Exchange Street Practice Ltd

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 February 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

Exchange Street dental practice provides general dental treatment to NHS patients including preventative advice and routine restorative dental care. The practice is located near the town centre of Driffield, East Riding of Yorkshire with nearby on street parking.

There are a series of narrow staircases which patients have to climb to access the dental service. Therefore, this service may not be suitable for patients with mobility problems. It has two principal dentists, an associate dentist a foundation training dentist, a dental hygienist, a dental hygiene therapist, seven dental nurses (two of which are trainees), a receptionist and a practice manager.

The practice has five dental surgeries; two are located on the second floor of the practice and the other three on the first floor. There is a reception area, a waiting room, patient toilets and staff changing room and toilets, an office and a decontamination room.

One of the practice principles 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.

The opening times are:

Summary of findings

Monday – Friday 09:00 – 12:30 & 13:30 – 17:00.

On the day of inspection we received two CQC comment cards providing feedback and spoke to three patients. The patients who provided feedback were very positive about the care and attention they received at the practice. They told us they were involved in all aspects of their care and found the staff to be kind, helpful and professional and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- Staff demonstrated knowledge about whistleblowing and were confident they would raise a concern about another staff member's performance if it was necessary.

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

- Implement yearly patient satisfaction surveys to allow patients the opportunity to feedback and views or comments to the practice.
- Implement a practice protocol for sharing alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.
- Review the practice's recruitment policy and procedures so they are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Review the practice's process for the auditing of various aspects of the service, such as patient dental care records and X-rays so they are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points so the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date. This is in accordance with the British National Formulary (BNF) guidelines.

We saw staff had received training in infection control. There was a decontamination room. Guidance for staff was available on effective decontamination of dental instruments.

Staff had received training in safeguarding vulnerable adults and children and knew how to recognise the signs of abuse and how to report them.

Staff were not always appropriately recruited however they were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the Legionella risk assessment dated November 2014. Evidence of regular water testing was being carried out in accordance with the assessment.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Summary of findings

Comments on the two completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be kind, helpful, professional and they were treated with dignity and respect. The patients we spoke with on the day confirmed this.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had no disability access as all five surgeries were up a flight of steep steps. The practice worked closely with other local practices to ensure care for patients with limited mobility could be provided.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. The practice also had a patients' advice booklet and practice information leaflets available in the waiting rooms.

Are services well-led?

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

There was a clearly defined management structure in place. The registered providers and the practice manager were responsible for the day to day running of the practice.

Staff reported the registered providers were approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us they enjoyed working there.

The practice did not complete patient satisfaction surveys; however it undertook the NHS Family and Friends Test.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control and X-rays. The X-ray audit findings were not within the guidelines of the National Radiological Protection Board (NRPB) as there was no evidence of what grade each X-ray had been given. There was no evidence on the day of the inspection that a patient dental record audit had been completed.

Exchange Street Practice Ltd

Detailed findings

Background to this inspection

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

The inspection was carried out on 25 February 2016 and was led by a CQC Inspector and a dental specialist advisor.

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

The methods we used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, two dental nurses, and the practice manager. We received feedback forms from seven other members of staff and saw policies, procedures and other records relating to the management of the service. We reviewed two CQC comment cards that had been completed.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us any accident or incident would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had eight entries recorded within the last 12 months.

The registered manager told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA).The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, however there was not a robust system in place to ensure everyone had received and read or actioned the alerts. This was brought to the attention of the practice manager on the day of the inspection.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's policy and procedures in place for the safeguarding of children and vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager and one of the dental nurses were the leads for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The registered manager told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

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

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. This was in line with the British National Formulary and the Resuscitation Council UK guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked regularly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the newest member of staff's files which showed this process was not always followed. Three new members of staff had information missing within their recruitment files including proof of identity, immunisation reports and certificates. This information was provided the day after the inspection.

We saw all staff had been checked by the Disclosure and Barring Service (DBS) and new members of staff were in the

Are services safe?

process of attaining up to date checks. 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.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in May 2015.

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

All fire equipment had been checked in July 2015. There was evidence of a fire drill being undertaken with staff and discussions about the process was reviewed at practice meetings. Two members of staff were given the responsibility of checking the alarms and equipment. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a dedicated decontamination room; this was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff.

We observed staff wearing appropriate personal protective equipment when working in the decontamination room, this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification, placed in a washer disinfector, re-inspected and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that they were functioning properly.

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 adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. , Clinical waste was stored in a separate building. However, this was accessible by a walkway and the building had a gap in the wall. Therefore, the clinical waste could not be considered as being securely stored, this was brought to the attention of the registered provider on the day of the inspection. The registered provider had a contract with two authorised contractors for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B, although the evidence for some of the newest members of staff was not available on the day of the inspection. It is recommended

that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last Legionella risk assessment report dated November 2014. All recommended water testing including hot temperature checks were being carried out in accordance to the risk assessment. One of the dental nurses had received Legionella training to raise awareness. They were also the lead for testing and reporting any concerns. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in April 2015.

We noted the fire extinguishers had been checked in July 2015 to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

Unused prescription pads were stored securely in a safe. A log was in place to record when a new pad had been taken and where it was located within the practice.

Radiography (X-rays)

The X-ray equipment was located in each surgery and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in the surgery. The file also contained the name and contact details of the Radiation Protection Advisor.

We did not see evidence all the staff were up to date with their continuing professional development training in respect of dental radiography. This was brought to the attention of the practice manager on the day of the inspection. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered manager told us they undertook an annual quality audit of the X-rays taken. We saw the results of the audit were not in accordance with the National Radiological Protection Board (NRPB) due to no supporting evidence being reviewed of what grade an X-ray had been given. There was no action plan or leaning outcomes in place as there was no reason why an X-ray had been graded as inadequate. This was brought to the attention of the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference.

The dental care records we looked at with the staff showed at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists and dental hygiene therapists were aware of the patient's present medical condition before offering or undertaking any treatment.

There was no evidence patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. This was brought to the attention of the practice manager on the day of the inspection.

The patient dental care records we looked at with the staff found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, a diagnosis and basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

Patients' oral health was monitored through referrals to the dental hygiene therapist and followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as oral surgery were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and had a dental hygiene therapist to help support this.

The dentists advised us they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Staff were very passionate about working within the community and trying to help raise awareness of oral health advice. The practice had various displays they showcased in their waiting room and evidence of staff visiting the local school and supermarket to promoted oral health and raise awareness of oral cancer was seen on the day of the inspection. We believe this is notable practice because it demonstrates a commitment to tackling oral health inequalities utilising the different skills within the practice.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a registered dental professional.

Staff training was fully monitored and recorded by the practice manager. Records we reviewed showed all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff told us they had annual appraisals and training requirements were discussed at these times. Staff also felt they could approach the registered manager at any time to discuss continuing training and development as the need arose.

Are services effective?

(for example, treatment is effective)

Staff told us they helped and supported the needs of other staff members providing availability to help cover periods of absence, for example, because of sickness or holidays.

Working with other services

The dentist explained they would refer patients to other dental specialists when necessary, for example patients for sedation, minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected. The dentist said they had a good line of communication with local services to help efficient and effective treatment for patients.

For patients who could no longer access services due to the steep stairs, a good local working relationship was in place to refer patients to other practices to fulfil their needs and requirements.

Consent to care and treatment

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The clinical staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentists informed us verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice also gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. All staff had completed information governance training and this was reviewed annually. We saw the patient dental care records were held securely and passwords were changed regularly.

We received two CQC comment cards providing feedback. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they found the staff to be kind, helpful and professional and they were treated with dignity and respect.

The practice routinely reviewed the magazines for patients so there was always something current to read. The practice manager had received feedback from patients about children's books and magazines and they were looking in to different packages to suit a variety of age ranges.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed they were involved in their care and treatment.

When treating children the dentists told us to gain their trust and improve cooperation they explained the reasons for the treatment and what to expect, they would also involve their parents or carer. For patients with disabilities or in need of extra support, staff told us they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The dentists told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The opening times are:

Monday - Friday 09:00 – 12:30 & 13:30 – 17:00.

For patients in need of urgent dental care during normal working hours the practice offered same day appointments for example those patients in pain.

Tackling inequity and promoting equality

The surgery was located on the first and second floor of the building. Access to the practice was not adequate for all patients. The practice could not accommodate patients who required a downstairs surgery; however they were working closely with other practices to provide support there if required.

We saw staff had received equality and diversity training and staff told us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice also had access to translation services if the need arose.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed to the NHS 111 service. Information about this was displayed on the practice notice board, within the practice booklet and information was also on the practice answering machine.

Concerns & complaints

The practice had a complaints policy and procedure in place. The practice displayed information in the waiting area on how to complain. The practice also provided patients' advice leaflets which contained details of how to complain.

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received one complaint in the last year. There was evidence the complaint had been processed in accordance to the policy and in a timely manner, they had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints.

The staff were aware of the complaints process and told us they would refer all complaints to the practice manager to deal with.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff were aware of their roles and responsibilities within the practice.

The practice did not have a system to review whether patient dental care records were following the guidance provided by the Faculty of General Dental, this was brought to the attention of the practice manager to review as soon as possible.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings, where relevant it was evident the practice worked very well as a team. All staff were aware of whom to raise any issues with and told us the registered providers and practice manager were approachable, listened to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The registered providers were aware of their responsibility to comply with the duty of candour and told us that the preferred to address any concerns or issued immediately should they arise.

Learning and improvement

The practice maintained some records of staff training which showed some staff were up to date with their training. We saw staff had personal files and showed training was accessed through a variety of sources including formal courses and informal in-house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The practice manager explained the practice had a good longstanding relationship with their patients. The practice had completed a yearly patient satisfaction survey to allow patients the opportunity to feedback and views or comments to the practice. The practice was also participating in the continuous 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.

We saw the practice held regular practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.