

Dr Anoop Soni

Bramley Dental Practice Annexe - Cross Street

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 March 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

Bramley Dental Practice Annexe - Cross Street is located in Bramley, Rotherham and provides NHS and private treatments to adults and children, which includes dental implants and cosmetic dentistry. The practice is a foundation dentist training practice. The annex is a separate location from the main practice 25 yds away on the main street of Bramley. Access to the practice is via one flight of stairs and car parking is available nearby.

The dental team is comprised of eight dentists (one is a foundation training dentist), eight dental nurses (five are trainee dental nurses), one dental hygienist, one dental hygiene therapist, two practice managers and three receptionists. There are two treatment rooms and an instrument decontamination room. There is a reception/waiting area with separate staff and patient toilet facilities and a small office.

On the day of inspection we received 32 CQC comment cards providing positive feedback.

Summary of findings

The practice is open: Monday and Tuesday 9:15am - 6:00pm, Wednesday to Thursday 9:15am - 5:00pm. Friday 9:00am - 1:00pm

There is no current member of staff registered as a manager at this practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. We saw evidence which confirmed that registration was in progress.

Our key findings were:

- The practice appeared visibly clean and tidy.
- The practice had systems in place to assess and manage risk to patients and staff but some processes required improvement.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- Emergency equipment was in place and staff were trained to respond to medical emergencies.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

- Safe recruitment of staff was in place.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.

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

- Review the security of prescription pads and ensure there are systems in place to monitor and track their use.
- Review the process for assessing X-ray quality to ensure they are in line with the National Radiological Protection Board and IR(ME)R 2000 regulations.
- Review the practice's process for the tracking of external referrals.
- Review staff knowledge of the Mental Capacity Act and Gillick competency.
- Review the practice's latex procedures and implement a policy to assess safety to staff and patients.

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 and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies.

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents and accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

The process involving the use of prescriptions and security required improvement to monitor and track their use.

There was no latex policy in place to protect staff and patients.

We reviewed the legionella risk assessment dated February 2017. Evidence of regular water testing was being carried out in accordance with the assessment.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

The process involving the provision of dental implants was in line with best practice.

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Some staff were unfamiliar with the Mental Capacity Act and Gillick competency.

The practice liaised with the external referring practitioners effectively to keep them informed of treatment decisions which had been made and also any after care which would be required.

No action



Summary of findings

Are services caring?

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

Patients we spoke with were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 32 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

The practice offered to make a separate room available if patients wished to speak in private.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

No action



Are services responsive to people's needs?

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

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The practice was located on the first floor above retail outlets; the practice was limited to what adjustments it could make but had taken into account the needs of different groups of people, for example, there were hand rails up the stairs. Patients who found the first floor practice difficult to access would be signposted to the main practice 25yds away.

No action



Are services well-led?

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

There was a defined management structure in place and all staff felt supported and in their own particular roles. The principal dentist was responsible for the day to day running of the practice.

There were systems and process in place for monitoring and improving services. The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning system but some areas required improvement.

No action



Summary of findings

The practice had systems in place to assess and manage risk to patients and staff but some processes required improvement.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate and patient information was handled confidentially.

Staff were encouraged to share ideas and feedback as part of their appraisals.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Bramley Dental Practice Annexe - Cross Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed NHS England area team and Healthwatch that we were inspecting the practice; we received no information of concern from them.

During the inspection we spoke with two dentists, one dental hygienist therapist, two dental nurses and both practice managers. To assess the quality of care provided we looked at practice policies and processes and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Some staff were aware and understood the process for reporting. The practice had recorded, responded and discussed all incidents to minimise risk and support future learning.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The principal dentist was aware of the notifications which should be reported to the CQC.

The practice managers received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the practice safeguarding policy.

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment which was reviewed in October 2016. A safe sharps system had been implemented for use in each surgery. This risk assessment was updated annually to ensure any new updates or equipment was added.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept; all emergency medicines and equipment were present and in date.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed a weekly check on the AED and medical oxygen cylinder. These checks ensured the oxygen cylinder was sufficiently full, in good working order and we saw the oxygen cylinder was serviced on annually.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working

Are services safe?

in roles where they may have contact with children or adults who may be vulnerable. We saw that five staff members had recently applied for a DBS but were waiting for a completion certificate; evidence was seen as proof of application for all five staff members.

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

Monitoring health & safety and responding to risks

The practice had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had been a fire risk assessment completed in November 2016. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff in February 2017 and discussion about the process reviewed at a practice meeting.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

We saw no latex policy implemented to mitigate the risk of allergic reaction. The practice manager acknowledged this and told us this would be in place without delay.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste

products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

The practice had carried out an infection control self-assessment audit in February 2017 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in February 2017. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water, monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site.

Are services safe?

Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

We saw that the cleaning schedule covered all areas of the premises.

Equipment and medicines

We saw evidence of servicing certificates all equipment and Portable Appliance Testing (PAT) in November 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Checks were carried out in line with the manufacturer's recommendations and guidelines.

We saw the practice was not storing NHS prescriptions in accordance with current guidance. Prescription pads were not being logged or secured when the practice was closed and no audit trail was evident. We highlighted this to the principal dentist who acknowledged the need to review this process.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

The practice demonstrated compliance with current radiation regulations this included information stored within the radiation protection file.

We saw a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out by the practice annually. The grading and results were in line with current guidance but were not clinician specific. The principal dentist acknowledged this and told us they would review the audit currently in progress.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists and specialists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The practice provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the dental implant was being placed. We saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement we were told the patient would be followed up at regular intervals to ensure that it was healing and integrating well.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audits had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The dentists would have informal chats during the day to get each other's opinions about cases.

Health promotion & prevention

The practice focused on preventative care and supporting patients. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Staff told us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the dental hygienist and hygiene therapist for a more detailed treatment plan and advice.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the GDC.

Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to

Are services effective?

(for example, treatment is effective)

be seen within two weeks. Referral tracking was not carried out to ensure referral processes were of a suitable standard. The principal dentist acknowledged this and agreed to implement an effective tracking system.

Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

Not all staff were clear on the principles of the Mental Capacity Act and Gillick competency. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options. We identified that refresher training was required for the Mental Capacity Act and Gillick competency. This was discussed and agreed with the principal dentist.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions at the reception desk and over the telephone.

We observed the layout of the waiting area was not conducive to maintaining confidentiality as conversations at the reception desk could be overheard by those in the waiting area. Staff told us they were aware of the need to retain privacy and would offer an alternative location within the practice to discuss sensitive issues.

We saw the treatment room door was closed at all times when patients were being seen. Conversations could not be heard from outside the treatment room which protected patient privacy.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way. There was male and female dentists so patients could choose who they saw.

Patients' electronic care records were password protected dental care records were stored securely.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website, the information leaflet included details of the staff, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice. This included dental implants and cosmetic treatments.

Tackling inequity and promoting equality

The practice had completed an audit as required by the Equality Act 2010. Hand rails were in place along the stairs to assist patients with mobility difficulties. Patients who found the stairs difficult would be treated at the main practice where there were ground floor treatment rooms.

Certain staff members spoke different languages, which they offered as an in-house translation service to patients.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

Are services well-led?

Our findings

Governance arrangements

The principal dentists were in charge of the overall running of the practice. The practice managers had recently taken over the day to day administration and were in the process of reviewing and updating policies and procedures. It was evident that processes were being embedded within the practice. For example, we saw new processes relating to fire safety management, infection prevention and control, COSHH and lone working. The practice managers acknowledged there were areas still to be addressed. For example, the Mental Capacity Act and Gillick competency awareness and a latex policy was required.

Staff told us they felt supported, were clear about their roles and responsibilities and were proud to work at the practice. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place but practice specific risk assessments were absent, for example staff pregnancy and nursing mother.

Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

All staff were aware of whom to raise any issue with and told us the principal dentists and practice managers were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. Staff told us there was an open culture within the practice and they were encouraged and

confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held meetings to ensure staff could raise any concerns and discuss clinical and non clinical updates.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, in-house referral audits and infection prevention and control. We saw that audits were carried out with results and action plans detailed but the X-ray audit was not clinician specific.

All staff had annual appraisals at which learning needs were discussed. We saw evidence of completed appraisal forms in the staff folders and staff career development was recently implemented.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the GDC.

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

The practice used the NHS Friends and Family Test (FFT) as a form of assessing patient views on the practice. We saw that feedback was gathered but was not analysed for continuous improvement or fed back to patients. The FFT is a national programme to allow patients to provide feedback on the services provided. We saw that a plan was in place to implement alternative practice feedback surveys.