

# Mr William Jonathan Mellor

# Mellor and Associates

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 17 November 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**

Mellor and Associates dental practice is housed in a four-storey Victorian building in Middlesbrough, Teesside and provides private dental treatment to patients of all ages.

The practice consists of two treatment rooms, a dedicated decontamination room for sterilising dental instruments, an X-ray room, the reception, a waiting room and a staff room / kitchen. Car parking is available on the side-streets near the practice. Access for wheelchair users or pushchairs is not possible due to building restrictions however details of alternative practices are provided to patients where relevant.

The practice is open Monday and Tuesday 0830-1800, Wednesday 0830-1600 and Thursday and Friday 0830-1700.

The dental team is comprised of the practice owner, an associate dentist, the practice manager, a hygienist, a qualified dental nurse/receptionist and a trainee dental nurse.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 1 CQC comment card on the day of our visit; the patient was very positive about the staff and standard of care provided by the practice.

# Summary of findings

## Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- Staff were very friendly, caring and enthusiastic.
- An Infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and positive manner.
- Staff received annual medical emergency training.
- Staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Equipment for dealing with medical emergencies reflected guidance from the resuscitation council however some were beyond their expiry date.
- The registered provider had not received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) since 2010.

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

- Review their emergency medicines and equipment and the system for identifying and reordering of expired items.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the practice's procedure for maintaining logs of all sterilisation equipment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions. We were told the practice was not maintaining any logs of the sterilisation equipment checks that were being carried out. We brought this to the attention of the registered provider and they ensured us they would implement logs immediately.

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found the Glucagon (used for diabetic emergencies) and child defibrillator pads had passed their expiry date and advised the provider; they immediately re-ordered these items on the inspection day and we saw evidence of this. The provider also assured us they would review their system for identifying and reordering of expired items.

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

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

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

The dentists told us they did not routinely use a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We were told the dentists used alternative adequate measures when a rubber dam was difficult to apply to the tooth.

The registered provider no longer received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We told the registered provider the importance of receiving safety alerts and sharing this information amongst all staff within the practice. The registered provider immediately signed up for these alerts and we saw evidence of this on the day. They also assured us alerts would be discussed in staff meetings and shared via email from now forward.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental

No action



# Summary of findings

practice. We found the practice kept brief risk assessments and these were not reviewed or updated. We explained to the registered provider the need to maintain detailed risk assessments and we were assured each substance would be risk assessed and recorded thoroughly from now forwards.

## Are services effective?

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

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

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

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

No action



## Are services caring?

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

We left CQC comment cards for patients to complete two weeks prior to the inspection. There was 1 response which was very positive.

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

The waiting area was equipped with dental information leaflets, magazines and a complimentary water dispenser.

Dental care records were held securely on computers which were password protected.

No action



## Are services responsive to people's needs?

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

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

Patients had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities such as a hearing loop, hand rails on both sides of the staircase and a magnifying glass. Access for wheelchair users or pushchairs is not possible due to building restrictions however details of alternative practices are provided to patients where relevant.

No action



# Summary of findings

## Are services well-led?

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

We found there were strong support systems in place to ensure the smooth running of the practice.

The registered provider and practice manager were on-site every day of the week and there were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The registered provider kept staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

We found the practice had carried out various audits and the results were available for us to view. We noted there were no documented learning points or analysis of these results that could be demonstrated as part of the audit process.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

No action



# Mellor and Associates

## Detailed findings

### Background to this inspection

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

The inspection took place on 17 November 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the registered provider, the trainee dental nurse and the practice manager.

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

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were no accidents recorded by the practice within the last twelve months. We reviewed records from previous years and found they were suitably detailed with an explanation of what occurred, when and what measures had taken place.

Staff meetings took place every month where any accidents or incidents would be discussed so as to enable staff learning. We saw minutes of meetings from the last 12 months were typed up and reflected a range of subjects being discussed.

The practice manager showed us they had received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) up to 2010. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. We advised the necessity of subscribing to these alerts and the registered provider did so immediately. They also assured us safety alerts would be discussed and shared from now forward in staff meetings.

### Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment which was reviewed in March 2016. Disposable safety needles and syringes were implemented for use in each surgery. This risk assessment was updated annually to ensure any new updates or equipment was added.

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

The dentist told us they did not routinely use a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We were told the dentist used alternative measures such as the aspirator, cotton rolls and a file holder when a rubber dam was difficult to apply to the tooth; this would be recorded in the patient's dental care record.

We reviewed the practice's policy for adult and child safeguarding; contact details of the local authority and safeguarding teams for children and vulnerable adults were detailed in the policy. Staff told us their practice protocol and were confident to respond to issues should they arise. The registered provider was the safeguarding lead and training records showed staff had undergone level one or two training as appropriate.

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

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry November 2017).

### Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with 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 the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the



# Are services safe?

'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept and a weekly check was implemented to check stock and expiry dates.

We checked the emergency medicines and found they were of the recommended type. We found items of emergency equipment (the child defibrillator pads and Glucagon injection) had expired and notified the provider of this. We also advised the need to establish a more robust system for their weekly checks so as to ensure the equipment was ordered prior to their expiry date. The registered provider agreed to ensure new procedures would be adopted and we saw evidence to show they had ordered these items on the inspection day.

## **Staff recruitment**

We reviewed the staff recruitment files for all members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children.

## **Monitoring health & safety and responding to risks**

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

We looked at the Control of Substances Hazardous to Health (COSHH) file, the practice risk assessment, health and safety risk assessment and fire risk assessment. These were carried out in accordance with the relevant legislation and guidance.

COSHH files were kept to ensure providers had access to information on the risks from hazardous substances in the dental practice. We found the practice kept brief risk assessments of all substances in the practice. We explained the need for these risk assessments to be sufficiently detailed and reviewed regularly; we were assured by the registered provider each substance would be risk assessed again and recorded.

We saw annual maintenance certificates of firefighting equipment including the current certificate from December 2015. Six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures. The practice had clear signs to show where evacuation points and fire exits were.

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

## **Infection control**

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

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

We were told the practice was not maintaining any logs of the tests that were being carried out. We brought this to the attention of the registered provider and they assured us they would implement logs immediately.

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

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in March 2016. We saw measures such as monthly temperature recording and dip slides were implemented and documented.



# Are services safe?

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

The practice staff carried out environmental cleaning. We observed they used different coloured cleaning equipment to follow the National Patient Safety Agency guidance.

## **Equipment and medicines**

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

We saw evidence of servicing certificates for sterilisation equipment in January 2016, X-ray machines in December 2015 and Portable Appliance Testing (PAT) in March 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

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

## **Radiography (X-rays)**

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

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

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. We saw audit results from 2015-2016 were available without a documented analysis. We explained the need for this to be demonstrated as part of the audit process. We spoke to the practice manager who immediately amended their procedures.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

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

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

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

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

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines. We found evidence to suggest the practice had systems in place that were equal to what was recommended in the FDGP guidance.

### Health promotion & prevention

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

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

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

### Staffing

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

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

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

### Working with other services

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

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

### Consent to care and treatment

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

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own

# Are services effective?

(for example, treatment is effective)

decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able

to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

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

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

Dental care records were stored electronically; computers were backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff were confident in data protection and confidentiality principles. We were told the practice had recently booked onto an Information Governance training course.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

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

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

### Tackling inequity and promoting equality

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

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice had a disability access audit completed by a competent professional in 2008. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. Access for wheelchair users or pushchairs was

not possible due to building restrictions; details of alternative practices were provided to patients where relevant. Staff had access to a translation service where required and the reception was equipped with disability aids including a hearing loop and a magnifying glass.

### Access to the service

The practice's opening hours were Monday and Tuesday 0830-1800, Wednesday 0830-1600 and Thursday and Friday 0830-1700.

These were displayed in their premises, in the practice information leaflet and on the practice website. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed as recommended by the GDC.

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

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

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

# Are services well-led?

## Our findings

### **Governance arrangements**

The registered provider held the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review by on an annual basis and updates shared with staff to support the safe running of the service.

The registered provider also kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. The practice had an approach for identifying where quality or safety was being affected and addressing any issues.

We looked at the Control of Substances Hazardous to Health (COSHH) file, their practice risk assessment, health and safety risk assessment and fire risk assessment.

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

The overall leadership was provided by the registered provider. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the Duty of Candour requirements.

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

### **Learning and improvement**

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

Clinical and non-clinical audits were carried out by various members of staff. Topics included staff and patient feedback, radiography and infection prevention and control audits. We saw audit results were available; analysis of these was not documented. The registered provider immediately sent us evidence of clearly detailed action plans.

Improvement in staff performance was monitored by personal development plans and appraisals. These were carried out either on an annual or bi-annual basis.

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

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

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, text and using the suggestion boxes in the waiting rooms. We saw survey results were available; analysis of these was not documented.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager.