Whitecross Dental Care Limited

Mydentist - Townsend House - Thetford

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 June 2016to 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

Mydentist-Townsend House- Thetford is a mixed dental practice providing mostly NHS and some private treatment to children and adults. It has a standard NHS contract and offers general dentistry services to patients living primarily in the Thetford area. It is part of Whitecross Dental Care Limited who have a large number of dental practices across the UK.

The practice employs eight dentists (one of whom is a vocational trainer), 14 dental nurses and two dental hygienists. There is a full time practice manager 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.

The practice has eight dental treatment rooms, one decontamination room, two waiting rooms and a large staff room.

We spoke with five patients and also received 23 comments cards that had been completed by patients prior to our inspection. All but one respondent were happy with the quality of the staff and dental care they received.

Our key findings were:

Summary of findings

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Premises and equipment were visibly clean, secure, properly maintained and kept in accordance with current legislation and guidance.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Special 'kids club days' were held, where clinicians gave out stickers and balloons to children, along with information about good oral health
- The practice took into account any comments, concerns or complaints and used these to help them improve the service.
- Staff felt well supported and were committed to providing a quality service to their patients.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

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

- Review timescales for repairing faulty equipment.
- Review the number of ultrasonic baths to ensure there is capacity to deal with instruments for eight surgeries.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- 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.

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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, and maintaining the required standards of infection prevention and control. The practice carried out and reviewed risk assessments to identify and manage risk effectively. Emergency equipment and medicines in use at the practice were stored safely and checked regularly to ensure they did not go beyond their expiry dates. There were sufficient numbers of suitably qualified staff working at the practice.

Recruitment procedures were robust and ensured only suitable staff were employed.

Are services effective?

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

The dental care provided was effective, evidence based and focussed on the needs of the patients. Patients were referred to other services in a timely manner and urgent referrals were actively followed up. Staff had the skills, knowledge and experience to deliver effective care and treatment. Clinical audits were completed to ensure patients received effective and safe care.

Are services caring?

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

Patients spoke positively of the dental treatment they received, and of the caring and supportive nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments.

Are services responsive to people's needs?

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

Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who worked full-time. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability; however its toilets were not wheelchair accessible.

There was a clear complaints system and the practice responded quickly and appropriately to issues raised by patients.

Are services well-led?

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

There was a clear leadership structure and staff were supported in their work. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

Mydentist - Townsend House - Thetford

Detailed findings

Background to this inspection

The inspection took place on 21 June and was conducted by a CQC inspector and a dental specialist 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, the details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with four dentists, the practice manager, and a dental nurse. We also spoke with four patients. We reviewed 23 comment cards about the quality of the service that patients had completed prior to our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available to complete. We viewed the practice's significant event folder and saw that a range of incidents had been recorded in detail, as well as the action taken to prevent their reoccurrence. All incidents were discussed at the monthly staff meetings, evidence of which we viewed. Staff we spoke with were aware of recent events that had affected the service such as the breakdown of the stair lift and telephone system.

The provider also produced a quarterly health and safety bulletin which gave details of incidents that had occurred across all of its services, so that learning from them could be shared widely with staff.

National patient safety alerts were sent to the practice via the provider's fortnightly e-bulletin, and the manager printed off hard copies which she kept in a specific folder.

Reliable safety systems and processes (including safeguarding)

The practice manager was the lead for safeguarding, and was about to undertake additional training for this role. She gave us specific examples of where she had made referrals to the local safeguarding team when she had had concerns about the oral health of children that had visited the practice. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect, and understood the importance of safeguarding issues. Contact details of relevant agencies involved in protecting vulnerable people were available in the staff room, making them easily accessible to staff.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. However not all dentists we spoke with used rubber dams routinely as recommended by guidance. The practice manager told us she would review this with the dentists to ensure consistency across the practice.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, the name of fist aiders, and X-ray warning signs to ensure that patients and staff were protected.

Medical emergencies

All staff, including receptionists, had received training in cardiopulmonary resuscitation and those we spoke with knew the location of all the emergency equipment in the practice .We checked the emergency medical treatment kit available and found that this had been monitored regularly to ensure that it was fit for purpose. The practice had all equipment in place as recommended by the Resuscitation Council (UK) to deal with a range of medical emergencies commonly found in dental practice. The practice had a specific patient transfer form, giving key information about the patient for ambulance and hospital staff, if needed.

Emergency medicines were available in line with guidelines issued by the British National Formulary to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use. The location of first aid boxes and emergency equipment was clearly signposted throughout the practice.

Emergency medical simulations were rehearsed every three months by staff so that they were clear about what to do in the event of an incident at the practice. The practice manager told us she went through each medicine and required doses at these simulations so that staff were very familiar with them.

Staff recruitment

We checked personnel records for two staff which contained evidence of their GDC registration, employment contract, job description, indemnity insurance, interview notes and a disclosure and barring check (DBS) The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be

Are services safe?

vulnerable. The practice occasionally used locum staff and we saw that copies of relevant pre-employment and professional registration checks had been obtained from the agency.

Notes from interviews were kept and detailed job descriptions were available for all roles within the practice. New dentists to the practice were interviewed by the clinical support manager or clinical director, followed by an additional interview by the practice manager. All staff received a full induction to their role and their performance was reviewed after the first week, the second week and then monthly. The practice manager told us that all new staff had a buddy appointed to support them when they first started working at the practice.

Dentists undertook a three day induction at the provider's national academy.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. Health and safety issues were a standing agenda item practice meetings and we viewed recent meeting minutes which showed that issues in relation to COSHH folders, asbestos and first aid supplies had been discussed with staff. The provider sent a quarterly bulletin to all practices, updating staff on the latest health and safety concerns within the company.

The practice had up to date fire risk assessments and carried out regular fire drills. Fire detection and firefighting equipment such as extinguishers were regularly tested, and we saw records to demonstrate this**.** The practice had carried out a fire risk assessment in August 2015 and full evacuations of the premises were rehearsed every six months to ensure that all staff knew what to do in the event of an emergency. Following one of these rehearsals the practice had bought a specialist evacuation chair to help people with disabilities leave the building promptly. The practice had four appointed first aiders and four fire marshals who had received specific training for their role.

All electrical equipment was checked to ensure its safety and clinical equipment was checked to ensure it was working properly. The practice had a variety of risk assessments in place to monitor safety of the premises which were reviewed each year. A legionella risk assessment had been carried out in 2016 and there was monthly monitoring of water temperatures at sentinel points to ensure they were at the correct level. Dip slide tests were completed every three months and regular flushing of the water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming. There were annual water tank inspections and an annual check of every tap.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them. Disposable, single use matrix bands were used.

We saw that sharps bins were securely attached to the wall in treatment rooms to ensure their safety, and had been assembled correctly, signed and dated. Staff we spoke with were aware of how to deal with a sharps' injury and there was a detailed needle stick injury protocol on the wall in the decontamination room.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, loss of dental records or staff shortages. The plan included emergency contact numbers for key staff and utility companies.

Infection control

The practice had a range of relevant written policies in place for the management of infection control including those for cleaning, sterilisation, hand hygiene, clinical waste disposal and the use of personal protective equipment. Training files we viewed showed that staff had received appropriate training in infection prevention and control and regular audits of infection control and prevention were undertaken.

We found that all areas of the practice were visibly clean and hygienic, including the waiting areas, treatment rooms and corridors. There were comprehensive cleaning schedules and check lists for all areas of the premises. We checked two of the treatment rooms which were clean and free from clutter. They had clearly defined dirty and clean zones in operation to reduce the risk of cross

contamination. All surfaces including walls, floors, skirting boards and cupboard doors were free from visible dirt. The rooms had sealed flooring and sealed work surfaces so they could be cleaned easily, although we noted that the floor sealant in one treatment room was old and cracked. Cleaning equipment was colour coded and stored correctly in line with guidance.

We checked drawers and found that all instruments had been stored correctly and their packaging had been clearly marked with the date of their expiry for safe use. However we noted some loose and uncovered prophylaxis brushes in one treatment room drawer. These were within the splatter zone, and therefore risked becoming contaminated over time.

We noted good infection control procedures during the patient consultation we observed. Staff uniforms were clean, long hair was tied back and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurse wore appropriate personal protective equipment including gloves and eye protection. However some dentists did not wear scrubs and it was not clear whether or not they changed their clothes when going outside the practice.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. The lead dental nurse spoke knowledgeably about the decontamination process she followed to ensure instruments were cleaned and sterilised correctly.

The practice used an ultra-sonic bath for the initial cleaning process, however this was not working on the day of our inspection so all instruments were being manually scrubbed. The practice only had one ultra-sonic bath available, which served all eight surgeries. The area manager told us she would review this to ensure there were enough baths for the amount of instruments generated each day. Weekly protein and soil tests were carried out for the ultra-sonic bath, and quarterly foil tests.

The decontamination room was well set up with clear dirty and clean zones; however we noted that fans in the decontamination room were not operating effectively for input and output. There was no air conditioning in the decontamination room making it very warm as a result.

Clinical waste was stored safely prior to removal outside in a locked bin secured to a wall. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

All dental staff had been immunised against Hepatitis B.

Equipment and medicines

The condition of all equipment was assessed each day by staff as part of the daily surgery checklist to ensure it was fit for purpose. The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. However we noted a number of broken items during our inspection. The practice's OPG (Orthopantomogram) machine had been broken for over a year; the stair lift broke down frequently; there was a broken lock on the toilet door and ripped chairs in the staff room. All these issues had been reported to the provider, but were still awaiting repair by the provider.

Stock control was good and medical consumables we checked in the practice's stock room were within date for safe use. There was an annual stock check of all equipment and medical consumables in the practice.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned. Prescription pads were held securely and there was a system in place to monitor and track blank prescription forms through the practice.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced.

Are services safe?

A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in each treatment room for staff to reference if needed. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. There were regular audits undertaken as to the quality of the x-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussions with four dentists demonstrated that patients' dental assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues. Patients' medical histories were updated at the start of every examination and signed by them.

We viewed a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. Regular audits were undertaken to ensure the quality of patients' records. For example, we viewed audits which checked that each dentist had completed a basic periodontal examination; that soft screening tissue had taken place and that patients' medical histories were up to date. Regular audits were also undertaken for radiography which checked that the justification for taking the X-ray, and the grading of its quality had been completed in patients' notes. We also viewed an audit undertaken into the reasons why patients had failed to attend their appointments: this had led to reception staff improving the way they recorded patients' contact details.

Health promotion & prevention

There was a range of leaflets about oral health care available to patients in the practice's waiting rooms, including those for smoking cessation. Staff were aware of local services within Thetford where patient could be referred to. There was also good information on the practice's website on issues such as tooth brushing, flossing, and gum disease and mouth cancer. A number of oral health care products were available for sale to patients in reception including dental floss, interdental brushes, disclosing tablets and toothbrushes.

All four dentists we spoke with were aware of the NHS England publication for Delivering Better Oral Health- an evidence based toolkit to support dental practices in improving their patients' oral and general health. Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. Fluoride applications were available and used regularly as the practice was in a deprived area.

The practice manager told us that special 'kids club days' were held, where clinicians gave out stickers and balloons to children, along with information about good oral health.

Staffing

We were told there had been had been a high turnover of staff recently, but that things had become more settled and there were currently no vacancies. Staff reported that there were enough of them to maintain the smooth running of the practice and a dental nurse always worked with each dentist and the hygienist. However the hygienists worked alone, without the assistance of a dental nurse.

The practice had access to staff working in other Mydentist services nearby if needed to cover unexpected staff shortages and the practice manager was also a dental nurse and could provide additional support if needed.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. The practice had a training programme for all staff via its academy. This covered mandatory topics as safeguarding, infection prevention and control, and fire safety but also additional training such as managing patient conflict, radiography, oral cancer and hand piece maintenance. We looked at the training files for two clinicians and found they had undertaken a wide range of recent training.

All staff received an annual appraisal of their performance and had personal development plans in place. These appraisals were carried out by the practice manager who assessed staff's performance in a range of areas. The dentists were appraised by the provider's clinical support manager.

The practice had appropriate Employer's Liability in place.

Working with other services

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. A log of the referrals was kept in each treatment room so they could be tracked and followed up if necessary, although

Are services effective?

(for example, treatment is effective)

patients were not offered a copy for their information. A referral audit was completed every six months to check that each referral had been sent correctly and action required had been implemented.

Consent to care and treatment

Patients we spoke with told us that they were provided with good information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. Patients were given a plan outlining their treatments and costs if required.

The dentists we spoke with described to us a very careful and thorough process in obtaining patients' consent to their treatment and all staff had received training in the Mental Capacity Act. A summary of the MCA was available on the staff room noticeboard. Despite this however, not all clinicians we spoke with had a thorough understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the service. We collected 23 completed cards and received many positive comments about the caring and supportive nature of the practice's staff. Patients told us that staff treated them in a way that they liked and made them feel relaxed during their treatment. Staff told us they regularly ordered taxis for patients, phoned family members if patients felt unwell and liaised closely with a care home for older people to enable one resident to attend the practice. The practice manager told us she gave up her office for one very nervous patient so they could sit in peace before their appointment.

The practice's reception area was not particularly private and patient phone calls could be easily overheard. However, music was played to help distract patients from overhearing the calls and patients could be taken to a separate room if they needed privacy to complete forms. All consultations were carried out in the privacy of the treatment rooms and we noted that treatment room doors were closed during procedures. Computer screens at reception were not overlooked and all computers were password protected. Staff received training in information governance and handling confidential information so that patients' details were kept in line with guidance.

Involvement in decisions about care and treatment

Patients told us that oral health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and that dental staff always explained things clearly, and in a way that they could understand. Longer appointments were available for people who required translation services.

Information about various treatments was available on the practice's web site and some leaflets were available for patients in the practice itself. However these were not available for more complex treatments to help patents understand their treatment and give informed and educated consent.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients had access to a helpful website which provided information on the range services offered, the dental team, and the practice's opening hours and treatment costs. The practice offered both NHS and private treatment to children and adults and employed two dental hygienists.

Patients we spoke with were satisfied with the appointments system and told us that getting through on the phone was easy. The practice was open Mondays, Tuesdays and Thursdays from 8am to 6pm; on Wednesday and Fridays from 8am to 5.15pm and on Saturdays from 9am to 3pm. About 12 emergency slots were available each day to accommodate patients who needed an urgent appointment, and the practice also operated a 'sit and wait' service once these appointments had been booked.

Tackling inequity and promoting equality

The practice was on the first floor and although there was a stair lift available, it was not easily accessible to wheelchair users. There was a portable hearing loop to help patients with hearing aids and medical history forms were available in large print. The practice manager told us she had just ordered additional patient information leaflets in large print.

Translation services were available for patients whose first language was not English and these were used frequently within the practice and it served a large number of Portuguese and Eastern European patients.

Concerns & complaints

Details of how to complain were available at the reception desk and patients who complained were given a copy of the practice's code of practice which clearly outlined the process for handling their complaints, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response.

All complaints received by the practice were logged on-line where they were monitored centrally by the patient support team. Patients were able to leave feedback about their experience on the provider' website and details of the provider's patient support team were also available for them to contact.

We looked at three recent complaints received by the practice and found they had been dealt with openly and appropriately by the practice manager. There was a clear record of every contact that had been made between practice staff and the complainant.

Complaints were also regularly discussed at the practice's monthly staff meetings to ensure that any learning or improvements arising from them were shared. In response to complaints the provider had implemented a specific training course for staff on managing patient conflict.

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the overall leadership in the practice, supported by an area development manager and clinical support manager who visited regularly to assist her in the running of the practice Staff told us she had implemented good changes since starting and that sickness levels had improved.

There was a clear staffing structure and staff we spoke with were aware of their own roles and responsibilities. For example, there was a lead nurse who had responsibility for conducting audits and ordering stock; a lead technician who was responsible for the management of decontamination procedures, and a lead receptionist who was responsible for training new staff and managing patient recalls.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury and safeguarding people. We found that these policies were regularly reviewed to ensure they remained relevant and up to date. Any new polices were disseminated in the provider's fortnightly bulletin and the practice manager told us she always printed off a copy of each new policy to make it easily available to staff. Polices were discussed at the monthly staff meeting and we noted that the provider's new eye care policy had been discussed at the meeting in May 2016.

Communication across the practice was structured around key scheduled meetings. There were monthly meetings involving the whole practice team, and separate meetings for nurses and reception staff. We viewed a sample of minutes from the monthly staff meetings which were detailed, with actions arising from them clearly documented. The provider had recently introduced quarterly meetings for all head nurses in their practices nationally.

Staff received a yearly appraisal of their performance, in which they were set specific objectives which were then reviewed after six months. These appraisals were comprehensive and covered where they were performing well, areas for their improvement and what support they needed. Staff told us their appraisals were meaningful and useful, one staff member told us commented that it encouraged her to learn. For example, her recent development plan identified the need for her to undertake more managerial duties in her role. A clinical support manager was responsible for supervising and appraising the dentists and visited every few months to discuss relevant issues and also feedback to them about the results of their audits.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it, to ensure essential training was completed each year. All staff had access to the provider's on-line academy to ensure their knowledge and skills were kept up to date.

The practice manager received a fortnightly bulletin from the provider's central operations team outlining any actions she had to take in response to policy updates, operational changes, and health and safety requirements

The practice undertook regular audits of its record keeping, infection control procedures, personnel antimicrobial prescribing levels and quality of its radiographs to ensure good standards were maintained and to identify any shortfalls.

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

Patients were asked to complete a feedback form which asked them for their views on a range of issues including the quality of their welcome, the time they waited and the quality of information given about their treatment. They could also complete feedback forms on-line and were texted following their treatment with details of how to do this. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were shared at staff meetings and were also put on display for patients to see.

Feedback left by patients on NHS Choices web site was monitored by the provider's patients' support services, who responded to any comments left.

Are services well-led?

We found evidence that the practice did respond to patients'' comments. For example the downstairs front door was left open to signify to patients that practice was open, and staff now monitored the temperature in the waiting room.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and gave us specific examples where they had done so.

We found evidence that the practice listened to its staff and implemented their suggestions and ideas. For example one staff member told us her suggestion to stagger the drop off time for boxes of dirty instruments to decontamination room implemented.