

Ishak Practices Ltd

Gainsborough Dental Care

Inspection Report

17 Spital Terrace
Gainsborough
Lincolnshire
DN21 2HD
Tel: 01427 613322

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Overall summary

We carried out an announced comprehensive inspection on 7 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 situated just off the main street that runs through the town of Gainsborough in Lincolnshire. The

practice is converted from two terraced houses and has been modernised and allows access all one level. It is a large practice, consisting of four treatment rooms, a decontamination room, and a patient waiting area at reception. There is free parking available on the streets around the practice and a large pay and display car park at the back of the practice. The building is accessed via a power assisted door and all areas of the practice are accessible to people who use wheelchairs. The practice has a portable hearing induction loop to assist people with hearing difficulties.

There are four dentists, two dental hygienists, four trainee dental nurses, a practice manager and a receptionist.

The practice provides both NHS and private dental treatment to adults and to children. The practice is open Monday to Friday from 8.30am to 6.30pm. There are extended hours to 8pm on a Tuesday and Friday and the practice also opens on Saturdays from 9am to 12.30pm and alternate Sundays from 9am to 12.30pm. On Bank holidays the practice is open from 10am to 1pm.

One of the practice owners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

We received feedback from 44 patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy and that they found the staff offered a friendly, helpful and professional service and were polite and caring. Patients said that explanations about their treatment were clear and that they were always informed of what was happening which made the dental experience as comfortable as possible. Patients who were nervous commented how the staff made them and their children feel at ease.

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.
- 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 where possible.
- The practice opened two late nights as well as weekends.
- 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 and policies and procedures were regularly reviewed and updated.

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

- Adopt a system to ensure tests on the ultrasonic cleaner are completed quarterly.
- Review guidance in relation to Health and safety (sharp instruments in healthcare) regulations 2013.

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 had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents and significant events including near misses.

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 and the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments.

Are services effective?

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them. Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE).

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer and were tracked to ensure patients received their referral.

Staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patients told us that explanations and advice relating to treatments were clearly explained to themselves and their children. Patients with urgent dental needs or pain were responded to in a timely manner with urgent appointments available each day.

Are services responsive to people's needs?

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

The practice was modern and well equipped. The waiting room was spacious and comfortable. The practice was accessible via a push button, power assisted main door for patients who were of limited mobility or in a wheelchair.

The practice opened two late nights weekly and was also open at weekends for appointments and for emergency dental treatment.

Summary of findings

Are services well-led?

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

Staff were involved in leading the practice to deliver satisfactory care. Care and treatment records had been regularly audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

Gainsborough Dental Care

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 7 December 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, and 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 viewed 44 Care Quality Commission (CQC) comment

cards that had been completed by patients, 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 incidents and complaints.

Serious incidents were reported on an incident form and reviewed by the practice manager. Lessons learned from incidents were disseminated at the next practice team meeting. We saw that there had been three incidents reported for 2015 which had involved patients, the staff had followed their emergency procedures appropriately and there had been positive outcomes for the patients involved. There was an accident book where staff recorded incidents such as needle stick injuries. The last accident reported was a needle stick injury in October 2015; the correct process had been followed by the staff member involved. Staff were encouraged to bring safety issues to the attention of the management. There was a near miss protocol in the practice that ensured that staff were aware of the need to record near misses in addition to events that occurred. Staff would raise concerns with the practice manager. The practice had a no blame culture and policies were in place to support this.

The practice had not received any formal written complaints. The practice did have a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff. The practice had also responded to all the comments, positive and negative, made by patients on NHS choices.

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. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer 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. The practice had information at reception and on the staff room notice board of who to contact if they had any concerns in relation to safeguarding of children or adults. From records viewed we saw that staff at the practice had completed safeguarding training in

safeguarding adults and children. The dentist 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 and the staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council, NHS England or the Care Quality Commission if they were not able to go directly to their line manager or the registered manager. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

The practice had an up to date employers liability insurance certificate which was due for renewal September 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

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 and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) other than two staff that had been booked to attend. 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. Staff had demonstrated their knowledge of this with three incidents that had involved them using the procedures and giving basic life support.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that relevant 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, this included the practice's policies in relation to health and safety, and infection control.

Are services safe?

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a rota system was in place to ensure that where absences occurred, they would cover for their colleagues.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice which had been reviewed in April 2015. There was a comprehensive risk assessment log covering risks such as autoclave burns, biological agents, fire and manual handling. There were also risk assessments for trainee dental nurses, and pregnant and nursing mothers. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. All policies had been reviewed in April 2015 and were due to be reviewed each year in April. These included infection prevention and control, legionella policy and sharps policy. The practice had a current Legionella risk assessment in place which was due to be reviewed May 2017. 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. There were actions identified from this that we were told were completed but the action plan had not been signed to confirm this.

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 and we saw records that confirmed these checks were completed weekly. All staff had been trained in fire safety in October 2015.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service. This gave actions to be taken in the event of risks such as fire or flooding and gave emergency contact details for the relevant personnel for example electricians and builders.

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 treatment rooms and the general areas of the practice. The practice employed contract

cleaners to clean the public areas of the practice such as the waiting room and reception area. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. 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 treatment rooms, the decontamination room and the toilet facilities.

The practice had a sharps' management policy which was clearly displayed and understood by all staff. This policy was in the process of been reviewed. The practice used sharps' bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. We saw that the bins did not have the temporary closures in place on them, which meant that if they were knocked over there was a risk that the sharps may fall out and injure someone. The practice had a clinical waste contract in place and waste matter was stored outside 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 treatment rooms to the decontamination room which had two doors, one 'in' and one 'out' and this ensured a hygienic environment was maintained. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in clearly marked purpose made containers. The dental nurses were knowledgeable about the decontamination process and

Are services safe?

demonstrated they followed the correct procedures. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. However the foil ablation test for the ultrasonic cleaner was out of date as should have been done quarterly and the last check recorded was June 2015. Records showed that the equipment was in good working order and being effectively maintained.

Staff files reflected staff Hepatitis B status. 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.

Records showed a risk assessment process for Legionella had been updated in May 2015. This was to ensure the risks of Legionella bacteria developing in water systems had been identified and measures taken to reduce the risk of patients and staff developing Legionnaires' disease.

(Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The records showed the practice was flushing their water lines in the treatment rooms. Records showed waterlines were flushed for two minutes at the beginning and end of each session, and for 30 seconds between patients. This was in keeping with HTM 01-05 guidelines. These measures reduce the risk of Legionella or any other harmful bacteria from developing in the water systems.

Equipment and medicines

Records we viewed showed that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing had taken place on all electrical equipment. Fire extinguishers had been checked and serviced by an external company in July 2015 and staff had been trained in the use of fire fighting equipment and evacuation procedures.

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.

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. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. There were daily checks made on the defibrillator and oxygen with the other equipment and drugs checked monthly. We observed that checks were recorded.

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 and 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 dental care record contained all the relevant detail and followed guidance provided by the Faculty of General Dental Practice. X-rays were taken at appropriate intervals and in accordance with the patient's risk of oral disease. X-rays were justified, graded for quality and reported.

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. Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare.

Discussions with dentists showed they were aware of the 'Delivering better oral health' document and we saw evidence of this in dental records to show it was used in their practice.

The dental care records 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.

Feedback we received from 44 patients showed that they were satisfied with the service including 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. The practice also had a display promoting 'bite back at mouth cancer 2015'. This gave patients pictures and a description of what to look for in relation to preventing and identifying mouth cancer signs.

The practice also had a display that showed how much sugar was in drinks. There were various drinks shown and below them was a bag of sugar filled with the actual amount of sugar in grams in that drink.

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. Referrals were made for smoking cessation. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients were given free samples of toothpaste when available.

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. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. The practice had a process that allowed staff to log in to an on line learning system and complete their training, the next step for this system would allow the provider to log on and also see if staff were compliant with their training and who was due for renewal. 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. We saw that staff had annual appraisals completed. Staff confirmed that appraisals had taken place and they felt supported and involved in discussions about their personal development. They told us that the management team and 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

Are services effective?

(for example, treatment is effective)

showed that referrals were made in a timely way and followed NICE Guidelines criteria where appropriate. Referrals were logged and monitored to ensure that patients accessed the treatment they needed.

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. Dentists we spoke with was also aware of and understood the assessment of Gillick

competency in young patients. 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.

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. Staff had received Mental Capacity Act 2005 (MCA) training and those that we spoke with understood their responsibilities and were 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 patients' 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 main reception area was open plan but we were told by staff members that they were conscious of conversations held at the reception area when other patients were present. The practice used an I-pad that allowed patients to check their information themselves which helped maintain confidentiality. Staff members 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. Staff were aware of locking computers and the importance of not disclosing information to anyone other than the patient. Staff told us that the I-pad was always cleared after each patient had completed their information.

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

Involvement in decisions about care and treatment

Feedback from patients included comments about how they were given good explanations and advice relating to treatments and they were clearly explained to themselves and their children. Nervous patients also commented that staff were reassuring and understanding 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, safeguarding information and information about patient confidentiality.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, patients would be seen the same day. The practice leaflet gave details of the arrangements for urgent treatment.

Appointment times and availability met the needs of patients. The practice opened Monday to Friday from 8.30am to 6.30pm with extended hours until 8pm Tuesdays and Fridays. The practice also opened Saturday from 9am to 12.30pm and alternate Sundays 9am to 12.30pm. Bank holidays the practice was open from 10am to 1pm.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. A disability access audit had taken place in October 2015 at the practice. The practice was all on the ground level and all areas were accessible to patients using a wheelchair or those with limited mobility. There was an assisted toilet, accessible to patients which had a pull cord that sounded an alarm at reception.

The practice was able to use an interpreting service, both via the telephone and by booking interpreters in advance if

necessary for any non-English speaking patients. This was advertised in reception in various different languages so that patients would be able understand it. The practice also had a portable hearing loop.

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 happy with the availability of routine and emergency appointments.

The arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the practice leaflet. Access for urgent treatment outside of opening hours was usually through the NHS 111 telephone line.

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 external organisations such as NHS England that a patient 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 and in the practice leaflet. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had not been any complaints made within the last 12 months. 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 and non clinical audits had taken place such as radiography, infection control and record cards to monitor and improve the quality of care provided. These were cascaded to other staff and discussed at practice meetings.

There was a full range of policies and procedures in use at the practice. We saw that policies and procedures were kept under review and there was a signature sheet with each policy where staff had signed to say that they had read and understood it. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them.

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 or the management team 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 managers and dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice.

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's values and ethos and demonstrated that they worked towards these.

Practice meetings were held fortnightly and were minuted. We saw that there were standing agenda items for example, safeguarding, complaints and incidents. We also saw that role play of scenarios had taken place, for example a patient having an asthma attack and the procedure that would be followed.

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. Feedback could be given in a variety of ways such as the Friends and Family test, NHS choices, the patient survey and a suggestion box. One suggestion had been of a water fountain for patients to use. This had been responded to by the practice displaying a sign that water was available on request.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received was discussed at the fortnightly practice meeting.

The practice held staff meetings each fortnight. Staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted by managers. Staff told us that they felt part of a team.