Mr. Jonathan Slattery

Brownley Green Dental Practice

Inspection Report

Benchill Court Road
Wythenshawe
Manchester
M22 4GA
Tel:0161 2092702
Website:

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Overall summary

We carried out an announced comprehensive inspection on 8 March 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

Brownley Green Dental Practice occupies a ground floor dental suite within Brownley Green Health Centre in a residential area of Wythenshawe in South Manchester. The premises have level access for people who have limited mobility and wheelchair users. There is a large shared waiting area and adapted toilet facilities are provided.

The practice provides routine examinations and treatment under an NHS contract to both adults and children. It is run by one dentist (the principal dentist) who is also the registered provider. Registered providers 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 staff group includes the principal dentist, an associate dentist, two senior dental nurses, two dental nurses, a trainee dental nurse and a practice manager. The dental nurses also cover reception duties.

The practice opening hours are Monday to Thursday 9.00am to 5.30pm and Friday 9am to 5pm. The practice closes for lunch each day from 1pm to 2pm.

Summary of findings

We received feedback from 46 patients via CQC comment cards and through speaking with patients on the day of the inspection. The feedback from patients was overwhelmingly positive with comments such as: helpful and polite, needs catered for, professional, impeccable treatment and fantastic.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had access to an automated external defibrillator (AED) and medical oxygen was available on the premises. An AED is a portable device used to treat people in the event of a cardiac arrest. Staff had been trained to manage medical emergencies.
- Staff had received safeguarding training and knew the procedure to follow if they had any concerns about a patient's safety.
- There were systems in place to check all equipment had been serviced regularly, including the steriliser, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Staff recruitment policies were appropriate and relevant checks were completed. Staff received relevant training and were supported to maintain their continuing professional development (CPD). There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There were governance systems in place that included auditing of infection control, dental care records and radiographs (X-rays). The practice had ensured that risk assessments were in place and that they were regularly reviewed.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP).
- Infection control procedures were in accordance with the published guidelines.
- Patients gave consent to treatment and they were provided with treatment plans. Patients commented that they were listened to and that they received good care from a helpful and caring team.
- Patients were treated with respect and confidentiality was maintained.
- Information about how to complain was available and easy to understand.
- New patients were asked to complete a medical history form that included information about allergies, general health and any medications they were taking. This was checked verbally at subsequent consultations to ensure nothing had changed.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.

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 for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff understood and fulfilled their responsibilities to raise concerns, and to report significant incidents.

Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. This is in accordance with the British National Formulary (BNF) guidelines. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There was a business continuity plan in place for use in the event of an emergency such as a fire, loss of computer systems, water ingress or loss of electricity supply.

Are services effective?

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

The practice followed the National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. This included taking X-rays, frequency of recalls, the extraction of wisdom teeth and the prescribing of antibiotics.

Patients' dental care records provided comprehensive information about their current dental needs and previous treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other health professionals.

Patients gave verbal consent to treatment and written consent for more complex treatments. Staff were aware of the Mental Capacity Act (MCA) and they had received relevant training so that they would know what to do if an adult lacked the capacity to make decisions.

Are services caring?

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

Patients commented that they were treated with dignity and respect and their privacy maintained. Patients told us they were listened to and not rushed and treatment was clearly explained to them.

Patients' privacy was respected and treatment room doors were closed during consultations. Patient information and data was handled confidentially. The practice used an electronic record system and the computer screens in the reception area were situated so that they could not be seen by patients.

There were policies and procedures in place regarding patient confidentiality and maintaining patient data securely. Staff were able to explain how they ensured they protected patient's privacy and how they maintained confidentiality.

Are services responsive to people's needs?

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

Patients who had difficulty understanding care and treatment options were supported. The practice was meeting the needs of patients with restricted mobility, with level access, adapted toilet facilities and ground floor treatment rooms.

Summary of findings

There was a complaints policy in place and we saw that complaints received had been acted on in line with this policy. The principal dentist carried out relevant investigations and recorded the outcome of these. The practice handled complaints in an open and transparent way and apologised when things went wrong.

The practice had an effective appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients commented they had easy access to both routine and emergency appointments.

We observed a good rapport between staff and patients attending appointments on the day of the inspection.

Are services well-led?

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

The practice was well led by the principal dentist and practice manager with systems to maintain clinical governance. Audits were carried out to monitor the quality and safety of service provided.

There was a whistleblowing policy and information for staff about the duty of candour and the need to be open if an incident occurred that affected a patient. So far there had been no such incidents.

Staff told us the dentists and practice manager were always approachable and the culture within the practice was open and transparent. Staff told us they were well supported to carry out their role and responsibilities.

Brownley Green Dental Practice

Detailed findings

Background to this inspection

We inspected the practice on 8 March 2016. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

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

During our inspection visit, we reviewed policy documents and a sample of dental care records. We spoke with patients, three members of staff and the dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures and observed staff interacting with patients in the waiting area and on the telephone.

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

There was an effective system in place for reporting and learning from incidents. Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff understood and fulfilled their responsibilities to raise concerns, and to report significant incidents. Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

We saw that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients.

The principal dentist and the practice staff were aware of their responsibilities in relation to the Duty of Candour Regulation. The duty of candour requires providers to be open and honest with people who use their services. They told us if there was an incident that affected patients the patient would be advised, given an apology and informed of any actions taken to prevent a reoccurrence.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist reviewed all alerts and they discussed alerts with the staff team to ensure they had up to date information.

Reliable safety systems and processes (including safeguarding)

Staff records contained evidence of staff immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva). Adequate supplies of personal protective equipment such as face visors, gloves and aprons were available to minimise the risks of cross contamination.

We found that a rubber dam was generally used in all root canal treatments. The dentists we spoke with told us that in some cases patients were not able to tolerate the use of the rubber dam.

The dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used. The dentists told us they would secure small instruments with thread to prevent them falling into the patients mouth or throat during treatment.

All staff at the practice were trained in safeguarding and there was an identified lead who was the principal dentist. The most recent training had been undertaken in February 2016. A policy was in place for staff to refer to that included a flow chart for reporting safeguarding concerns. Information was available regarding which agencies should be contacted if staff had safeguarding concerns.

There was a policy for the safe handling of sharp instruments displayed in the treatment rooms. We discussed how they managed safe sharps with the principal dentist, who described the actions taken to minimise the risks of sharps injuries. Syringes were dismantled by the dentists and placed into a sharps bin in the treatment rooms.

Medical emergencies

There were appropriate arrangements in place to deal with medical emergencies. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. This was in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF). All staff had received cardiopulmonary resuscitation (CPR) training in December 2015. Emergency equipment was readily available and staff knew how to access it.

There was an oxygen cylinder that was in date. We saw documentary evidence to show it was routinely checked to ensure the levels and flow rates were appropriate for use in the event of a medical emergency.

The practice had emergency medicines in accordance with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We saw records to show that the drugs were checked monthly. We examined the emergency drug kit and found the medicines were of the required type and were within their expiry date.

Staff recruitment

Are services safe?

The practice had a recruitment policy that described the process when employing new staff. The policy had been reviewed in February 2016 with the next review planned for February 2018.

We looked at three staff recruitment files to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies what information should be held in all staff personnel files. This includes: proof of identity; a check of skills and qualifications; registration status where relevant and references from previous employers.

It was the practice policy to obtain a Disclosure and Barring Service (DBS) check for all staff. 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.

Monitoring health & safety and responding to risks

There was a health and safety policy and risk assessment in place at the practice. This covered the any risks to patients and staff who attended the practice such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays).

Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were tested each Thursday by the Health Centre landlord. The fire extinguishers had been serviced on an annual basis.

There was a business continuity plan which outlined events which might interfere with the day to day running of the practice. This included loss of electricity, water or gas supplies, water ingress, loss of computer systems or the closure of the premises due to fire. The plan was held off site and contained a list of contact numbers for various service contractors.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance.

The practice had followed national guidance on the essential requirements for infection control as set out in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05; National guidance from the Department of Health for infection prevention control in dental practices).

There were two decontamination rooms one for washing and checking instruments were clean and free from contaminates and the other for sterilising, packing and dating clean instruments. Used instruments were transported from the treatment rooms in rigid plastic locking boxes to minimise the risks of cross contamination. There was a clear flow from 'dirty' to 'clean' and staff wore appropriate personal protective equipment (PPE) during the decontamination process. This included eye protection, face mask, apron and heavy duty gloves. Latex free gloves were used in the practice.

Used instruments were cleaned in the washer dryer prior to being placed into an autoclave (an autoclave is a piece of equipment that uses steam at high pressure to sterilise instruments). There was an illuminated magnifying glass available to check for any remaining debris or damage throughout the cleaning process.

There were three autoclaves that were checked on a daily basis to ensure they reached the correct temperature and pressure. A log was kept of the results demonstrating that the equipment was working well. We saw a certificate to show that autoclaves were last serviced in January 2016.

Appropriate standards of cleanliness and hygiene were being maintained. The practice was clean and tidy throughout. Staff explained how they cleaned the treatment areas and work surfaces between each patient that included wiping down the chair, overhead examination light, work surfaces and instrument tray. We saw from staff records all staff had received infection control training at different intervals over the last 12 months covering a range of topics including hand washing techniques.

There were hand washing facilities in the treatment rooms and the toilet and posters demonstrating good hand washing techniques were displayed throughout the practice. The dentist and dental nurse wore uniforms in the clinical areas and they were responsible for ensuring these were clean.

There was a contract in place for the disposal of all clinical waste and dental products including amalgam (the material used for some fillings). Consignment notes

relating to the collection of clinical waste were retained. Clinical waste was appropriately stored between collections. Sharps bins were appropriately located, signed and dated. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Regular checks and tests were carried out in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Legionella is a bacterium which can contaminate water systems. Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out in 2009 by an appropriate contractor. This minimised the risk of Legionella to patients and staff.

Equipment and medicines

We saw contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. There was evidence to show all equipment had been serviced regularly, including the air compressor, autoclaves, X-ray equipment and fire extinguishers. We saw evidence that the autoclaves and washer disinfector had been serviced in the past 12 months.

We saw a certificate dated 11 December 2011 to demonstrate the fixed electrical appliances had been tested (valid for a period of five years). Portable appliance testing (PAT) had taken place on electrical equipment with the last testing recorded as February 2016. The gas boiler had undergone an annual safety check, and the practice had a landlord's gas safety certificate which was valid until 11 July 2017.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was maintained. Prescription pads were securely stored and where prescriptions were issued they were stamped at the point of issue to maintain their safe use.

There was a first aid kit, oxygen and emergency medicines to support patients. Emergency medicines and oxygen were located centrally and securely ready for use if needed. We saw evidence to demonstrate that the emergency medicines were checked on a weekly basis to ensure they were within their expiry dates and safe to use. Staff received annual training in

dealing with medical emergencies from an accredited training provider. This included cardiopulmonary resuscitation training (CPR). The dental practice was located within a Health Centre with additional support from medical professionals should this be required.

Radiography (X-rays)

There was a radiation protection file in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The file contained details of the radiation protection supervisor (RPS) and radiation protection advisor (RPA). These individuals were appointed to ensure that the equipment was operated safely and by qualified staff only.

X-ray equipment was situated in individual treatment rooms and X-rays were carried out in line with local rules that were relevant to the practice and equipment. The local rules were displayed in each area where X-rays were carried out. We viewed maintenance documents that demonstrated that the X-ray equipment was serviced and calibrated at the recommended intervals.

The dentists recorded the reasons for taking X-rays in the dental care records and that the quality of X-ray images was audited. We were shown the current training certificates for the dentists who demonstrated that they were up to date with IR(ME)R training requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentist explained how examinations and assessments were carried out. Patients

completed a medical history questionnaire which included detailing any health conditions, regular medicines being taken and allergies, as well as details of their dental and social history.

The practice kept up to date detailed electronic and paper dental care records. Dental care records showed comprehensive assessment of the periodontal tissues (the gums and soft tissues of the mouth) had been undertaken. These had been recorded using the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

The practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to extracting wisdom teeth and the frequency of recalling patients for examination and review.

The dentist took X-rays at appropriate intervals, in accordance with guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

Health promotion & prevention

There were health promotion leaflets available in the practice to support patients to look after their oral health. This included information about maintaining good dental hygiene and how to reduce the risk of poor dental health.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients told us they were given advice about smoking cessation and maintaining good oral hygiene.

We found the dentists worked in accordance with guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example; the principal dentist explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition.

Staffing

The practice had a system for appraising staff performance annually. Staff said they felt supported and involved in discussions about their personal development.

We reviewed two staff appraisals and found that staff were able to discuss their personal development and request additional training. One member of staff confirmed that additional training had been provided as a result of their appraisal. The staff we spoke with told us that the principal dentist and practice manager were supportive and always available to provide advice and guidance.

The practice had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and patient confidentiality.

Dental staff were appropriately trained and registered with their professional body. Staff told us they were encouraged to maintain their continuing professional development. As a requirement of their registration with the General Dental Council (GDC) dentists and dental nurses need to complete a specified number of hours training over a five year period.

Working with other services

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients. Where necessary referrals were made to hospitals and specialist dental services for further investigations or specialist treatment such as suspected oral cancer and orthodontics.

The dentists completed referral letters to ensure the specialist service had all the relevant information required. Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner. Once the specialist treatment was completed patients were referred back to the practice for follow up and on-going treatment.

Consent to care and treatment

We asked both dentists to explain how valid consent was obtained from patients at the practice. They told us individual treatment options, risks and benefits were

Are services effective?

(for example, treatment is effective)

discussed with each patient who was given a detailed treatment plan. Patients confirmed they were given information about the treatment and they were given time to consider their options before giving their consent to treatment.

Staff had received Mental Capacity Act 2005 (MCA) training. The staff we spoke with demonstrated good knowledge and understood their responsibilities. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Staff were aware of and understood the Gillick competence test. The Gillick test is a method of deciding whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff greeting patients on arrival at the practice and booking appointments for patients. We saw that staff acted in a discreet, professional and respectful manner when speaking to patients. Treatment room doors were closed during consultations, so that conversations taking place in these rooms could not be overheard. Staff told us told us patients would be offered access to a private space, if they wanted to discuss confidential matters. Patients commented on the quality of the treatment they received at the practice and how caring and friendly the staff were.

The patients we spoke with were positive about the care they received from the practice. Patients commented on the politeness, kindness and professionalism of all staff.

The CQC comment cards we reviewed were overwhelmingly positive about patient's experiences at the practice. With comments such as; fantastic, caring, respectful, informative, helpful and friendly.

We saw that electronic patient records were password protected and paper records were held securely in locked storage drawers.

Involvement in decisions about care and treatment

There were clear NHS treatment plans. A poster detailing NHS treatment costs was displayed in the waiting area. Written consent was obtained for the dentist's treatment plans demonstrating that patients were involved in making decisions about their care. Patients told us they were always advised of any costs prior to treatment beginning.

Patients were informed about the range of treatments available during consultations and we saw this was documented in the dental care records we reviewed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint.

The patients we spoke with told us the appointment system met their needs. Staff told us where treatment was urgent; patients would be seen the same day or the next day if the practice was closed.

Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed such as dentures or crowns were in stock or received well in advance of the patient's appointment.

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.

The practice occupied a dental suite on the ground floor of the premises. The practice was fully accessible to patients with limited mobility and wheelchair users and met the requirements of the Equality Act 2010. Accessible toilet facilities were shared with the Health Centre. The practice also had access to telephone translation services should the need arise.

Access to the service

The practice opening hours were Monday to Thursday 8.00am to 5.30pm and Friday 8am to 5pm. The practice closed for lunch each day from 1pm to 2pm.

Patients were able to access the service in a timely way by making their appointment either in person or over the telephone. We saw evidence that appointment slots were blocked out each day to accommodate patients in urgent need of dental treatment. When treatment was urgent, patients would be seen on the same day or within 24 hours. Patients were directed to the NHS out of hour's service to access emergency treatment when the practice was closed.

Concerns & complaints

The practice had a complaint policy and procedure in place it included timescales for responding to complaints and the process for investigation. The policy included the timescales involved for

investigation and the person responsible for handling the issue. The policy also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or felt that their concerns were not treated fairly.

The policy was kept under review with the most recent review on 30 June 2015.

The patients we spoke with knew how to raise concerns or make a complaint. The patients we spoke with told us they would speak to the dentist or practice manager but had never had reason to complain. There had been one complaint in the past 12 months which was dealt with in line with the complaint policy.

Are services well-led?

Our findings

Governance arrangements

The practice was run by the principal dentist (registered provider) and the practice manager. Staff were aware of the management structure and their roles and responsibilities within the practice. We saw examples of staff meeting minutes which provided evidence that information was shared with practice staff.

The practice maintained a number of files relating to various clinical systems and processes used to deliver safe and effective care. We saw that policies and procedures including fire safety, COSHH, radiation protection and Legionella were well maintained and up to date.

There were systems in place to monitor the quality of the service such as audits. The practice had carried out recent audits relating to compliance, infection control, record keeping and the quality of X-ray images.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice manager or principal dentist. Staff knew how to raise concerns about their place of work under the whistle blowing procedures and felt they would be supported by the principal dentist and practice manager.

Learning and improvement

The principal dentist and practice manager audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as prescriptions, infection prevention and control, dental care records and the quality of X-ray images.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system. Records showed professional registrations were up to date for all staff. The staff we spoke with told us they were supported to maintain training and professional development, and we saw evidence to confirm this.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service, including carrying out on-going patient surveys.

The practice also participated in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. All the patients we spoke with were very happy with the standard of care they had received. They described how helpful and friendly the practice staff were.

Staff reported they were happy in their roles, well supported by colleagues and always able to seek clarification and assistance if they were unsure of any of their duties. Effective processes were in place to obtain staff feedback via regular team meetings and through the staff appraisal process.