Lion House Dental Practice Limited

Lion House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 December 2015 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

Lion House dental practice provides general dental treatment to both NHS and private patients. It is located within the market town of Richmond, North Yorkshire. The practice currently has four dental practitioners, one of which is a foundation dentist and each has their own surgery. There is a waiting room, a reception area and a decontamination room.

The dentists are supported by a dental hygienist, a dental hygiene therapist and seven dental nurses.

The practice is open:

Monday to Thursday 09:00– 17:00

Friday 09:00 – 16:00

On the day of inspection we received 29 CQC comment cards providing feedback and spoke to two patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring, respectful 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.

Summary of findings

- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patients' 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 practice sought feedback from staff and patients about the services they provided.

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

- Review where the practice complaints policy is displayed so patients can access the information easily.
- Review audits of various aspects of the service, such as radiography, infection prevention and control and dental care records, 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.
- Review the practice's recruitment policy and procedures 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 sharps risk assessments giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 effective 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 and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

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

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited, suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times; however references were not always sought for new members of staff. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's personal file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated August 2012; 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 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 contemporaneous 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 29 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be caring, respectful and professional and they were treated with dignity and respect in a clean and tidy environment. 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 good disability access through the front door and the practice ensured the ramp was placed ready for a patient's arrival.

The practice had a complaints process which was not easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patients' advice leaflets and practice information leaflets available on reception.

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. One of the dental nurses was responsible for the day to day running of the practice and also delegated tasks other members of staff.

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

The practice regularly undertook patient satisfaction surveys and was also undertaking the NHS Family and Friends Test; the latest results showed 94% of patients would recommend this service.

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, patient dental care records and X-rays. The X-ray audit findings were not within the guidelines of the National Radiological Protection Board (NRPB).

Lion House Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 15 December 2015 and was led by a CQC Inspector who had remote access to a 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 that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with three dentists and three dental nurses. We saw policies, procedures and other records relating to the management of the service. We reviewed 29 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 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 and Dangerous Occurrences Regulations 2013 (RIDDOR). The dental nurse told us any accidents or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had four entries recorded in the last 12 months; these had been processed in accordance to the policy and discussed at practice meetings.

The registered provider told us they received alerts by e-mail 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. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's policy and procedures in place for child protection 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 provider was the lead 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 dentists 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. 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 in the reception area. This was in line with the 'Resuscitation Council UK' and British National Formulary 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 weekly. 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 was in the process of updating its recruitment policy which should include a process to be followed when employing new staff. This is to include 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 confirmed that the processes had been followed apart from seeking references, the practice was aware this needed to be implemented.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). 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.

Are services safe?

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 that this policy was reviewed in October 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. There was evidence the COSHH folder had been reviewed in October 2015. If any new materials were implemented into the practice, a new risk assessment was put in place.

The dental nurse showed us there had been a fire risk assessment in October 2015, the results from this assessment were unsatisfactory and the practice had not yet implemented the actions from the assessment, this included opening the rear fire door daily and training of staff. This was discussed with the dental nurse on the day of the inspection to review as soon as possible. All equipment had been checked in March 2015. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings.

Infection control

The practice had a 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. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones.

There was a two separate sinks for decontamination work and a separate hand washing sink. 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 area, this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and stamped 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 that all staff had received various infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap, 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 securely for collection within an outside locked bin. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. 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 August 2012, we discussed with the registered provider to implement a risk assessment as soon as possible. All recommended water testing including hot and

Are services safe?

cold temperature checks were being carried out in accordance to the risk assessment. Staff had not received legionella training to raise awareness and the registered provider was 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 March 2015.

We saw the fire extinguishers had been checked in March 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 that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

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.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries 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 each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The dental nurse told us they undertook annual quality audits of the X-rays taken. We saw the results of the January 2015 audit and two clinicians were results were not within the National Radiological Protection Board (NRPB) guidance. Action plans were in place and a recommendation to review the audit in six months; however this had not yet taken place. The action plan and learning outcomes were not clinician specific and more in depth action plans and learning outcomes would ensure the practice continuously improved the procedure and reduce future risks, this was raised with the dental nurse and they assured us this would be reviewed.

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. In addition, the dentists told us they discussed patients' lifestyle and behaviour such a smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

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

There was evidence patient dental care records had been audited to ensure that they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in October 2014 where there was no action plan was in place, this would help address any issues that arose and set out individual learning outcomes more easily. The need for annual audits was brought to the attention of the dental nurse to review the process.

The patient dental care records that we looked at with the registered provider 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 that medical histories had been up dated prior to treatment. Soft tissue examinations, 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. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' care records.

Patients' oral health was monitored through referrals to the dental hygienist and 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 that 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 conscious sedation or orthodontics 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 hygienist and dental hygienist therapist to help support this. Displays were in place within the waiting room showing patients how much sugar was in certain drinks and an information board about fluoride was also available.

The registered provider 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.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, 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.

Are services effective?

(for example, treatment is effective)

Staff training was being monitored and recorded by each individual. Records we reviewed showed that 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 provider at any time to discuss continuing training and development as the need arose.

Staff told us they would support the needs of other staff members providing availability to help cover a period of absence, for example, because of sickness or holidays.

Working with other services

The dentists 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.

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. We saw patient dental care records were held securely electronically; passwords were regularly changed.

On the day of inspection we received 29 CQC comment cards providing feedback and spoke to two patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring, respectful and professional and they were treated with dignity and respect in a clean and tidy environment.

Music was played in the reception area and surgeries to help relax patients before and during their appointments and a television was also in the waiting room.

Involvement in decisions about care and treatment

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

When treating children the dentists told us to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or career. 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 areas described the range of services offered to patients and opening times.

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 practice is open:

Monday – Thursday 09:00 -17:00

Friday 09:00 – 16:00

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

All four surgeries are located on the ground floor of the building. For patients with mobility requirements the practice had a ramp that could be placed at the front entrance before the patients' arrival. Two of the downstairs surgeries were available for patients needing access so they could be accommodated each day. A system to swap surgeries if the need arose was in place to ensure patients could see their own dentist.

We saw staff had received equality and diversity training and staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

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 and each clinician had such appointment slots available to see their own patients. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service. Private patients had access to a local on call rota service. Information about these services was displayed outside the practice and in the patient information leaflet. The answering machine message would also direct patients to the required service.

Concerns & complaints

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 five complaints in the last year. There was evidence the complaints 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 practice complaint policy was not displayed in the patients waiting areas; there was a sign to direct patients to reception. This was brought to the attention of the dental nurse that a more easily accessible complaints policy should be in place for patients.

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

Are services well-led?

Our findings

Governance arrangement

The practice had achieved the British Dental Association (BDA) good practice award in 2014.

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 health and safety policy and an infection prevention and control policy. Staff were aware of their roles and responsibilities within the practice.

The practice had audit systems to review patient dental care records this was last undertaken in October 2014. We found these were in accordance to the guidance provided by the Faculty of General Dental Practice; however an action plan or learning outcomes were not in place and this was now due to be reviewed. Evidence of justification and grading of an X –ray was not routinely recorded within the patient dental care records.

Leadership, openness and transparency

There was evidence of an open culture within the practice and staff were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings; it was evident that the practice worked as a team. All staff were aware of whom to raise any issues with and told us the registered provider was approachable 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 dentists and the registered provider were aware of their responsibility to comply with the duty of candour and told us that the preferred to address any concerns or issues immediately should they arise.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw staff had personal files and showed that 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.

The practice had an annual training plan to cover a range of topics each month including decontamination, infection prevention and control, radiography and impression handling and cleaning. A set of questions were in place to support each topic and this helped the practice training programme structure this also ensured staff had understood the training or if there was a need to discuss a topic in more depth.

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

The registered provider explained the practice had a good longstanding relationship with their patients. The practice was 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. The latest results showed that 94% of patients who completed the test said that they would recommend the practice to friends and family.

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.