Oasis Dental Care (Central) Limited

Oasis Dental Care Central - Whitehaven

Inspection Report

Units 3 & 4, Millennium Way
Quayside
Whitehaven
Cumbria
CA28 7UJ
Tel:
01946 696282
Website: Website: www.quaysidedental.co.uk

Date of inspection visit: 03 March 2016
Date of publication: 24/06/2016

Overall summary

We carried out an announced comprehensive inspection on 3 March 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 practice offers NHS primary care dentistry to adult patients and children. The practice is owned by Oasis Dental Care (Central) Limited. There is one dentist, one therapist, five dental nurses, three receptionists and a practice manager who is also a dental nurse.

The practice is open Monday to Thursday from 8.00am to 7.00pm, and Fridays from 8.00am to 5pm. Due to the number of patients needing to be seen and the reduced number of dentists the practice is also opening on a Saturday and Sunday from 7.45am to 3.45pm.

There is an identified registered person for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Before the inspection 14 patients provided feedback about the service. The majority of these were very positive about the practice however there was an underlying concern that the lack of dentists did result in long waiting times between appointments and appointments being cancelled.

Our key findings were:

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There was not sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Due to staff shortages patient care and treatment was not planned and delivered in line with evidence based guidelines and current regulations. Following the inspection the provider submitted an action plan which showed that two locum dental staff had been allocated to assist in the practice to ensure that patients received their treatment in a timely manner. A further two dentists were in the process of being recriuited to address this concern in the long term.
- 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.
- Patients could access urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- 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 use of dirty instrument transportation boxes to ensure these are not overfilled and can be sealed.
- Review the process to ensure there are sufficient numbers of staff to meet patients care and treatment needs.

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, management of medical emergencies and dental radiography.

There was a nominated person in respect of Duty of Candour. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs However we found that there was a shortage in the number of trained dentists working in the practice, which was highlighted to the provider and addressed. Staff induction processes were in place and had been completed by new staff.

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 good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients where recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted. However the shortage of dentists did mean that guidelines were not always adhered to.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate 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) activities.

Are services caring?

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

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 the treatment room or in another private room.

Comments on the 14 completed CQC comment cards we received included statements saying the staff were helpful, understanding and pleasant and all staff were excellent.

Summary of findings

Are services responsive to people's needs?

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

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 the treatment room or in another private room.

Comments on the 14 completed CQC comment cards we received included statements saying the staff were helpful, understanding and pleasant and all staff were excellent.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

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

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

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.

Oasis Dental Care Central - Whitehaven

Detailed findings

Background to this inspection

The inspection was carried out on 3 March 2016 and was led by a CQC inspector. The inspection team also included a dentist specialist advisor.

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

During the inspection we spoke with two dental nurses, a dental therapist, the registered manager and one patient. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 14 completed CQC comment cards.

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, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. The practice used their policies and procedures when recording incidents and accidents. The registered manager told us that the policies and procedures were up dated annually or whenever any changes were required.

The practice used a complaints policy to deal with complaints. The policy 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 registered manager told us that any learning from the complaints was shared at practice meetings.

The registered manager was aware of the responsibilities under the duty of candour. There was a nominated person in the practice for duty of candour purposes. We were told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The registered manager told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding. All staff were trained to level two in respect of safeguarding children. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children within the last 12 months. Staff we spoke with 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 and were confident that if they raised any concerns they would be followed up appropriately by the registered manager.

The registered manager told us that all dentists routinely used a rubber dam when providing root canal treatment to patients. The dentists who used a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small rectangular 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.

We reviewed a selection of patients' dental records. They were completed in accordance with the guidance provided by the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they record that medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

We saw that all staff had undertaken fire safety training and the practice undertook annual fire risk assessments. The fire extinguishers and emergency lighting were also checked annually. The receptionist was trained as the fire marshal with specific roles in the event of a fire.

Medical emergencies

Are services safe?

The practice had procedures in place for staff to follow in the event of a medical emergency and 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. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines were checked daily. We checked the emergency medicines and found that they were of the recommended type and were in date.

Staff recruitment

We saw that the practice followed their 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 three personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal insurance or indemnity cover in place.

We did find, however, that there was a shortage in the number of dentists employed to work in the practice. We found that there was one dentist and one therapist for over 9000 patients. The practice was part of the dental pilot scheme for Cumbria. As part of this pilot practices in Cumbria were required to increase their preventative dental care provision in a bid to improve the oral health of local people. This had increased the workload at the practice.

In the completed CQC comment cards and in patient reviews placed on the NHS Choices web site we saw that patients had complained about the amount of time it took from first assessment to actual dental appointment. The practice was taking on new patients but to meet this demand they were opening on a Saturday and Sunday. Staff told us that this was stressful.

This finding was highlighted to the provider who addressed this by providing two locum dentists to assist with the workload. The registered manager told us that they had a problem in retaining dentists in the practice. There was no analysis conducted to find the cause of this. We were told two new dentists were in the process of being recruited to commence work at the practice in April and July 2016 to address this problem on a long term basis..

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. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed annually.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. The practice had a system to update the 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. We saw that the registered manager had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The registered manager showed us that there was a fire risk assessment in place. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had an infection control policy which was reviewed annually staff told us that they had read the policy and understood the content.

Are services safe?

There were cleaning schedules in place for cleaning the premises and cleaning records were maintained. Equipment that was used for cleaning the premises was stored suitably in line with current guidelines.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear. A dental nurse was the lead for infection control.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification to ensure they were perfectly clean before being sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. We saw however that instruments were not transported between the surgeries and the decontamination room in closed boxes. This was due to the size of the box and the number of dirty instruments placed inside which resulted in the box lid not being closed securely.

We saw records which showed that 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 they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in all the surgeries.

We saw that the practice had completed an infection control audit and achieved 100%.

We saw from staff records that all staff had received infection control training.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

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

The registered manager was the lead for legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the legionella risk assessment report. There were no concerns identified. The practice undertook monthly test of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in February 2016. The practice displayed fire exit signage and had appropriate firefighting equipment in place. However we found that the emergency exit sign above the fire door in the patient area was not as effective and noticeable as it could have been. The manager informed us that they would put up a clearer signage following the inspection.

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

Are services safe?

Local anaesthetics were not stored appropriately being taken out of their original blister packs and stored together in each surgery. Other than anaesthetics and emergency medicines, no medicines were kept at the practice.

Radiography (X-rays)

The practice had a radiation policy. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which was displayed in each surgery and stated how the X-ray machine should be operated safely; however these rules were not dated to show when they had been drawn up or reviewed. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists 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. We saw the results of the last annual X-ray audit which was in accordance with the Faculty of General Dental Practice (FGDP) guidance. The audit of X-rays showed that the X-rays were graded and the reasons for taking the X-ray were recorded.

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 on the patient's electronic dental records for future reference. In addition, the dentists told us that they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental records we reviewed, that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer.

The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. However the shortage of dentists did mean that guidelines were not always adhered to. We saw that patients complained that the time frames between each appointment were long. If an appointment was cancelled there would be a long delay before the next appointment could be arranged. Once an examination had been performed it was difficult to make an appointment for a follow up visit for the actual treatment needed.

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

Health promotion & prevention

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

The registered manager advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Staffing

We saw that 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 general dental professional.

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

Staff we spoke with told us that they had staff annual appraisals and thought that they were useful.

Staff told us that they worked well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays. However they did feel that they were under pressure to provide the service required under the Cumbria dental pilot due to the shortage of qualified dentists.

Working with other services

The therapist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer.

Consent to care and treatment

Staff we spoke with demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and

Are services effective?

(for example, treatment is effective)

making decisions on behalf of adults who may lack the capacity to make particular decisions. The dentists 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. We saw that all staff had received MCA awareness training within the last 12 months.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought 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.

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 surgery room which was not being used.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the 14 completed CQC comment cards we received included statements saying the staff were helpful, understanding and provided an excellent service all round.

Involvement in decisions about care and treatment

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

The therapist we spoke with understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and the practice opening times. Information was also available explaining the practice's complaints procedure. The registered manager told us that they offered patient information leaflets on oral care and treatments in the surgery to aid patients' understanding if required or requested.

However we saw that patients were dissatisfied with the waiting time between assessment and actual treatment. They also commented that appointments were often cancelled and the wait for another appointment remained long.

Emergency appointments were available to all patients who suffered pain or discomfort with their teeth. All emergency appointments were triaged through the local NHS emergency dental service.

Tackling inequity and promoting equality

The practice was situated in the quayside area of Whitehaven. Although in a pedestrian area only there were adequate transport arrangements and parking facilities for people with limited mobility. All patient areas were on the ground floor and there was a disabled friendly toilet available.

We saw that the practice had equality and diversity policy and staff had received equality and diversity training within the last 12 months. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and may require assistance.

Access to the service

There was a problem with access to timely treatment due to the lack of qualified dentists working at the practice. The practice had developed systems and protocols to deal with this but patients complained they had a long wait between initial assessment to on ongoing treatment. However, 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 emergency dental service. When this was highlighted to the provider two locum dentists commenced working in the practice to reduce patient waiting times.

Concerns & complaints

The practice had a complaints policy and procedures. The practice made available information in the waiting areas on how to complain. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the registered manager to deal with. Complaints received in the last 12 months were processed in accordance with its complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice had comprehensive 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 we spoke with were aware of their roles and responsibilities within the practice. All governance arrangements were overseen by the corporate provider.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other and the registered manager. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

The registered manager and staff who we spoke with told us that they felt fully supported by staff and the provider management team.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with 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 corporate provider seeks the views of patients using a questionnaire. Survey sheets were left out for patients to complete. It was expected that the practice would receive 40 completed feedback surveys each month. An overall report was developed by the provider and shared with each practice. In the recent survey results we saw that although there were many positive answers there was the ongoing concern regarding waiting times for follow up appointments.

We saw that the practice held regular practice meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.