

MHDP Limited

Mansion House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 January 2017 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

Mansion House Dental Practice is located in the centre of Ormskirk and provides predominantly private treatment plans for patients and a limited amount of NHS treatments. All patient facilities, including surgeries are located on the ground floor. Two dentists, a dental hygienist, three dental nurses and a receptionist work at the practice. There is parking and wheelchair access at the back of the building. Opening times are weekdays from 8.30am until 5.00pm with a late opening until 7.00pm on Tuesdays.

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

We reviewed 19 CQC comment cards on the day of our visit and spoke with three patients during the inspection. Patients spoke highly of the staff and the standard of care provided by the practice. Patients commented that they felt involved in all aspects of their care and found the staff to be helpful, respectful, and friendly, and said they were treated in a clean and tidy environment.

Our key findings were:

Summary of findings

- The practice was well organised, visibly clean and free from clutter.
- An infection prevention and control policy was in place. Sterilisation procedures followed Department of Health guidance.
- The practice had systems for recording incidents and accidents.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council (UK).
- Dental professionals provided treatment in accordance with current professional guidelines.
- A process was established to seek patient feedback about the service.
- 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 sensitive manner.
- The practice was actively involved in promoting oral health.
- Recruitment checks were not complete for all staff.
- The temperature of sentinel taps (nearest and furthest hot and cold taps from the water distribution source) was not being checked as frequently as it should.

- A medicine was being dispensed at the practice but was not being dispensed to patients in the manufacturer's original packaging complete with the patient information leaflet.
- Staff were not aware of a translation service should the need arise.

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

- Review the current Legionella risk assessment, including the monitoring and recording of water temperatures, giving due regard to the 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.
- Review the process for monitoring equipment requiring decontamination, in particular the dental chairs and stools, taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05.
- Review the practice's recruitment policy and procedures to ensure appropriate recruitment checks are undertaken for staff.
- Review the practice's protocols for medicines management and ensure all medicines are managed and administered safely and securely.
- Review the access to an interpreter service for patients who do not speak English as their first language.

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.

A process was in place to manage any accidents and incidents that occurred at the practice.

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

Emergency medicines and equipment were available and stored appropriately in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

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

A Disclosure and Barring Service (DBS) check had not been undertaken for staff

The temperature of sentinel taps (nearest and furthest hot and cold taps from the water distribution source) was not being checked as frequently as it should to ensure the water was safe. .

Routine checks of fire equipment and systems to minimise the risk of fire were not in place.

A medicine was being dispensed at the practice but was not being dispensed to patients in the manufacturer's original packaging complete with the patient information leaflet.

The upholstery to one of the dental assistant stools was torn, which meant it could not be effectively decontaminated.

No action



Are services effective?

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

Dentists 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 continuous professional development (CPD).

No action



Are services caring?

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

Patients we spoke with were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 19 responses all of which were very positive, with patients stating they felt listened to and included in making decisions about their care.

No action



Summary of findings

Dental care records were kept securely on computer systems which were password protected.

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.

Are services responsive to people's needs?

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

The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

Wheelchair access could be facilitated to the back of the building. There was a lowered area at the reception for wheelchair users.

Staff were not aware of a translation service should the need arise to support a patient whose first language was not English.

No action



Are services well-led?

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

The practice manager had recently left the service and the practice owner was responsible for the day-to-day running of the service until a new practice manager was recruited.

The practice had an established governance and quality assurance in place. A range of policies were in place. Systems were in place to manage risk. An audit programme was in place, including infection prevention and control and X-rays.

Staff meetings took place and medical alerts, incidents, complaints and changes were discussed.

Staff said there was an open culture at the practice and they felt confident raising any concerns.

The practice had processes in place to seek feedback from patients about the service.

No action



Mansion House 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 practice owner was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 18 January 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the owner of the practice and two dental nurses. We reviewed policies, protocols, certificates and other documents as part of the inspection. We also had a look around the building.

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

An incident management policy was in place but its focus was mainly on incidents involving information governance. The policy included a significant event analysis form pre-populated with information relating to breaches in information governance. We discussed with the practice owner whether there was an option to develop this policy further so it took account of all types of incidents and significant events that could occur at the practice. They said they would review the policy.

An accident book was in place and included a record of two sharps incidents in 2016. It showed that both these incidents had been managed effectively and in accordance with the practice's sharps policy. A book was in place to record incidents. It included very limited information and was being used to record routine maintenance jobs that were required at the practice. We highlighted this to the practice owner who said they would review the incident book and staff understanding of incidents when reviewing the incident policy. Staff told us no significant events had occurred at the practice.

The staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). The policy on RIDDOR had been reviewed in 2016.

The practice owner received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). If the alert was relevant to the operation of the practice then it was shared with the staff at practice meetings. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

The practice owner and staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this was in accordance with the Duty of Candour principle which states the same. A duty of candour policy was in place and it had been discussed at one of the staff meetings in 2016.

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. A sharps policy was in place and the practice owner advised us that the practice used a safe sharps system. A procedure was in place for staff to follow in the event of a sharps injury that included occupational health contact details. We saw evidence in the accident reporting that the procedure for managing sharps injuries had been followed.

The practice owner told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. We confirmed this when we looked at dental records. 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 a 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.

Child and vulnerable adult safeguarding policies and procedures were in place. The practice owner was the designated lead for safeguarding. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were available for should staff have a concern they wished to report. All staff working at the practice had undertaken safeguarding training in January 2013.

The practice had a whistleblowing policy. Staff could raise concerns within the practice or could raise concerns externally. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. Procedures were in place for staff to follow in the event of a medical emergency and all staff had received basic life support training from an

Are services safe?

external company in September 2016, 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 Resuscitation Council UK and British National Formulary guidelines. All staff knew where these items were located.

Emergency equipment and medicine checks were undertaken to ensure equipment was available and did not require replacing. We saw that the practice kept records that indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were regularly checked. This supported with ensuring the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date. A mercury spillage kit was in place in the event that staff should need to use it.

Staff recruitment

The practice owner told us they had not recruited any new staff since they took over the business and went through a CQC registration process in December 2014. The staff had been in post for many years and the most recently recruited member of staff had been in post for eight years. The practice owner advised us that the required recruitment checks for staff were not in place, including references from previous employment and a 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. We looked at the personnel records for two members of staff and confirmed recruitment checks were not in place. The immunisation status was available for all the staff.

A recruitment policy was in place but it was brief and lacked detail about the process for recruitment. The practice owner advised us the recruitment policy would be reviewed and further developed. Shortly after the inspection they provided evidence to demonstrate that all staff had applied for a DBS check.

Monitoring health & safety and responding to risks

We reviewed various risk assessments relevant to the practice. 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. A general risk assessment was completed in December 2016 that took account of the environment, clinical waste, dental unit water lines and hazardous products in use at the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure information is available on the risks from hazardous substances in a dental practice. We noted that two different formats of COSHH risk assessments were in place for hazardous products; one dated 2011 and the other December 2016. This could be confusing for staff and the practice owner said they would ensure that the older risk assessments were removed.

A fire risk assessment was carried out by Lancashire Fire and rescue Service in April 2014. An action plan was produced and we could see that the actions had been met. Arrangements were in place to check the smoke alarms and firefighting equipment on a weekly basis. A fire evacuation procedure was in place. Staff told us that fire drills periodically took place but were not recorded. Shortly after the inspection the practice owner contacted us to confirm that a fire drill had been scheduled for the following week and would be documented.

Infection control

The practice owner was the lead for infection prevention and control (IPC). They had taken on this role when the previous IPC lead left the practice. One of the nurses showed us how instruments were decontaminated in the dedicated decontamination room. They outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We observed that the decontamination and treatment rooms were exceptionally clean. Drawers and cupboards were well organised and clutter free with adequate dental materials available. A checklist was in place for the cleaning

Are services safe?

of the decontamination room and this was completed each day. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

There was not a positive airflow system in the decontamination room. The practice owner said they would look into this and that it may involve contact with council planning department regarding replacement of the window given that the premises is located in a conservation area.

We observed a tear in the upholstery of two dental assistant stools. This meant it would be difficult to decontaminate the stools. Shortly after the inspection the practice owner advised us they had made contact with a company regarding the reupholstering of the stools and that it would be treated as an urgent action.

We noted that there was no hot water for handwashing in the patient toilet. We also observed that the staff toilet was in need of refurbishment. We discussed this with practice owner who advised us that both these areas were identified on the practice refurbishment plan. We were provided with a copy of the refurbishment plan and it identified that the availability of hot water in the patient toilet would be addressed within three months and the staff toilet refurbished within 12 months.

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 2014. The water temperature checks of the sentinel taps (nearest and furthest taps from the water distribution source) had stopped in September 2016. This is an important check in minimising the risk of Legionella and the practice owner confirmed these checks would be resumed immediately. Staff had received training about Legionella in September 2016 as part of a broader IPC training event.

A contract was in place for the removal and disposal of clinical waste. Waste consignment notices were available for the inspection. Clinical waste was disposed of in accordance with Health Technical Memorandum 07-01: Safe management of healthcare waste.

Schedules were in place for the cleaning of the premises and checklists were completed daily to confirm the premises had been cleaned. We observed the building was clean, tidy and clutter-free. Environmental cleaning equipment was labelled to identify the area it should be used in. We noted that the floor cleaning equipment was not stored in accordance with national guidance and we highlighted this to staff at the time of our inspection. The practice owner contacted us shortly after the inspection to say that this equipment was now being stored correctly.

Regular IPC audits had been undertaken. We looked at the two most recent audits, which was an Infection Prevention Society (IPS) audit. One had been completed in July 2016 and the other in January 2017. Both achieved a compliance score of 97%.

Equipment and medicines

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

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclave and the compressor. Portable electrical appliances were tested in May 2016 to ensure they were safe to use.

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

We observed that the antibiotic, Amoxicillin, was being dispensed at the practice but was not being dispensed to patients in the manufacturer's original packaging complete with the patient information leaflet. We highlighted this to the practice owner who said they would stop dispensing antibiotics immediately and would issue private prescriptions until they could check whether pre-packaged antibiotics were available.

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 detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and Health and Safety Executive notification. Maintenance certificates were contained in the file. Local rules were located next to the equipment.

Are services safe?

We saw that the dentists were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular

analysis of their X-rays through an annual audit cycle. A radiological audit had been completed and was in accordance with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dentists were following guidance and procedures for delivering dental care. The dental records we looked at were of a high standard and detailed. A comprehensive medical history form was completed with patients and this was checked 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 patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that patients were advised of the findings, treatment options and costs.

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

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

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team 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.

Staffing

We spoke with staff and looked at the continuous professional development (CPD) files for some staff to determine the training staff had undertaken. We established that all staff had completed training in basic life support, IPC and safeguarding. Staff advised us that

training was linked to the five year CPD cycle, which individual staff were responsible for keeping up-to-date. A member of staff showed us how the number of hours of CPD were recorded electronically but highlighted that the type of training undertaken was not required to be recorded. The practice owner said they would look into developing a system going forward to monitor the training staff were undertaking.

The practice owner acknowledged that staff had not received an appraisal for some time and this was confirmed in the personnel files we looked at. The practice owner said they were aiming to ensure appraisals were completed annually. The practice owner advised us that once a new practice manager was appointed then the appraisals would resume.

Working with other services

The practice owner confirmed that patients could be referred to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters 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 the practice owner 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. The practice owner explained how individual treatment options, risks, benefits and costs were discussed with each patient and then if appropriate documented in a written treatment plan. The patient would be provided with a copy of the plan and a copy would be retained in the patient's dental care record.

A consent policy was in place and it had been updated in January 2016 to take account of the 2005 Mental Capacity Act. The practice owner was clear on the principles of the MCA and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may

Are services effective?

(for example, treatment is effective)

lack the mental capacity to make their own decisions about their care and treatment. 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 spoke with three patients during the inspection and they were complimentary about the practice, including the care and facilities at the practice. We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 19 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

The practice owner continued to provide dental care to a small number of patients who had moved into care homes by visiting them at the care home. This showed commitment to providing patients with continuity of dental care.

We observed all staff maintained the privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in

reception and treatment rooms which ensured patient's confidential information could not be viewed by others. 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. A chaperone policy was in place and it had been last reviewed in January 2016

Dental care records were stored electronically and computers were password protected to ensure secure access. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

From our review of the CQC comment cards and our observation of dental records it was clear that patients were involved in decisions about their care. Information showing NHS and private treatment costs were available in the waiting area. The practice website provided patients with information about the range of treatments which were available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We noted that information was available for patients in the reception area, including the practice opening hours, emergency out-of-hours contact details, fire procedures, the complaint procedure and treatment costs.

The practice owner confirmed that patients needing an urgent appointment were always seen on the day they contacted the practice. They said time was set aside each day for any urgent requests. Even if this time was taken then patients requiring an urgent appointment would be invited to come in and wait.

Tackling inequity and promoting equality

The practice owner had made adjustments to the premises to prevent inequity to patients with a disability. A disability access audit had been completed for the premises in 2002. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. The practice owner said they had looked into portable ramps for wheelchair access via the front door but this was complicated by it being a conservation area and the position of the building off a main road. Therefore wheelchair access was available through the car park at the back of the building. There was a lowered area at the reception desk for wheelchair users.

Staff were unsure about access to a translation service but advised us the one of the dentists had previously used a translation service. The practice owner said they would ensure staff had access to details about this service.

Access to the service

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

A complaints policy was in place which provided guidance on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients about how to make a complaint was displayed in the waiting area.

The practice had a system in place to log both NHS and private complaints. There had been no NHS complaints and the small number of private complaints had been managed appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice owner explained that the practice had been without a manager for the last four months. The departure of the previous manager had happened suddenly and the practice owner had taken on responsibility for the day-to-day running of the practice in addition to their clinical work. The practice owner and staff said they were unsure where the practice manager had stored some information and documents that were relevant to the running of the practice. The practice owner said they were now in a position to recruit a new practice manager and this would be happening shortly.

The practice was a member of a practice accreditation scheme. Accreditation schemes require a commitment by a practice to provide dental care to nationally recognised standards.

Governance arrangements included a framework of regularly reviewed operational policies and procedures, risk management systems and a programme of audit.

Policies were regularly reviewed to ensure they were up-to-date with national guidance and best practice. The majority of policies we looked at were comprehensive with the exception of the incident management and recruitment policies. We highlighted this to the practice owner at the time of the inspection.

Risk management processes were in place to ensure the safety of patients and staff members. They were regularly reviewed particularly if any changes had been made at the practice. For example, we saw risk assessments relating to the environment, clinical waste and dental unit water lines. These had been reviewed in December 2016.

A business continuity plan was in place, which sets out how the service would be provided if an incident occurred that impacted on its operation.

Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From discussions with staff it was evident the

practice worked as a team and that staff were comfortable raising matters with the practice owner. It was also evident the practice responded to any matters in a professional and timely manner.

We were told there was a no blame culture at the practice. Staff said the practice owner was approachable and would listen to their concerns and act appropriately. Staff told us regular practice meetings were held involving all staff members. They said the meetings were mostly informal so were not recorded. We observed that minutes were recorded for staff meetings in January, June and July of 2016. Staff told us any alerts, incidents, complaints or changes were discussed at the meetings.

Learning and improvement

A programme of audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included radiography and infection prevention and control. The practice owner advised us that the practice was subject to an audit every 18 months as part of its membership of accreditation scheme. The last audit took place in May 2016 and the practice owner said that the three recommendations made had been actioned. One of the recommendations was in relation to the disposal of clinical waste and we confirmed it had been addressed.

Although unable to locate it on the day of the inspection, staff told us that a 'lessons learnt book' was maintained that recorded any incidents/events and looked at ways of avoiding a reoccurrence of the incident.

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

The practice owner advised us that the practice participated in the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. They said since the practice manager left the logging of the FFT was not up-to-date and this would be addressed by the appointment of a new manager. Staff were unable to share with us previous surveys, including a patient survey carried out 12 months ago as part of the practice's membership of the accreditation scheme. This was because they did not know where the previous practice manager had filed the surveys.