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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 31 August 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

Browns' Dental Surgery is a family-run dental practice which provides predominantly NHS treatment to patients of all ages. The practice is situated on the second floor of a large health centre within Washington town centre. There are three treatment rooms, a dedicated decontamination room for sterilising dental instruments and a shared staff kitchen. There is limited car parking within the basement of the health centre though there are ample spaces in the shopping complex next to the practice. Access for wheelchair users is possible either via the basement lift where disabled car parking spaces are allocated or using the ramp and entrance located on the second floor.

The practice is open Monday to Friday 0900 -1630.

The dental team is comprised of two principal dentists, three associate dentists, a practice manager, two receptionists (one of whom is also a qualified dental nurse) and four qualified dental nurses.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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 reviewed 32 CQC comment cards on the day of our visit; patients were very positive about the staff and

Summary of findings

standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- An Infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Complaints were dealt with in an efficient and positive manner.

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

- Review the practice's recruitment policy and procedures 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. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.

- Review the practice's procedures for undertaking six-monthly infection prevention and control audits as recommended by the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.
- Review the practice's procedures for undertaking patient and staff satisfaction surveys to help improve the quality of service.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice responsibilities in regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 to ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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.

Infection prevention and control procedures followed recommended guidance from HTM0105.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

The practice kept medicines and equipment for use in a medical emergency. These were not all in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We saw evidence of these items being ordered immediately on the inspection day.

No action



Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 32 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities such as reading glasses, access for wheelchair users or people with push chairs through a lift and a toilet with hand rails and safety alarm cord. Other measures were planned to be installed in the future such as a hearing loop and large print patient leaflets.

No action



Are services well-led?

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

A practice manager was in charge of running the practice on a daily basis whilst the registered provider visited the premises every week and was available on the phone for staff at any time. There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

We found recruitment documents were absent from staff files including evidence of induction processes, indemnity for the dental nurses, references from previous employment and appraisals.

We found the dental nurses did not have indemnity which would assist and protect them in their work. This was rectified and we received evidence of the dental nurses' indemnity the following morning.

The practice did not have a recruitment policy which would provide structure for such recruitment procedures to be present. We saw the practice had already taken measures to implement these in the future.

No action



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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 took place on 31 August 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

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

During the inspection, we spoke with the registered provider, three dentists, three dental nurses, one receptionist and the practice manager.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). We saw two accidents recorded within the last 12 months. These were filled out with sufficient detail of what happened, why, what actions were taken as well as improvements that could be made to prevent future recurrence.

Staff meetings took place every other month where any accidents or incidents were discussed so as to enable staff learning.

The practice manager showed us they had received recent alerts 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.

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment in June 2016. Ultra-safe needles were implemented for use in each surgery. The risk assessment was updated on an annual basis to ensure any new updates or equipment was added.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the

mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding. Staff told us their practice protocol and were confident to respond to issues should they arise. The principal dentist together with an associate dentist were the safeguarding leads and training records showed staff had undergone level one or two training as appropriate.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered provider or practice manager.

The practice also had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (June 2016).

Medical emergencies

The practice did not follow the full guidance from the Resuscitation Council UK.

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 the heart 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. These were not all in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We found the emergency medicines Midazolam (used for epilepsy) and Adrenaline (used for anaphylactic shock) were not in the recommended form or dosage. We saw evidence of these items being ordered immediately on the inspection day. All staff knew where these items were kept.

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen

Are services safe?

cylinder, emergency drugs and AED were checked monthly. These checks ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We advised the practice of the Resuscitation Council UK's guidance on weekly checks and the practice assured us this would be implemented as soon as possible.

Staff recruitment

We reviewed the staff recruitment files for six members of staff to check that appropriate recruitment procedures were in place. We found files held documents including proof of identity, qualifications, immunisation status and where necessary a Disclosure and Barring Service (DBS) check however other essential documents were absent including evidence of induction processes, indemnity for the dental nurses, references from previous employment and appraisals. We spoke with the practice manager who was aware of the lack of a formal induction and appraisal process and had already taken measures to implement these in the future. The practice did not have a recruitment policy which would provide structure for such recruitment procedures to be present. We received evidence of the dental nurses' indemnity the following morning and were informed the policy would be implemented and followed up as soon as possible.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) but lacked actual risk assessments as required by the Health and Safety Executive. We were assured this would be addressed immediately and each substance would be risk assessed and recorded. We also reviewed the practice risk assessment, health and safety risk assessment and fire risk assessment. These were all carried out in 2016 in accordance with the relevant legislation and guidance and were reviewed annually.

The practice had two fire exits; clear signs were visible to show where evacuation points are.

We saw annual maintenance certificates of firefighting equipment including the current certificate from August 2016. Annual fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

We saw the business continuity plan from April 2016 had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with three dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw daily and weekly tests were being carried out by the dental nurses to ensure the steriliser was in working order.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

A Legionella risk assessment had been carried out in May 2016. The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

Are services safe?

The health centre employed a cleaner to carry out daily environmental cleaning.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment in July 2016, X-ray machines in 2014 and Portable Appliance Testing (PAT) in July 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw fire extinguishers were checked in August 2016 to ensure they were suitable for use if required.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice had digital X-ray equipment. Rectangular collimators (devices which reduce the amount of radiation delivered to a patient) were available in 2 out of 3 surgeries and the practice manager advised us they were in the process of purchasing a third rectangular collimator. We saw evidence of this shortly after the inspection.

The practice kept a thorough radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification, the local rules and maintenance certificates.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The registered provider showed us evidence the practice was undertaking regular analysis of their X-ray through an annual audit cycle. We saw audit results from 2016 were in line with the National Radiological Protection Board (NRPB) guidance. The registered provider worked closely with all staff members to ensure the audit process evolved in each cycle to ensure ease of use and full disclosure of results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentists advised us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

Dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

Dentists we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and x-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' record.

Staff were clear on the principles of the Mental Capacity Act 2005 (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term

Are services effective?

(for example, treatment is effective)

used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 32 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to the practice manager's office to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept in securely in locked cabinets in the back office and also behind reception in shelving. The practice told us they were in the process of

moving all record cards from the shelving to lockable cabinets. Computers were password protected, backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff were confident in data protection and confidentiality principles however had not had formal Information Governance training. The practice took action and we were shown evidence that all staff had been booked on an on-line training course the following day.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

We looked at dental care records with the clinicians which confirmed dental professionals recorded information provided to patients about their treatment and the options open to them. The detail of this information was inconsistent in the records cards we saw and we advised the practice to review the guidelines by the Faculty of General Dental Practice regarding clinical examinations and record keeping. They assured us they would do so.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including practice leaflets, the practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had made reasonable adjustments to prevent inequity for different patient groups. The practice has access to a translation service where required and had carried out a thorough disability access audit in 2015. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those

with restricted mobility or with pushchairs. There was a toilet with an alarm cord and hand rails for support. The practice was planning the installation of a hearing loop in future.

Access to the service

The practice's opening hours were Monday to Friday 0900-1630. These were displayed in their premises and in the practice information leaflet.

The patients we spoke with felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received no complaints in the last twelve months. We saw records from previous years that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The registered provider and practice manager demonstrated their system of policies, procedures and certificates. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing, recruitment and maintenance.

The practice manager ensured there were regular quality checks of clinical and administration work and had an approach for identifying where quality or safety was being affected.

We looked at the Control of Substances Hazardous to Health (COSHH) file. We found the practice kept all the products' safety data sheets but lacked actual risk assessments as required by the Health and Safety Executive. We were assured this would be addressed immediately and each substance would be risk assessed and recorded.

We also reviewed the practice risk assessment, health and safety risk assessment and fire risk assessment. These were all carried out in 2016 in accordance with the relevant legislation and guidance and were reviewed annually.

We found staff files were lacking essential recruitment documents including evidence of induction, indemnity for the dental nurses, written references from previous employment and appraisals. The practice did not have a recruitment policy which would provide structure for such recruitment procedures to be present. We found dental nurses did not have any indemnity and we addressed this with the provider immediately. We received evidence of the dental nurses' indemnity the following morning and were informed the recruitment policy would be created as soon as possible.

We noted policies and procedures were kept under review by the practice manager on an annual basis and updates shared with staff to support the safe running of the service.

Leadership, openness and transparency

The overall leadership was provided by the registered provider. A practice manager was supporting them in this role.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong in accordance with the Duty of Candour requirements.

The Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out by various members of staff. Topics included radiography and record keeping audits. We saw audits were carried out very thoroughly with results and action plans clearly detailed.

We were advised that infection prevention and control audits were not carried out within the practice as recommended by HTM0105; the practice manager assured us these would be implemented immediately. We received evidence of their audit and detailed action plan the following day.

Improvement in staff performance was not monitored by the practice; personal development plans or appraisals were not apparent however we saw the practice had created a template for use and would implement regular reviews going forward. Informal discussions were in place to ensure all staff were reviewed regularly.

We found staff had not completed training in Health and Safety (as recommended by the Health and Safety Executive) or Information Governance (as recommended by the Department of Health and National Health Service initiative). The practice took action and we were shown evidence that all staff had been booked on an on-line training course the following day.

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

The practice had some systems in place to seek and act upon feedback from staff and people using the service.

Patients and staff were encouraged to provide feedback on a regular basis verbally however there was no documentation of this. Patients were also encouraged to use the suggestion boxes in the waiting rooms and to

Are services well-led?

complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. We did not see any written documentation or analysis of the FFT results.

We were advised that the practice did not have a patient or staff satisfaction survey which would enable regular review of their opinions and suggestions.