

Mr. David Jackson

# Gargrave Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 23 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

The Gargrave dental practice is situated in the centre of Gargrave, North Yorkshire and is situated over two floors. The only surgery is located on the first floor of the practice. It has one dentist, one dental hygiene therapist, a practice administrator and three dental nurses.

The practice offers a mix of NHS and private dental treatments including preventative advice and routine restorative dental care.

Opening times:

Monday & Thursday closed

Tuesday, Wednesday & Friday 09:00 – 12:30 14:00 – 17:30.

On the day of inspection we received feedback from 28 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 brilliant, polite, friendly and professional 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.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.

- 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 the process and procedures for domiciliary care, for patients who can no longer access their services. Implement risk assessments in line with the guidelines for the delivery of a domiciliary oral healthcare service 2009.
- Record fridge temperatures where dental materials are stored. Implement a lone worker policy.
- Implement a latex policy.
- Review the storage of clinical waste to ensure this is stored securely.
- Review the practice protocol for matrix bands to prevent them being reused.

# 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 all staff had received a variety of training in infection control. There was a decontamination room on the first floor and guidance for staff on the effective decontamination of dental instruments was in place.

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 and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the Legionella risk assessment dated December 2010; evidence of regular water testing was being carried out in accordance with the assessment.

### **Are services effective?**

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

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

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

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included 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 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 27 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be brilliant, polite, friendly and professional they were treated with dignity and respect in a clean and tidy environment. The patient we spoke to 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 access for patients experiencing dental pain which enabled them to receive treatment quickly. On the days the practice was closed provisions through the NHS 111 service was available.

The practice had disability access through the front door of the practice although there was no downstairs surgery to see any patients with disability requirements. The practice had a disability assessment in 2004 and had taken steps to implement changes as much as was reasonably practicable.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. 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. The registered provider was responsible for the day to day running of the practice.

Staff reported 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 they enjoyed working there.

The practice did not complete an annual patient satisfaction survey as the practice was undertaking the NHS Family and Friends Test. These were displayed in the waiting room however they were not currently available on the NHS choices website.

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 within the guidelines of the National Radiological Protection Board (NRPB).

# Gargrave 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 23 February 2016 and was led by a CQC Inspector and a dental specialist advisor.

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

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

During the inspection we spoke with one dentist, two dental nurses, and the practice administrator. We saw policies, procedures and other records relating to the management of the service. We reviewed 27 CQC comment cards that had been completed.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

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

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

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

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

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

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice administrator told us any accident or incident would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded within the last 12 months.

The registered provider told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, 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 registered provider 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. This was in line with the 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 regularly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date.

### **Staff recruitment**

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the newest member of staff's files which confirmed that the processes had been followed.

We saw 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 may arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in January 2016.

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

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

The practice used latex, however no policy was in place for storage or segregation of equipment that had been processed wearing latex gloves. This was brought to the attention of the registered provider and all decontamination work was to be carried out using none latex gloves.

Dental materials stored in the fridge had no record in place to check the temperature to ensure safe storage, this was brought to the attention of the registered provider on the day of the inspection.

## **Infection control**

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

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

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

The practice did not have an effective system in place that prevented matrix bands being reused. There was evidence on the day of the inspection that some single use items, matrix bands, had been processed for re-use. This was brought to the attention of all clinical staff to review the system to prevent this happening in the future.

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

We saw from staff records all staff had received infection control training at different intervals over the last 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 were also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was not stored securely for collection within the practice as the room did not have a lock in place, this was brought to the attention of the registered provider on the day of the inspection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.



# Are services safe?

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the most recent last legionella risk assessment report dated December 2010. All recommended water testing including hot and cold temperature checks was being carried out in accordance to the risk assessment. The registered provider had received legionella training to raise awareness and they were also the lead for testing and reporting any concerns. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

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

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

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

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

## Radiography (X-rays)

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

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

We 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 registered provider told us they undertook a continuous quality audit of the X-rays taken. We saw the results of the audit and the results were in accordance with the National Radiological Protection Board (NRPB). However, there was no action plan or learning outcomes in place or a reason why an X-ray had been graded as inadequate included as part of the report. This was brought to the attention of the practice administrator to ensure all aspects are incorporated accordingly.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

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

There was evidence patient dental care records had been regularly audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in February 2016 where there was an action plan in place showing any areas of improvement required. This helped address any issues that arose and set out individual learning outcomes more easily.

The patient dental care records we reviewed looked at with the dentist showed found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, a diagnosis and a 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 dentist 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 not always recorded although however a signed treatment plans was placed into the patients' care records.

Patients' oral health was monitored through referrals to the dental hygiene therapist and followed up accordingly;

these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentist was following the NICE guidelines on recalling patients for check-ups.

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

### Health promotion & prevention

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

The dentist 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. However, this was not always recorded within the patient dental care records. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Staff were very passionate about working within the community and trying to help raise awareness of oral health advice. One nurse had completed their oral health educators' certificate and another was looking to complete this in the near future.

### 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.

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

# Are services effective?

(for example, treatment is effective)

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

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

## **Working with other services**

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

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

The practice provided domiciliary care to some patients who could no longer access their services. No domiciliary risk assessments were in place, including pre visit risk assessments or assessments regarding transportation of clinical waste, medical emergency oxygen, medical emergency equipment and medicines. This would ensure safe systems of work in line with the guidelines for the delivery of a domiciliary oral healthcare service 2009.

## **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 dentist 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 private room.

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

We received 27 CQC comment cards providing feedback. The patients who provided feedback were positive about

the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be brilliant, polite, friendly and professional they were treated with dignity and respect in a clean and tidy environment.

The practice routinely reviewed the magazines for patients so there was always something current to read.

### **Involvement in decisions about care and treatment**

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

When treating children the dentist 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 carer. For patients with disabilities or in need of extra support, staff told us they would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

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

The opening times are:

Monday & Thursday closed.

Tuesday, Wednesday & Friday 09:00 – 12:30 14:00 – 17:30.

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

### Tackling inequity and promoting equality

The surgery was located on the first floor of the building. Access to the practice was adequate for most patients. The practice could not accommodate patients who required a ground floor surgery; however they were reviewing the need to implement a ground floor surgery as part of their refurbishment plan.

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

### Access to the service

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

### Concerns & complaints

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

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 no complaints in the last year. There was historical evidence 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 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 arrangements**

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

The practice had audit systems to review patient dental care records this was last undertaken in February 2016. We found if the clinician was not following the guidance provided by the Faculty of General Dental Practice an action plan was discussed to help improve record keeping.

### **Leadership, openness and transparency**

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

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

### **Learning and improvement**

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

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

The 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 practice had not participated in a full patient satisfaction survey and this was brought to the attention of the registered provider on the day of the inspection.

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.