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Dental Care Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 April 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

The Dental Care Centre has three dentists and three dental nurses. All of the dentists and dental nurses are qualified and registered with the General Dental Council (GDC). The practice's opening hours are 9am until 5.50pm Monday to Friday.

The Dental Care Centre is a dental practice providing mainly NHS and some private treatment and caters for both adults and children. The practice is situated in a converted residential property. The practice had three dental treatment rooms; at the time of inspection only two were in use. Decontamination for cleaning, sterilising and packing dental instruments was carried out in the treatment rooms. There is a reception and waiting area. One of the treatment rooms is on the first floor and there were steep stairs to access this, in addition the entrance to the surgery had a steep slope and stairs. Staff were able to assist patients into the surgery, but if needed would inform them of another practice which had easier access for those with limited mobility.

The provider was also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. Supporting the registered manager is a practice manager.

Summary of findings

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 12 completed cards and received feedback on the day of the inspection from six patients. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

We carried out an announced comprehensive inspection on 5 April 2016 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a second inspector.

Our key findings were:

- The practice had suitable clinical governance systems and processes.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and there was ongoing refurbishment.
- Infection control procedures were in place and the practice followed published guidance.
- The practice had effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had enough staff to deliver the service.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the practice manager and were committed to providing a quality service to their patients.
- Information from 12 completed CQC comment cards gave us a positive picture of a friendly, caring and professional service.
- All complaints were dealt with in an open and transparent way by the practice.

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

- Review the recruitment process to check information as required in the regulations is obtained prior to a new member of staff starting employment.
- Review processes to demonstrate that training had been given as planned and appraisals had been carried out on a regular basis.
- Review staff meeting minutes to provide sufficient detail to show what had been discuss and what actions had been agreed.
- Provide an annual statement on infection control.
- Review comments made by patients and show that these were acknowledged and responded to if needed.
- Review policies and procedures to include a date on when they were implemented and when a review was needed.
- Review arrangements for keeping patient records and hazardous chemicals secure.
- Put into place a system of tracking all prescriptions pads appropriately throughout the practice.

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 reliable arrangements in place for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Evidence was not available on the day of inspection to demonstrate that all staff had received safeguarding training. The provider provided this information within 48 hours of the inspection which showed that all staff had received relevant training. All staff were aware of their responsibilities regarding safeguarding children and vulnerable adults.

The practice did not have effective recruitment procedures. The practice had a staff recruitment policy. However, staff recruitment checks for staff who started to work since the service registered with the Care Quality Commission did not include evidence of satisfactory conduct in previous employment.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 12 completed patient comment cards. These provided a completely positive view of the service; we received feedback on the day of inspection from six patients who also reflected these findings. All of the patients commented that the quality of care was good. They were treated with compassion and put at ease. They felt listened to and involved in their treatment.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information about how to prevent dental problems and on the indicative costs of dental treatment.

One of the treatment rooms is on the first floor and there were steep stairs to access this, in addition the entrance to the surgery had a steep slope and stairs. Staff were able to assist patients into the surgery, but if needed would inform them of another practice which had easier access for those with limited mobility.

Are services well-led?

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

Summary of findings

Staff were supported and managed at all times and were clear about their lines of accountability. They felt the provider valued their involvement, were engaged and their views were reflected in the planning and delivery of the service. Care and treatment records were complete, legible, accurate, and kept secure. Staff were supported to meet their professional standards and follow their professional code of conduct.

Audit processes were effective and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. There were systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.

Dental Care Centre

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection of the Dental Care Centre on 5 April 2016. The inspection was carried out by a lead inspector and a second inspector.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, including the practice manager and dentists. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and computer system that supported the patient dental care records. We reviewed comment cards completed by patients prior to our visit and received feedback from six patients on the day. Patients gave positive feedback about their experience at the practice.

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

We spoke with the lead dentist about the reporting of incidents that could occur in a primary dental care setting. We saw that a system was in place. The practice reported that they had had no significant events in the previous 12 months and none since they had taken over the practice two years ago. Incident recording forms were available which allowed for action points to be noted. The practice said that when needed learning was shared with the rest of the team.

Reliable safety systems and processes (including safeguarding)

We spoke to the lead dentist about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current European Union (EU) Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were only resheathed by dentists following administration of a local anaesthetic to a patient. The lead dentist was also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dental nurse explained that these instruments were single use only. They explained that root canal treatment was carried out where practically possible using a rubber dam (a rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

There was a nominated member of staff who acted as the practice safeguarding lead. This individual acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Evidence was not available on the day of inspection to demonstrate that all staff had received children and adult safeguarding training. The provider provided this information within 48 hours of the inspection which showed that all staff had received relevant training. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator, (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice also had an oxygen cylinder and other related items such as manual breathing aids and portable suction available in line with the Resuscitation Council UK guidelines.

All emergency medicines and oxygen were in date. The expiry dates of medicines and equipment were monitored using a monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. The training was last carried out in May 2015.

Staff recruitment

The practice did not have effective recruitment procedures. The practice had a staff recruitment policy. We looked at two staff files and found that recruitment checks for staff who started to work since the service registered with the Care Quality Commission did not include sufficient evidence of satisfactory conduct in previous employment. The practice policy stated that two references would be obtained, but both files had only one reference.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well maintained Control of Substances Hazardous to Health (COSHH) file. We noted that COSHH liquids were

stored in a cupboard in reception which was not locked. The provider undertook to rectify this and confirmed that the cupboard was now secure. Other assessments included fire safety which was due to be reviewed the week following our inspection, radiation, general health and safety issues affecting a dental practice and water quality risk assessments.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager was responsible for infection control procedures within the practice. It was demonstrated through a description of the end to end process and a review of practice protocols that Health Technical Memorandum (HTM) 01 05 (national guidance for infection prevention control in dental practices) Essential Quality Requirements for infection control was being met. It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines; however an annual statement had not been produced.

It was noted that the two dental treatment rooms in use, waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including wall mounted liquid soap and gels and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We asked a dental nurse to describe to us the processes for infection control at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of a treatment room were inspected in the presence of staff. These were well stocked, clean, well ordered and free from clutter. Instruments were either pouched or stored in covered trays if the instruments were used that day. This was in accordance with current guidelines. There were appropriate single use items available and these were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

The dental 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) she described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in June 2015. The recommended procedures contained in the report were being carried out and logged appropriately. This included regular testing of the water temperatures of the taps in all rooms in the building. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination area in treatments room for instrument processing. Displayed on the wall were protocols to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in these rooms. A dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). There were two autoclaves. When instruments had been sterilized they were pouched or stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. There were systems in place to ensure that the autoclaves used in the decontamination process were working effectively. These included the automatic control test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice which was stored in a separate locked

Are services safe?

location within the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' were protected from the risk of infection from contaminated dental waste.

Environmental cleaning was carried out in accordance with the national colour coding scheme and cleaning schedules were available for inspection.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example the autoclaves had been serviced and calibrated in the past year. The practices' X-ray machines had been serviced and calibrated annually in accordance with current guidelines. Portable appliance testing (PAT) for all electrical appliances had been carried out in July 2015. The principal dentist had a spreadsheet which identified when testing, maintenance and calibration of equipment was due in the next 12 months to ensure it was maintained and safe to use.

The practice had prescriptions pads which were not effectively logged and stored in the premises. We noted that some prescription pads were potentially accessible to patients or members of the public. The principal dentist immediately moved them to a lockable cupboard. Prescriptions pad numbers were logged when they were delivered to the practice, but records did not identify who had used the prescriptions.

A sample of dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location dentist with an approved dental radiography qualification acted as the Radiation Protection Supervisor. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

A copy of the last radiological audit carried out between July and September 2015 demonstrated that a high percentage of radiographs were of grade one standard. A sample of dental care records where X-rays had been taken showed that when dental X-rays were taken they were justified, reported on and quality assured. The practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to two dentists on the day of our visit. They described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were health promotion leaflets available in the practice to support patients look after their general health.

Staffing

There were enough support staff to support the dentists during patient treatment. All of the dental nurses supporting the dentists were qualified dental nurses. The principal dentist told us that the practice ethos was that all staff should receive appropriate training and development. This included training in cardio pulmonary resuscitation, infection control, child protection and adult safeguarding and other specific dental topics. We noted that training information was held in individual staff files and it was not always clear when training had been given or when it was due. However, we were able to determine that all staff had received appropriate training and continual professional development.

Working with other services

The principal dentist explained how the dentists would work with other services if required. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. Systems had been put into place by local commissioners of services and secondary care providers whereby referring practitioners would use bespoke deigned referral forms. This helped ensure that the patient was seen in the right place at the right time. We saw a selection of these forms which included referrals for oral surgery problems, suspected mouth cancer cases, orthodontics and patients who required special care dental services as a result of physical and mental impairment. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The dentists we spoke with had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to patients and explaining in a way and language that patients could understand. Costs were made clear in the treatment plan and in the dental treatment record. The dentists always used the NHS treatment plan form known as the FP17 DC form when carrying out any treatment over and above an examination and treatment under private contract. We reviewed a number of records which confirmed this approach had taken place.

Both dentists we spoke with explained how they would take consent from a patient who suffered with any mental impairment which may mean that they might be unable to

Are services effective?

(for example, treatment is effective)

fully understand the implications of their treatment. They told us how he would manage such patients. The dentists explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting area and we saw that doors were able to be closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage.

Patients told us (through discussion and comment cards) that they found the practice caring and supportive. They said they were listened to, treated with respect and were involved in discussions about their treatment options, which included risks, benefits and costs. We observed that staff were helpful, kind and considerate to the needs of individual patients.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area.

We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This information was recorded on the standard NHS treatment planning forms for dentistry.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to meet the needs of patients. The practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice had a clear understanding of who their population were and understood their needs including, making appointments long enough to carry out investigations and treatment.

Most examination appointments were at least 15 minutes long and filling appointments were at least 20-30 minutes long. We did not see evidence of routine double booking of patients. This only occurred when patients were asked to come and sit and wait if they were in pain. The practice had dedicated urgent slots for on the day emergency appointments and also offered sit and wait appointments.

Tackling inequity and promoting equality

The practice was situated in a converted residential building and the practice had addressed issues with accessibility as far as possible within. There was a steep slope to the main entrance and a step into the practice. When needed staff would assist patients. There was one treatment room in use on the ground floor and one on the first floor. When needed arrangements were made for patients to be seen on the ground floor. Patients were also signposted to other practice in the area if their mobility needs could not be met by the Dental Care Centre. The waiting room was small and had limited space for wheelchair users or those with pushchairs. Plans were in place to refurbish the waiting area and provide different height chairs for patients to wait in comfort. There were arrangements in place for patients who had English as a second language. Translation services were available and the practice had a card which patients could point to identify their first language or needed information in a different format, for example easy read leaflets.

Access to the service

Appointments were available Monday to Friday between 8.30am and 5.30pm. Appointments could be made in person or by telephone. We asked six patients if they were satisfied with the practice opening hours and they confirmed they were. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns & complaints

The practice had a complaints policy which was not dated to indicate when it was last reviewed. The policy set out set out how complaints would be addressed, who by, and the timeframes for responding. For example, a complaint would be acknowledged within three days and a full response would be provided to the patient after a ten day investigation period. The aim was to achieve full resolution within 21 days of a complaint being received. This was seen to be followed. We saw a complaints log which listed two complaints received since April 2015. Records confirmed this complaint had been resolved with a satisfactory outcome.

We asked six patients if they knew how to complain if they had an issue with the practice. All were aware of what to do if they had any concerns. Information about how to make a complaint was seen in the practice leaflet and on display in the patient waiting areas.

Are services well-led?

Our findings

Governance arrangements

The Dental Care Centre had suitable systems and processes in place to provide an overview of how the practice was operating. The principal dentist was in the process of reviewing all governance arrangements in the practice. They showed us their action plan which included details of when audits would be carried out and reviews of policies and procedures.

We found that patients' dental care records were not stored securely. They were held in a room which although it was not accessible to patients or members of the public, the door was not able to be locked when a member of staff was not in the room. The provider undertook to purchase a key and confirmed with us that this had occurred.

We found a system of policies, protocols and procedures in place covering the clinical governance criteria expected in a dental practice. We found that procedures in relation to clinical governance were being reviewed to ensure they contained current and relevant information. There were many examples of attention to detail with respect to record keeping and validating processes and protocols. This included the reporting of incidents, completing risk assessments and maintaining policies and protocols in relation to infection control, radiation protection and medical emergencies.

Leadership, openness and transparency

It was apparent through our discussions with the dentists and nurses that the patient was at the heart of the practice with the dentists adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. Dentists were able to analyse their own performance as well as being able to obtain support and guidance from their colleagues.

Policies and procedures were seen to be in place to support a culture of openness and transparency in respect of the new statutory duty of candour which was introduced for dentists registered with CQC from 1 April 2015.

Learning and improvement

We found that there were examples of learning and improvement taking place in the practice. This included the auditing of infection control procedures and clinical record keeping. We saw a high level of compliance with infection control procedures and record keeping standards were maintained to a satisfactory standard.

Employees were supported to access training and to maintain their registration with the General Dental Council (GDC), where relevant.

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

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, compliments and complaints, but this was not consistently achieved. We noted that the practice did not routinely respond to feedback received via the NHS Friends and Family test or NHS Choices, therefore we could not be sure their comments had been acknowledged. Where feedback had been acted upon this provided a positive outcome for patients. For example, following patient feedback the practice had purchased a card machine to enable cashless payment. The staff at the practice were aware of comments which had been made about the premises requiring updating. Since the new provider had taken over two years ago, two treatment rooms had been upgraded and refurbished to a high standard. Long term plans were in place to upgrade the third treatment room and waiting area. We saw that there was a complaints procedure in place, with details available for patients in the practice leaflet and in the waiting area.

All of the staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the dentists and practice manager listened to their opinions and respected their knowledge and input at meetings. We were told that staff turnover and sickness was low. Staff told us they felt valued and were proud to be part of the team. Staff received regular appraisals, but these were not formally documented. A staff survey had been carried out at the end of 2015 and all staff were positive about working at the practice and considered they were supported to carry out their role. There were regular staff meetings, but improvements were needed in minuting these. Lunch and learn sessions were held regularly to discuss clinical care.