

Rocodent Limited

Portner Pittack Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 July 2016 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

Portner Pittack Dental Practice located in Barnet provides private dental treatment including orthodontics, general dentistry, cosmetic dentistry, endodontics, periodontics and the placement of dental implants. The practice also provides conscious sedation and minor oral surgery services. [Conscious sedation – procedure using a combination of medicines to help a patient to relax (a sedative) and to block pain (an anaesthetic) during a medical or dental procedure. The patient remains awake during the whole procedure.]

Practice staffing consists of two principal dentists, specialist endodontist, specialist orthodontist, specialist periodontist, oral and maxillofacial surgeon, three dental nurses, two hygienists, two receptionists, book keeper and a practice manager.

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

Summary of findings

The practice is open Monday, Wednesday and Thursdays 8.30am to 6pm, Tuesday 8.30am to 8pm, Friday 8.30am to 5.30pm and Saturdays 9am to 1pm

The practice facilities include four treatment rooms, reception and two waiting areas, one office and a staff room/kitchen.

45 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received about the service. Patients told us that they were happy with the treatment and advice they had received.

Our key findings were:

- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance.
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its services.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice ensured staff were trained and that they maintained the necessary skills and competence to support the needs of patients.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- Conscious sedation was delivered safely in accordance with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice. Clinical and non-clinical audits were carried out to monitor the quality of services.

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 provider had systems in place to ensure patients were safeguarded from abuse. Staff had completed child protection training to the appropriate levels and also completed safeguarding training. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents. Lessons learnt were shared with staff. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

The practice undertook risk assessment for health and safety and equipment and materials were maintained well. Dental instruments were decontaminated appropriately. Medicines were available in the event of a medical emergency as was oxygen and an automated external defibrillator (AED).

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. The staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

No action



Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentists, information leaflets were available within the practice. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

No action



Are services caring?

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

No action



Summary of findings

Feedback from patients was positive. We received feedback from 45 patients via completed Care Quality Commission comment cards and speaking with patients on the day of the inspection. Patients stated that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner.

Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice leaflet and website. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients were directed to the in-house emergency service.

The building was wheelchair accessible and had appropriate facilities for patients with mobility problems. Information was available in accessible formats.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

No action



Are services well-led?

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

Governance arrangements were in place for effective management of the practice. Staff meetings were held where information was shared and opportunities existed for staff to develop. Audits were being conducted. Staff received annual appraisals and told us they were confident in their work and felt well-supported. There was a culture of openness and transparency.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required.

No action



Portner Pittack Dental Practice

Detailed findings

Background to this inspection

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

The inspection took place on the 8 July 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the practice manager, principal dentists, two dental nurses and one receptionist on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

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 systems in place to receive safety alerts by email and ensure they were shared with staff working in the practice. All safety alerts were received through the principal's email and the principal dentist was responsible for reviewing them and ensuring staff had read them if applicable. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates. Staff we spoke with confirmed they were made aware of relevant safety alerts.

There had not been any accidents recorded over the past 12 months. We discussed accident and incident reporting with the principal dentist and their explanations of how they were handled were in line with the practice policy. We also discussed with the principal dentist about the handling of incidents and the duty of candour. The explanation was in line with the duty of candour expectations. The example given showed that the person affected was updated, received an apology and informed of the action taken and lessons learnt by the practice. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice manager and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. All staff including non-clinical staff had completed child protection and adult safeguarding training level 2 and the practice manager who is the safe guarding lead to level 3. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also

displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

We found that a rubber dam was used in all root canal treatments. The principal dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used (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 should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely and those requiring refrigeration were also stored appropriately. Staff also had access to emergency equipment on the premises including medical oxygen. The practice had an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [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]. We saw records of the weekly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order.

All staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

Are services safe?

Staff recruitment

Practice staffing consists of two principal dentists, specialist endodontist, specialist orthodontist, specialist periodontist, oral and maxillofacial surgeon, three dental nurses, two hygienists, two receptionists, book keeper and a practice manager.

The practice manager told us that the current staffing numbers was sufficient to meet the needs of their patients.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All prospective staff completed an application form and were interviewed as part of the recruitment and selection process.

All staff had a Disclosure and Barring Services (DBS) check completed (The DBS checks 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 vulnerable) and where relevant had to provide proof of immunisation against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a practice risk assessment which had been updated in June 2016.

A fire risk assessment had been completed in January 2013. Fire drills were conducted every six months. The last fire drill was carried out in June 2016. Fire evacuation procedures were displayed appropriately throughout the practice including the reception area.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

The dental nurse gave a demonstration of the decontamination process which was carried out in each treatment room, this was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually scrubbing; rinsing; examining under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We saw records of all the checks and tests that were carried out on the autoclaves to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment rooms were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

Are services safe?

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice.

An up to date Legionella risk assessment had been carried out in July 2015 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

An infection control audit had been carried out in March 2016.

Equipment and medicines

We found the medicines used for intravenous sedation (including the reversal agent) were stored securely at the practice and also brought in by the external company that carried out sedation for the provider. The sedation company had appropriate equipment used for the monitoring of patients during and after conscious sedation.

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the autoclaves. The autoclaves were serviced in April 2016. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in June 2016.

The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics and intravenous sedation, where used were recorded in patients' dental care records.

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in May 2015.

The critical examination test, risk assessment and quality assurance documentation were present. An X-ray audit was carried out in April 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out intra-venous sedation for adults who were very nervous of dental treatment and required a range of routine and complex dental treatment. The practice used a qualified medical anaesthetist to provide conscious sedation for children and adult patients who had more complex medical histories

We found that company used to preform sedation had robust governance systems in place to underpin the provision of conscious sedation. The systems and processes we observed were in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015. This included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patients' checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions and staff training.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that all patients undergoing sedation had important checks made prior to sedation.

This included a detailed medical history, measurement of blood pressure and an assessment of health using the American Society of Anaesthesiologists' classification system in accordance with current guidelines.

The records demonstrated that during the sedation procedure important checks were recorded at regular intervals which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using specialised equipment including a pulse oximeter which measures the patient's heart rate and oxygen saturation of the blood. Blood pressure was measured using a separate blood pressure monitor. The medical anaesthetist carrying out sedation was supported by appropriately trained dental nurses on each occasion. This was also recorded in the dental care records with details of their names. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practice.

The dental nurses supporting the dentist demonstrated to us that they were confident and assured about their roles and responsibilities during sedation. This reflected the high quality of the ongoing training, supervision and mentoring that the dental nurses received. Dental nurses supporting sedation procedures had undertaken additional qualifications in conscious sedation by the National Examining Board for Dental Nurses.

Health promotion & prevention

The dentists we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dentists we spoke with was aware of and was using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

Staffing

All clinical staff had current registration with their professional body - the General Dental Council, and were all up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles. The practice manager monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

Working with other services

Dentists explained how they would work with other services if they could not provide all the necessary

Are services effective?

(for example, treatment is effective)

treatment for patients. They were able to refer patients in-house to a range of specialists. If the treatment required could not be provided by the practice they were able to refer to secondary and tertiary care services.

Referral letters were prepared and then sent to the hospital with full details of the dentist's findings and was stored on the practice's computer dental software system. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to

assess if a person lacked capacity and what to do in such circumstances. All clinical staff whom we spoke with demonstrated an understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. Staff gave us examples of when the MCA could be used and how the role related to them in their role. [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 them].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 45 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

Staff told us that they ensured they maintained patients' privacy during consultations by closing doors and asking if they were comfortable. During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery. We saw that reception staff made efforts to speak with lowered voices so conversations could not be overheard.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the

secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentists explained how they involved patients in decisions about their care and treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The services provided include preventative advice and treatment, cosmetic, restorative dental care, surgical procedures and sedation was available. We found the practice had an efficient appointment system in place to respond to patients' needs. The practice manager told us the majority of patients who requested an urgent appointment would be seen on the day.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Staff members told us that extra time was planned for patients who required extra time or support, such as patients who were particularly nervous or anxious and for children. Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

The practice manager told us that the local population was diverse with a mix of patients from various cultures and background. We asked staff to explain how they communicated with people who had different communication needs. Staff told us they treated everybody

equally and welcomed patients from many different backgrounds, cultures and religions. The practice had access to language line, which would help the staff to translate if required.

Access to the service

Appointments were arranged by the practice for patients that have been referred to them for treatment or sedation. In the event of a patient needing an urgent appointment outside of the opening times, patients were directed to the in-house out of hours service, where patients are usually seen by one of the principal dentists.

Patients were directed to an out of hour's service (via recorded message on the practice answer machine and on the practice web site).

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. This was reflected in the positive comments in the practice patient survey.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received two complaints within the last 12 months. These were dealt with in line with the practice protocol.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were fully supported to meet their continuing professional development needs.

The practice had a comprehensive programme of audits in place. Various audits that had been completed over the past 12 months including audits on X-rays, record keeping and infection control. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified.

The practice also had a comprehensive 'sedation file' which contained all the necessary systems and processes in place for the provision of safe sedation care. This had been updated to take account of the most recent guidance.

The practice had a very well-defined management structure throughout the practice which all the staff were aware of and understood. All staff members had defined roles and were all involved in areas of clinical governance.

Leadership, openness and transparency

Leadership was very clear in the practice and we saw clear examples of how the practice manager led by example and promoted an atmosphere of openness amongst staff. For example, we saw that meetings were used to discuss issues related to staffing issues, incident and errors. Staff we spoke with told us that leaders were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

We discussed the Duty of Candour requirement in place on providers and the practice manager demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals were carried out yearly for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training such as infection control and life support was arranged centrally for all staff. Other training opportunities were available for staff and this was identified through the appraisal process and staff discussion, staff could also request if they desired any additional training.

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

The practice carried out patient satisfaction surveys on an on-going basis. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined any areas of improvements for the practice to consider.

Staff we spoke with confirmed their views were sought about practice developments through staff meetings, staff surveys and appraisals. They also said that the practice manager was approachable and they could go to them if they had suggestions for improvement to the service.