

Dr. Debra Marie Jones

# Longton Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8 December 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**

Located in the centre of Longton, the practice has three treatment rooms, one of which is on the ground floor. Treatment for adults is on a private basis either through a

dental plan or private payment as treatment is received. The practice provides NHS funded treatment for children. Facilities are available for patients with limited mobility, including those who use mobility aids. There is a ramp for wheelchair or scooter access to the building and a stair lift to support access to the first floor. An accessible toilet is available on the ground floor. Two parking spaces are located to the front of the building and further parking is available close by.

The practice is open Monday to Thursday 8.30 am – 5.30 pm and 8.30am – 4.00pm on a Friday.

The practice closes for lunch 1.00pm – 2.00pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual and is legally responsible for making sure that the practice meets the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008.

We reviewed feedback from eight patients as part of the inspection. Patients were extremely positive about the staff and standard of care provided by the practice. Patients commented that the practice was clean and they said they were involved in all aspects of their care. They said appointments were flexible and accommodating to their needs. Staff were described as helpful, respectful and friendly.

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

# Summary of findings

- The practice was well organised, visibly clean and free from clutter.
  - Decontamination processes followed recommended guidance.
  - Systems were in place for recording accidents and serious untoward incidents
  - Staff had received training in child and adult safeguarding, and were aware of what constituted a safeguarding concern.
  - Dentists provided treatment in accordance with current professional guidelines.
  - Systems were in place for seeking patient feedback.
  - Patients could access urgent care when required.
  - A complaints process was in place and was displayed for patients.
  - The practice was actively involved in promoting oral health.
  - The premises had been adapted to support people with mobility needs.
  - There were sufficient numbers of suitably qualified staff working at the practice.
  - Staff were not up-to-date with annual medical emergency training. Equipment and medicines for dealing with medical emergencies was not in accordance with national guidance.
  - A risk assessment had not been undertaken to address the circumstances when a safe sharp system was not used.
  - The full range of recruitment checks were not in place for all staff.
  - Policies and procedures were not up-to-date.
- There were areas where the provider could make improvements and should:**
- 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 protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
  - Review the practice's responsibilities in relation to the Control of Substances 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 the availability of medicines, staff training and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
  - 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 the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
  - Review the way in which the practice's policies and procedures are reviewed to ensure they are accurate and reflect national and local 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.

Effective decontamination procedures were in place. The practice was clean, tidy and clutter-free. Equipment for cleaning the premises was not stored in accordance with national guidance.

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

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

The practice had processes for recording and reporting accidents and serious untoward incidents. Relevant risk assessments were in place for the practice.

There were sufficient numbers of suitably qualified staff working at the practice. Recruitment processes were in place but the full range of checks was not in place for staff recently recruited.

The COSHH folder for hazardous products used at the practice was not formally checked to ensure it still contained all the relevant materials used at the practice.

A sharps risk assessment had not been carried out to ensure the use of sharps was in line with the current regulations.

Arrangements were not in place for receiving patient safety alerts.

A risk assessment was not in place for when a rubber dam was not used.

The full range of medicines and equipment to manage medical emergencies was not in place. Staff confirmed these had been ordered shortly after the inspection.

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, effectively managed 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.

No action



# Summary of findings

Patients 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 eight responses all of which were very positive. They said appointments were flexible and accommodating to their needs. Patients described staff as helpful, respectful and friendly.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

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 was able to provide urgent dental care and all emergency patients were seen on the day they contacted the practice.

Patients had access to telephone interpreter services if required and the practice provided a range of facilities for different patients with varying needs, including a hearing loop, lowered reception area, a chair lift and a ground floor surgery.

**No action** 

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

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

The practice owner was responsible for the day to day running of the practice and for ensuring governance processes were in place. Staff said the leadership of the service and communication amongst the team was good. They said there was an open culture at the practice and they felt confident raising any concerns.

A range of policies and procedures were place but many of these were not up-to-date as they did not reflect current national and local guidance.

Sufficient risk assessments in relation to the provision of safe care and treatment for patients and staff were not in place.

Practice meetings were held approximately three monthly, which provided an opportunity to openly share information and discuss any concerns or issues at the practice

The practice had a programme of audit to monitor their performance and help improve the services offered.

The practice had processes in place for patients to leave feedback about the service.

**No action** 

# Longton 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 8 December 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the practice manager, the practice owner who was the principal dentist, a dentist, receptionist and two dental nurses. We reviewed policies, protocols, certificates and other documents as part of the inspection.

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 a process in place for managing accidents and incidents, including serious untoward incidents (SUI). The process included a serious incident policy, serious incident flowchart and SUI protocol; these documents were not current as they made reference to organisations no longer in existence. Accidents were recorded in an accident book. One accident had been reported since the service was registered in 2011. The practice owner said there had never been a SUI 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). Information was in place about RIDDOR for staff to access.

The staff were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this is in accordance with the principles Duty of Candour principle which states the same.

The practice owner had historically received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and they were available for staff to access. However, the practice owner confirmed they had not received recent relevant MHRA alerts. They said there had been some ongoing problems with their email address which may be the reason for not receiving these. They said they would check the status of their subscription with the MHRA. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

### 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 owner confirmed they used a re-sheathing device for used needles and the other dentist used disposable syringes. A sharps risk assessment had not been completed for the practice. The practice's position regarding sharps was referenced in the infection prevention and control (IPC) control but it was insufficiently detailed to describe how sharps were safely

managed at the practice, especially given the variance in the use of a safe sharp system at the practice. Staff we spoke with were aware of what to do in the event of a sharps injury.

The practice owner told us they did not always use a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. They said they did not use a rubber dam if a patient could not tolerate it or it was an emergency but used an alternative means to isolate the tooth. 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.

We reviewed the practice's policy for adult and child safeguarding. The policies were not current as the local contact details for advice or to report a concern were not up-to-date. The practice owner ensured the correct contact details were put in place during the inspection. The practice owner was the safeguarding lead and had completed level 2 safeguarding training. They confirmed all staff were up-to-date with safeguarding training. The staff we spoke with were clear about how to report a safeguarding concern.

The practice had a whistleblowing policy in place but it did not include external contacts. The practice owner said they would address this. Staff told us they felt confident they could raise concerns about colleagues without fear of recrimination.

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.

### Medical emergencies

Procedures were in place for staff to follow in the event of a medical emergency but only two staff had received refresher training in basic life support (BLS) in the last 12 months. The other staff had not received BLS training since June 2015 meaning they were five months over the due date of this required training. The practice owner explained that the training had been delayed due to a rise in staff absence in the summer. They provided email confirmation that this training had been organised for the staff team on the 7 February 2017.

# Are services safe?

The practice kept medicines and equipment for use in a medical emergency. Checks of the emergency medical kit were being carried out every three months, which was not in accordance with guidance from the Resuscitation Council UK. The practice owner said they would start weekly checks straight away. Two oxygen cylinders were in place and 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.

We checked the emergency medicines and found these were not in line the British National Formulary guidelines. The medicines not in place included a medicine used for responding to a diabetic crisis and a medicine used for responding to a seizure. Some items of equipment, such as syringes and needles were not of the correct size and type. During the inspection staff started ordering the medicines that should be in place and provided the invoice via email after the inspection to confirm all the correct medicines had been ordered.

Mercury and bodily fluid spillage kits were in place in the event that staff should need to use them.

## Staff recruitment

We looked at the recruitment records for all staff working at the practice to ensure they had been recruited appropriately. The practice owner highlighted that they had only recruited two new staff since they took over the business in June 2011. The immunisation status and a Disclosure and Barring Service (DBS) check was in place for each member of staff, including the members of staff recruited by the practice owner. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children.

The records showed some recruitment checks were not available in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included recorded references, recorded risk assessments (in relation to recruitment checks) and photographic identification. The practice owner said they would address this, ensuring verbal references and relevant risk assessments were recorded.

## Monitoring health & safety and responding to risks

The practice owner was the nominated health and safety lead for the practice. A health and safety risk assessment of the premises was carried out in 2007. A health and safety statement was available for the practice and this had been reviewed in April 2016. A patient safety policy was in place but it was not current as it included contact details of local health organisations no longer in operation. The practice owner said they would revise the policy.

Staff told us visual checks of the premises were undertaken each month; these visual checks were not recorded.

A fire risk assessment had been undertaken by an external company in 2015 and an internal fire risk assessment was completed in May 2016. Smoke alarms were in place and records confirmed that firefighting equipment and the fire alarm were regularly checked. Staff carried out monthly checks and we noted the last check was undertaken in October 2016. Staff said they participated in fire drills every couple of months.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers obtain information on the risks from hazardous substances in the dental practice. A dedicated member of staff was responsible for ensuring the COSHH file was up-to-date. Safety data sheets and information about hazardous products were kept on file. Because there was no record maintained of when the COSHH file was checked, we were not assured that the file was up-to-date. We found a cleaning product in the toilet and were unable to find a data sheet for it. The practice owner said they would ensure the COSHH file was reviewed.

## Infection control

An infection prevention and control (IPC) policy was in place and it was last reviewed in May 2016. Some of the external contact details listed in the policy were not current, notably the contact organisation for occupational health.

Decontamination of used dental instruments was carried out in a dedicated decontamination room; this involved the cleaning, sterilising, packing and storing of dental instruments. This process 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.



# Are services safe?

We looked at 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. Sharps disposal boxes were appropriately placed for ease of access.

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 on 12 November 2016 for the practice. A Legionella policy and procedure was in place. We noted that the temperature of water outlets was checked on a monthly basis.

The practice stored clinical waste securely and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and the registered manager confirmed that all types of waste, including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out routine cleaning of the premises. The environmental cleaning equipment was not stored in accordance with national guidance and we highlighted this to the practice owner at the time of the inspection.

IPC audits had been undertaken in April and November 2016. It was not the recommended Infection Prevention Society (IPS) audit format but the criteria aligned closely

with the IPS audit. Unlike the IPS audit the audit used by the practice did not provide a percentage compliance score or generate an action plan. The practice owner said they would consider using the IPS audit going forward.

## 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 equipment, such as the X-ray equipment, autoclave and the compressor. Portable electrical appliances were tested on 8 February 2016 to ensure they were safe to use. The practice had a chair lift for access to the first floor and documentation was in place to show this was regularly serviced.

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. A radiation protection file, including the names of the Radiation Protection Advisor and the Radiation Protection Supervisor was established. The local rules and maintenance certificates were contained in the file. A radiological survey was last carried out in October 2014 and was next due in 2017.

We saw all the staff 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. We saw that X-ray audits had been undertaken in January and September 2016. The audits were 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 dental team were following guidance and procedures for delivering dental care. The dental records we looked at were of a good standard. 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. The dentists also used the basic periodontal examination (BPE) to check patient's gums and BPE scores were recorded. 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 dentist was 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 dentist 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 records.

### 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.

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

### Staffing

The practice owner had only recruited two staff since they took over the business in 2011. We saw records of an

induction for the most recent member of staff who was recruited in 2014. Because there was no system in place that clearly illustrated the currency of staff training, appraisal and continuous professional development (CPD), we looked at the CPD and training records for all staff. Staff are required to participate in CPD as part of their registration with the General Dental Council (GDC). Besides the annual CPR training being overdue for most staff, staff appeared to be up-to-date with other training, including safeguarding training. We could see that staff had regular appraisals and the practice owner confirmed that CPD needs were discussed at each appraisal.

For a variety of reasons there had been staff absence throughout the year and the practice owner confirmed that they had used agency staff, mainly dental nurses but a dentist had also been requested from the agency recently.

### Working with other services

The practice owner confirmed they would refer patients to secondary care if the treatment required was not provided by the practice. 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. The practice followed up on referrals with a phone call.

### 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 documented. This was confirmed in the dental records we looked at. We also saw that treatment refused by the patient was recorded. Recorded treatment plans were also evident and they included the cost of treatment. These were dated and signed by the patient.

The practice owner was aware of the principles of the 2005 Mental Capacity Act (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 decisions about their care and treatment. Gillick competence is a term used to decide whether a child (16

# Are services effective?

(for example, treatment is effective)

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 provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were eight 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. There were comments that indicated patients were satisfied with the cleanliness of the practice and patients also said they were involved in all aspects of their care. They said appointments were flexible and accommodating to their needs. Patients described staff as helpful, respectful and friendly.

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 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.

Dental care records were stored in lockable metal filing cabinets in the reception area. Records stored electronically were safe as computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act. Staff were confident in data protection and confidentiality principles.

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

Review of the CQC comment cards and our observation of dental records demonstrated that patients were involved in decisions about their care. Posters treatment costs were displayed 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 saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and treatment costs. Leaflets on oral health conditions and preventative advice were also available. A water dispenser was available in the waiting area for patients.

The practice owner advised us that routine appointments for check-ups were booked six months in advance and patients received a reminder by telephone the day before their appointment. The practice owner confirmed that if a patient made contact seeking an urgent appointment then they would be seen that day even if it meant waiting until a dentist was free.

### Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to minimise inequity to any patient group wishing to join the practice. A disability access audit had been completed for the practice in October 2012. This audit is an assessment of the practice to ensure it meets the needs of

people with a disability. There was a lowered area at the reception desk for people using wheelchairs or mobility scooters, and a hearing loop for patients with auditory needs. An accessible toilet was available on the ground floor. A chair lift was in place for patients to access the first floor. Staff told us that it was regularly used. Staff had access to a translation service if required.

### 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.

The practice owner was responsible for managing complaints. A complaints procedure was in place which provided guidance on how to handle a complaint. It was out-of-date as it included contact details for organisations no longer in existence. This procedure was displayed in the patient waiting areas. The practice owner confirmed that no complaints had been received in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The practice owner was responsible for the day-to-day running of the practice and was responsible for ensuring governance processes were in place and up-to-date. Governance processes included a portfolio of operational policies and procedures, risk management systems and a programme of audit.

We observed that each policy and procedure had been reviewed on a regular basis. However, we noted numerous policies were not up-to-date as they either did not reflect current guidance and/or included contact details for organisations no longer in existence. Examples included the complaints procedure, safeguarding policies and the infection prevention and control policy. This meant the process for reviewing policies and procedures was not effective. In addition, a recruitment policy was not in place.

Although risk management processes, including risk assessments and regular checks, were in place to ensure the safety of the premises and equipment, they were incomplete and some processes had not identified concerns we found. For example, routine checks of fire safety had not identified that the torch (available in place of emergency lightening) was not working. Furthermore, checks of the emergency medical kit had not identified that some medicines and items of equipment were not in place.

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 spoke highly of the leadership of the practice. They said communication was good and matters were discussed on a daily basis if needed. Practice meetings were held approximately three times a year and we saw that minutes were produced of these meetings.

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.

Staff were aware of who to raise issues and told us the practice owner was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

### Learning and improvement

Clinical audits were routinely carried out as part of an audit programme. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Completed audits we looked at included medical history taking/ record keeping, waste management, radiography, referrals and infection prevention and control. The audits we saw were detailed and included conclusions and actions.

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

Two systems were in place to seek feedback from patients. Feedback questionnaires were available but very few of these had been completed. A feedback book was available at the reception and we observed that it was used frequently by patients to provide an opinion about the service. The practice owner confirmed that the feedback was checked on a regular basis.