Mr Anthony Smith

Appoline Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 May 2015. The practice moved to the present premises in 2013. It is a renovated nursing home converted into a two storey practice with lift, wheelchair access, disabled toilet, own parking, tranquil grounds within close proximity to town centre. It is on a major bus route and a 15 minute walk from train and bus station.

The practice has one principal dentist who is supported by five associate dentists. There is a practice manager, a dental technician, a senior dental nurse, four dental nurses, three trainee dental nurses and two receptionists.

The practice provides primary dental services to both NHS and private patients. The practice is open Monday and Thursday 8.30am – 1pm and 1.45pm – 6pm, Tuesday and Wednesday 8.30am – 1pm and 1.45pm – 7pm and Friday 8.30am – 12.15pm and 1.30pm – 6pm.

The principal dentist is the registered provider for the practice. 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.

We viewed 41 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found the staff very friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible. We found the practice was providing safe, effective, caring, responsive and well-led care on accordance with the relevant regulations.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- 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 the needs of patients and waiting times were kept to a minimum.

Summary of findings

- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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

- Deploy universally the practice rubber dam protocol for root canal treatments by all clinicians. (A rubber dam isolates selected teeth and safeguards the rest of the patient's mouth during treatment). If a rubber dam is not used this must be for a clinical reason only and as such should be documented on the patient record.
- Adopt an individual risk assessment process for oral disease as outlined in National Institute for Health and Care Excellence (NICE) guidance in deciding when to recall patients for review.
- Those staff that have not yet received tuition in the Mental Capacity Act 2005 to complete training in the subject.

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 care which was safe in accordance with the relevant regulations. The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented. Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to.

There were robust recruitment procedures in place and staff were suitably trained and skilled to meet patient's needs. There were sufficient numbers of staff available at all times. Induction procedures were in place and completed by all new members of staff.

The practice had robust infection control procedures and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates.

Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

They should deploy universally the practice rubber dam protocol for root canal treatments by all clinicians. (A rubber dam isolates selected teeth and safeguards the rest of the patient's mouth during treatment). If a rubber dam is not used this must be for a clinical reason only and as such should be documented on the patient record.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development.

Patients were referred to other services in a timely manner. Patients were monitored through follow-up appointments and these were currently at six monthly intervals. However, we also found that the practice did not follow NICE guidance in deciding when to recall patients for review. Not all staff had received tuition in the Mental Capacity Act 2005 and its relevance to dental practice. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with written treatment plans. People with urgent dental needs or in pain were responded to in a timely manner, often on the same day.

We viewed 41 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. We spoke with four patients on the day of the visit. All the comments were of a positive nature and these included how clean the practice was, how friendly all the dentists and staff were, how all aspects of treatment were explained including the cost and ease of appointments.

Summary of findings

Are services responsive to people's needs?

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). Patients received a comprehensive assessment of their dental needs including taking a medical history.

Explanations were given to patients in a way they understood, and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The principal dentist was welcoming , very much at the centre of everything that happens within the practice. The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records were audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients both with a formal audit and informally. Health and safety risks had been identified, which were monitored and reviewed regularly.

Appoline Dental Care

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 7 May 2015 and was conducted by a CQC inspector and a Dentist specialist advisor To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection. Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. We also reviewed the information we held about the practice and found there were no areas of concern. During the inspection we spoke with the principal dentist and three associate dentists, the practice manager, three dental nurses and two receptionists. We reviewed policies, procedures and other documents. We reviewed 41 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We also spoke with four patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had 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 bring safety issues to the attention of the dentists or the practice manager. The practice had a no blame culture and policies were in place to support this. The practice manager told us that there had been no safety incidents in the last three years. The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH) such as cleaning materials and other hazardous substances. 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. Measures were clearly identified to reduce such risks including the provision of personal protective equipment for staff and patients and safe storage of hazardous materials.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were also able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that all staff at the practice were trained in safeguarding adults and children. The principal dentist had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns and knew the procedure on whistleblowing and who to speak with. We found that not all dentists at the practice used a rubber dam for root canal treatments, The practice should deploy universally a rubber dam protocol for root canal treatments by all clinicians. (A rubber dam isolates selected teeth and safeguards the rest of the patient's mouth during treatment). If a rubber dam is not used this must be for a clinical reason only and as such should be documented on the patient record.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the automated external defibrillator (AED) (an AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest. Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and found that they were of the recommended type as per British National Formulary guidance and were all in date. The room where the compressed gases were held were clearly marked with a warning sign. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at the files for each of the staff employed and found that the process had been followed. The practice had an induction system for new staff; this was individually tailored for the job role. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place. There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff told us that they would cover for their colleagues. Most of the staff had been employed by the practice for a number of years.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. The risks to staff and patients had been identified and control measures put in place to reduce them. There were also other policies and procedures in

Are services safe?

place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed consistently.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The level and frequency of cleaning were detailed and checklists were available for staff to follow. The practice manager told us that they employed an external cleaning company for the premises but dental nurses had set responsibilities in each surgery. The practice had in place systems for testing and auditing the infection control procedures. The last audit took place in April 2015 no actions were required. We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing effective hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were suitably located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was appropriately segregated, stored securely in locked containers and a separate locked building until collection. We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that 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. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually and with an ultrasonic bath. Instruments were then rinsed and examined visually with an illuminated magnifying glass and sterilised in an autoclave (a device for sterilising dental and medical instruments). At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health. The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained. Staff were well presented and told us they wore clean uniforms daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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. Records showed a risk assessment process for Legionella had recently been carried out. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures. Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

Are services safe?

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. The practice monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients using the basic periodontal examination (BPE) screening tool for the assessment of periodontal tissue. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies. The dentists we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were currently at six monthly intervals. The practice however, did not follow NICE guidance in deciding when to recall patients for review. This was pointed out to the practice who were now reviewing their protocol. Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. The practice then monitored patients after being referred back to the practice to ensure they received a satisfactory outcome and all necessary post procedure care. We reviewed 41 comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes. The practice did have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included the use of another practice in Grantham if required.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

Staffing

The practice had one principal dentist who was supported by five associate dentists. There was a practice manager, a dental technician, a senior dental nurse, four dental nurses, three trainee dental nurses and two receptionists. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council (GDC) as a dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place. Staff training was being monitored and training updates and refresher courses were provided. The practice had identified some training that was mandatory and this included basic life support and safeguarding. Records we viewed showed that staff were up to date with this training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration. The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the principal dentist, who was also the provider, was supportive and always available for advice and guidance. They also spoke highly of the practice manager and senior dental nurse both of whom they would they would also approach for advice and guidance. The practice had an induction system for new staff. Records we looked at showed that there was an induction checklist with induction to infection prevention and control. We saw that new staff had completed or were on the way to completing a full induction.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation.

Consent to care and treatment

We discussed the practices policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which

Are services effective?

(for example, treatment is effective)

were signed by the patient. The dentist we spoke with was also aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge. We saw in documents that the practice were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. However, not all staff had attended Mental Capacity Act 2005 (MCA) training. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was a large open plan area but we were told by reception staff that they considered conversations held at the reception area when other patients were present. They also confirmed that should a confidential matter arise, a private area or was available for use. Staff members we spoke with told us that they never asked patients questions related to personal information at reception. 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. We saw that patient records, both paper and electronic were held securely. We viewed 41 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided; they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. On one comment card was written that the staff were very caring and helpful and that they had never had any issues and had always been treated very well.

Involvement in decisions about care and treatment

We spoke with four patients on the day of the visit. All the comments were of a positive nature these included how clean the practice was, how friendly all the dentists and staff were, how all aspects of treatment were explained including the cost and ease of appointments Comment cards completed by patients included comments about how professional the staff were and treatments were always explained in a language they could understand. One comment said that staff always listened to and acted on any requests made and supplied adequate information to the patient as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet, information displayed in the waiting area and on the practice website clearly described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered private treatment and the costs were clearly displayed and fee information leaflets were available. The practice was currently updating its web site to include further information for patients.

Tackling inequity and promoting equality

The practice had a range of anti-discrimination policies and promoted equality and diversity. Staff we spoke with were aware of these. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had moved to the current location which was previously a nursing home from a town centre location in 2013. The building had been fully refurbished with step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. There was lift access to the first floor. The premises also had a disabled toilet and full baby changing facilities. The practice was on a bus route and had a large car park available for patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients with learning disabilities.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources. The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area and in the practice leaflet. Staff we spoke with told us that patients could access appointments when they wanted them. Patients who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments. Patients with more complex mobility or mental health needs would be referred to either the community clinic or local hospitals.

Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area and on the practice website. Staff we spoke with were aware of the procedure to follow if they received a complaint. From information received prior to the inspection we saw that five complaints had been received in the past 12 months. The practice had received two complaints related to root canal treatment. The practice manager told us that protocols had been revised for root canal treatments and new procedures were in place. We saw the evidence for this. The practice had now included the deployment of a universally rubber dam protocol for root treatments by all clinicians. CQC comment cards reflected that patients were highly satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were robust governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments. There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use it.

Leadership, openness and transparency

The principal dentist was friendly and welcoming and very much at the centre of everything that happened within the practice. The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the principal dentist or practice manager if they had any concerns. We were told that there was a no blame culture at the practice and that the delivery of high quality care was integral to the running of the practice. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. We were told by the members of staff we spoke with that they felt well cared for, respected and involved with monthly staff meetings and that alerts were e-mailed to them of current changes.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided. We saw that the dentists reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

The practice manager and staff told us that patients could give feedback at any time they visited. The practice had systems in place to review the feedback from patients who had complained. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate. The practice held regular staff meetings and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.