to prevent oral health problems. We saw discussions with patients about treatment options consent were consistently documented in detail when we reviewed patient records. Where a patient's carer attended an appointment to support the patient they ensured the carer was involved in the discussion. Patients who had received treatment were given explanations about what to do to manage any discomfort and prevent problems.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems to maintain the level of service provided. The dental healthcare needs of patients were understood and systems were in place to address identified needs in the way services were delivered.

We observed that appointments were managed efficiently during our visit and every effort was made to minimise waiting times. Patients we spoke with told us they were provided with adequate time for their consultations and that they were seen promptly. Staff told us that if appointments were running late they would speak with the patient waiting to ensure they were kept informed and were able to continue to wait.

All dental consultations were recorded in the patient's electronic record. New patients were asked to provide a comprehensive medical and dental history. This enabled the practice to gather important information about their previous medical and dental history. They also aimed to capture details of the patient's expectations in relation to their dental healthcare. This helped to enable the practice to provide the most effective form of care and treatment for their patients. The practice ensured emergency appointments available. The practice supported patients to attend their forthcoming appointment by having a text and email reminder system in place. Patients who commented on this service reported this as helpful.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups of people in the planning of its services that included access to translation services for patients whose first language was not English. The practice recorded when a translator was required including for a follow up appointment. The premises had been adapted to meet the needs of people with disabilities. The building had easy access for people in wheelchairs at the entrance of the building. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and these arrangements allowed for easy access to the

treatment rooms situated on the ground floor (two more treatment rooms are situated on the first floor). Staff we spoke with told us how they had supported patients with additional needs such as a learning or physical disability. In particular staff ensured patients could be supported by their carer or a relative when attending appointments and that there was sufficient time to explain fully the care and treatment they were providing.

Access to the service

Details about accessing an appointment were available to patients on the practice website and in the waiting area. Patients we spoke with told us they were satisfied with the appointments system and access to the practice generally. Comments received from patients and observations on the day of our visit demonstrated that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice. The practice is open Monday to Friday 9am to 5pm. Patients were able to book appointments in person or by phone.

Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 50 patients chose to comment. All of the comment cards contained very positive comments about the services provided and the staff. The practice had a system in place for handling complaints and concerns. All complaints were investigated and responded to by the provider's senior management team and the practice manager. Patients we spoke with were aware of how they could raise concerns or make a complaint. Although patients were aware how to complain, the patients we spoke with said they never felt the need to complain. Information on how to complain was prominently displayed in the waiting area. This included information about what steps people could take if they were not satisfied about how their complaint had been investigated or the outcome of the investigation. The practice regularly surveyed patients views to determine their level of satisfaction about the care and treatment provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements ensured that staff responsibilities were clear, quality and performance were regularly considered, risks were identified, understood and managed appropriately.

Governance at the practice was managed by the principal dentist (who is also the registered provider) and the practice manager. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability. The checks (audits) carried out at the practice identified where quality or safety issues needed to be addressed. Action plans were then developed, implemented and monitored to ensure improvements were made and sustained. We looked at a wide range of documented risk assessments relating to fire, infection prevention and control, exposure to hazardous substances and medical emergencies. Staff were clear about their role and areas of responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice. The practice had a number of policies and procedures in place to govern activity and these were available to all staff. These included how to report adverse incidents, information governance, access to records, confidentiality and complaints.

Leadership, openness and transparency

The provider has developed and produced a clear statement of purpose that sets out their aspiration to provide high quality preventative care and treatment. A clear management structure was in place. The principal dentist provided leadership in clinical matters and the practice manager was responsible for the day to day management of the practice. The leadership and culture reflected the vision and values of the practice and encouraged openness and transparency.

We looked at how the management arrangements and records maintained by the practice demonstrated how the safety and quality of the service was maintained and improved. The quality assurance processes included a

robust risk assessment process that was monitored closely and regularly reviewed by the management team to ensure actions were implemented and improvements were sustained.

Staff we spoke with told us that there was an open culture at the practice, and that they were encouraged and supported to report incidents and raise concerns. They also told us that they were listened to by the principal dentist and practice manager and that their views were valued and responded to. The provider had recently produced information for staff and engaged them in discussions about the importance of candour and openness in the culture of the practice.

Learning and improvement

Staff we spoke with confirmed they were supported and enabled to access training and professional development opportunities relevant to their role. The practice provided a programme of professional development to ensure that staff maintained and developed their professional skill to ensure patients were provided with a high standard of dental care and treatment. This included training in core skills such as health and safety, safeguarding, radiography, medical emergencies and infection prevention and control. Training records reflected that staff were being provided with regular training appropriate to their role at the practice. We saw evidence that staff met regularly with the practice manager for formal appraisals or monthly one to one meetings that including discussion regarding individual training and professional development needs. There was a strong commitment to training and the practice provides approved placements for post graduate dentists in the early part of their career and also trainee dental nurses.

The system of checks (audits) and action plans we looked at during our visit demonstrated the practice's commitment to maintain and improve the safety and quality of the services provided.

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

The provider conducted regular patient surveys to establish how patients viewed the quality of dental care they received. We saw that the results from the most recent survey showed a high level of satisfaction with the quality of service provided. Patients we spoke with and who completed CQC comment cards said that the service and

Are services well-led?

staff was very professional and supportive. They were also happy with the quality of the care and treatment they had received. There was also a patient's comments book that the practice manager reviewed on a regular basis.

The practice gathered feedback from staff through practice meetings, staff appraisal meetings and individual one to one meetings held by the practice manager with individual

members of staff. Staff we spoke with told us they were encouraged to and felt comfortable with providing feedback and discuss any concerns or issues with colleagues and the practice manager. They also said their views were respected, valued and acted upon. The practice had a whistle blowing policy which was available to all staff.