Singh, Singh & Emmett

Stephen Emmett's Dental Surgery

Inspection Report

165 Chapman Street
Gorton
Manchester
M18 8LY
Tel: 0161 223 1888
Website: www.steveemmettdental.co.uk

Date of inspection visit: 31 March 2017
Date of publication: 09/05/2017

Overall summary

We carried out an announced comprehensive inspection on 31 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

Stephen Emmett's Dental Surgery is a dental practice providing NHS and private treatment for both adults and children. The practice is based in a converted terraced property in Gorton, Manchester.

The practice has two dental treatment rooms which are located on the ground floor and the first floor, a decontamination room, reception area and a staff kitchen/X-ray room.

There are four dentists, four dental nurses (one of whom is a trainee), a decontamination staff member, a receptionist and a practice supervisor.

The practice's opening hours are 8.45am to 12.15pm and 1.30pm to 7pm on Mondays, 8.45am to 12.15pm and 1.30pm to 5.30pm Tuesday and Thursday, 8.45am to 12.15pm and 1.30pm to 5pm Wednesday and 8.45am to 3.15pm Fridays.

One of the practice partners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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.

During the inspection we received feedback from 14 patients. The patients were positive about the care and treatment they received at the practice.

Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- An Infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council but minor adjustments were necessary.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- There were systems to deal with complaints in an efficient and positive manner.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's safeguarding staff training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the current Legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the health and safety systems to carry out risk assessments and document the actions taken by the practice to reduce risks.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the storage of dental care records to ensure they are stored securely.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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?

No action

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

Infection prevention and control procedures followed nationally recognised guidance from the Department of Health.

The systems to check equipment was serviced regularly required improvement.

Risk assessments required improvement and did not include details of the actions taken by the practice to reduce or control risks.

The practice did not have a system in place to receive patient safety alerts.

Staff had access to safeguarding training but not all members of staff had received training to the appropriate level.

The practice had not acted upon recommendations in the Legionella risk assessment report.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations but minor adjustments were necessary.

Medicines were predominantly stored appropriately. We found improvements could be made, both for medical emergencies and for private prescriptions. The dentists maintained a log of prescriptions which had been written. Prescription pads were not stored securely.

Are services effective?

No action

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

Staff had not received Mental Capacity Act (MCA) training and not all of them demonstrated a good understanding of the MCA.

Are services caring?

No action

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

Summary of findings

Patients 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 14 responses all of which were very positive, comments included that they were seen on time, treated with respect and dignity and that staff were friendly and sensitive to their specific needs.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals. Not all paper dental care records were stored securely.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

No action

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

The practice participated in a local rota to provide dental care for unregistered patients and made every effort to see all emergency patients on the day they contacted the practice.

The practice had provided a mobile ramp to improve access to the practice but they had not carried out a disability access audit to ensure it meets the needs of disabled individuals.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint.

Are services well-led?

No action

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

There were support systems in place to ensure the smooth running of the practice.

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to. We noted that policies and procedures referred to external NHS organisation that no longer existed.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff meetings had not been held since April 2016. A change of ownership had affected the management systems of the practice and there were plans to reinstate regular staff meetings. Staff were encouraged to provide feedback on a regular basis through informal discussions.

The practice supervisor told us that they had not previously carried out regular audits. The practice had introduced and carried out preliminary audits including radiography and record keeping. They were in the process of sharing the findings with staff.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

Stephen Emmett's Dental Surgery

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 second inspector. They had remote access to a specialist dental advisor.

We informed the local NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

We spoke with two dentists, two dental nurses, the practice supervisor and the area manager. To assess the quality of care provided we looked at practice policies and protocols 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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events.

We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice did not have a process in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) or through the Central Alerting System (CAS).

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. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the CQC. Staff demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead. Staff had access to safeguarding training but three clinical members of staff had not received training to the appropriate level.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) but this did not include the risk from all sharp instruments. The practice supervisor told us that the risk assessment would be reviewed to include all risks. Only the dentists were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

The practice also had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (April 2017).

Medical emergencies

Staff had received up to date training in medical emergencies.

Equipment and emergency medicines were present in line with the Resuscitation Council UK guidelines. This included an automated external defibrillator (AED) [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]. The emergency kit did not include a child sized self-inflating mask; the practice supervisor told us that one would be obtained. Glucagon, which is required in the event of severe hypoglycaemia or low blood sugar, was kept in a fridge but staff were not monitoring the temperature in line with guidelines.

We saw records that showed the emergency medicines and equipment were checked regularly and all stock was within the expiry date. Staff knew the location of the emergency equipment which was easily accessible.

Staff recruitment

The practice recruitment policy was in line with the requirements of schedule 3. We reviewed the staff recruitment files for four members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. This was all in accordance to the practice's own recruitment policy which is currently being updated.

Monitoring health & safety and responding to risks

No action

Are services safe?

A health and safety policy was available and up to date. There was a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice.

A health and safety risk assessment was in place but not all actions taken to reduce risks were documented. For example, Health and safety, fire risk assessments had been carried out but these contained minimal information about the actions taken by the practice to reduce the risks from fire and using equipment including bunsen burners and decontamination equipment.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them. The file did not include risk assessments for domestic cleaning products, the practice supervisor told us they would provide these. We found pre-loaded syringes with COSHH substances that were un marked and not dated. The management told us they would discuss this urgently with staff.

The practice had two fire exits; clear signs were visible to show where evacuation points are.

The practice had carried out a fire risk assessments but these did not include the details of actions taken by the practice to reduce the risk. For example, fire prevention measures, staff training and fire drills. We saw annual maintenance certificates of firefighting equipment including the current certificate. The practice also had weekly visual checks of the extinguishers, lights and signs. Staff were not sure when the last fire drill had been carried out but they were familiar with the evacuation procedures.

We saw the business continuity plan had details of staff, contractors and emergency numbers should an unforeseen emergency occur. The plans still referred to and included details of contacts at the Primary Care Trust which was abolished in 2013. Staff told us these would be updated.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. The practice had carried out infection control audits on an annual basis; we discussed the recommendation to audit bi-annually.

We looked at the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination room in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

The practice had a washer disinfector to decontaminate instruments prior to sterilising but the practice supervisor informed us that it was not in use and had not been serviced since 2015. We saw evidence that the device had been used in February 2017. The practice supervisor told us they would take urgent action to decommission or service and use the washer disinfector correctly. We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused.

There was evidence of daily and weekly tests being performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had a contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

No action

Are services safe?

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment were visibly clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in 2015. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice had not acted upon recommendations in the report to check the water temperature every month and descale the water shower head in the decontamination room every three months. The practice supervisor told us these would be carried out.

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

The staff records we reviewed provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that 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 acquiring blood borne infections. One member of staff had not had their immune status confirmed. The practice supervisor told us that a risk assessment would be carried out in the interim period.

Equipment and medicines

The systems to check equipment was serviced regularly required improvement. The dental compressor had last been serviced in October 2015 and a recommendation to replace an air filter had not been acted upon. The washer disinfector had not been serviced since 2015. We were shown the servicing certificates for the autoclaves, fire extinguishers, medical oxygen and the X-ray equipment.

The practice offered relative analgesia which is the use of inhalation sedation with nitrous oxide and oxygen. Staff involved in this service had received training and we saw evidence that the equipment was serviced and calibrated.

A system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics and antibiotics. The majority of these medicines were stored safely for the protection of patients but some antibiotics were kept unsecured in the surgery. Prescription pads were pre-stamped and also not locked away when the practice was closed. The practice supervisor said the security of these would be reviewed urgently.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available. The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) 2000, the GDC highly recommends that dentists undertake a minimum of five hours continuing professional development (CPD) training During each five year CPD cycle. We saw evidence that all but one of the dentists were up to date with this training. We saw evidence that the dentist had booked to attend their training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Dental Care Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. A range of leaflets and posters in the waiting room contained information for patients such as smoking cessation advice and maintaining children's oral health.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the GDC. This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs.

Working with other services

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics and minor oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. We asked the dentists to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had not received MCA training and not all of them demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 14 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients comments included that they were seen on time, treated with respect and dignity and that staff were friendly and sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to a private room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act. Archived patient records were stored in lockable filing cabinets but we noted that these were not locked and could be accessed. The practice supervisor told us that they would ensure these were kept locked.

We saw evidence for all staff in information governance training. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

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.

We spoke with staff about how they implemented the principles of 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. We looked at dental care records with clinicians which confirmed this and patient comments aligned with these findings.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area and patient manual included a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

Staff told us that every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment. We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice had provided a mobile ramp to improve access to the practice but they had not carried out a disability access audit. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. Staff had access to a translation service where required. They provided assurance that a disability access audit would be carried out.

Access to the service

The practice's opening hours were 8.45am to 12.15pm and 1.30pm to 7pm on Mondays, 8.45am to 12.15pm and 1.30pm to 5.30pm Tuesday and Thursday, 8.45am to 12.15pm and 1.30pm to 5pm Wednesday and 8.45am to 3.15pm Fridays.

The patients we spoke with felt they had good access to routine and urgent dental care. The practice participated in a local rota to provide dental care for unregistered patients. 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.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses. Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice had not received any complaints in the last twelve months.

No action

Are services well-led?

Our findings

Governance arrangements

The practice supervisor provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted that policies and procedures referred to external NHS organisation that no longer existed. The practice supervisor and area manager told us that these would be reviewed and brought up to date.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. 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 and we saw a risk management process to ensure the safety of patients and staff members.

We looked at risk assessments including COSHH, health and safety and fire. The risk assessments required improvement and did not include details of the actions taken by the practice to reduce or control risks. The practice had dedicated leads and various policies to assist in the smooth running of the practice. The practice did not ensure that all equipment was serviced in line with the manufacturer's advice.

Leadership, openness and transparency

The practice had recently changed ownership and the practice was part of a group of practices which shared an area manager. The overall leadership was provided by the practice supervisor with support from the area manager. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Learning and improvement

The practice supervisor told us that they had not previously carried out regular audits. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. The practice had introduced and carried out preliminary audits including radiography and record keeping. They were in the process of sharing the findings with staff.

Improvement in staff performance was monitored by personal development plans and informal discussions which were documented by the practice manager. The records we reviewed were filled with sufficient details and action plans.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service. Staff and patients were encouraged to provide feedback on a regular basis either verbally or online. We reviewed the results of the NHS Friends and Family Test for the preceding two months. All of the 15 patients that responded said they were likely or extremely likely to recommend the practice to a friend or family member.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager. The last staff meeting was held in April 2016. Staff told us they felt staff meetings would be a good opportunity to discuss matters affecting the practice. A change of ownership had affected the management systems of the practice and there were plans to reinstate regular staff meetings.