

Mrs. Jean Ann Smith Smith, Holloman & Associates

Inspection Report

32 High Street
Bromyard
Herefordshire
HR7 4AE
Tel: 01885 482455
Website:

Date of inspection visit: 5 May 2017
Date of publication: 31/05/2017

Overall summary

We did a comprehensive inspection at this practice on 14 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations.

We judged that the practice was not providing well-led care in accordance with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Smith, Holloman and Associates on our website www.cqc.org.uk.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?

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

When one or more of the questions is not met, we check whether the provider has made the required improvements by doing a focused inspection after a suitable time interval.

At a focused inspection of Smith, Holloman and Associates on 5 May 2017 we checked whether the service was now well-led and whether the provider was meeting regulation 17.

Are services well-led?

We found that the provider had taken effective action to deal with the shortfalls we found at our inspection on 14 December 2016. We found that this practice was providing well-led care in accordance with regulation 17.

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 well-led?

The provider had made a range of improvements to the day to day management and overall governance of the service. This included making additional staff time available for management and administration and establishing clear roles and responsibilities for all the practice team. The improvements provided a sound foundation for the ongoing development of effective governance arrangements at the practice.

No action





Are services well-led?

Our findings

Governance arrangements

At our inspection on 14 December 2016 we found shortfalls in the practice's governance procedures. We judged that the practice was not well led and made a requirement notice. At the inspection on 5 May 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The practice had established a system to monitor and record safety alerts, take any necessary action and share relevant information with the practice team. This was done by two of the practice team to help make sure the process was reliable and effective.
- The practice had carried out a fire risk assessment and acted on the findings of this. For example they had set up a system to monitor and record fire safety tests and checks, increased the number of fire exit route signs and provided diagrams of the building to assist in an evacuation.
- The practice had reviewed and brought up to date their policies, procedures and risk assessments. They had developed and strengthened the content using example policies and guidance from recognised organisations such as the British Dental Association. The policies were tailored to the practice, dated and signed.
- The provider and other partner at the practice had established clear lines of accountability for areas of

governance. They had introduced weekly partners' meetings and increased the frequency of staff meetings to once a month. They had also established a monthly timetable of tasks for themselves and other members of the team to make sure nothing was overlooked. They monitored this and both signed at the end of each month to confirm that tasks had been completed.

The practice had also made further improvements:

- The practice was now monitoring and recording the temperature of the refrigerator used to store temperature sensitive medicines and dental materials.
- The practice had reviewed recruitment arrangements to reflect relevant legislation and guidance. They had obtained the required information for the one new staff member appointed since our inspection on 14 December 2016.
- The practice had completed an assessment of the building to help them meet the needs of people with a disability with reference to the requirements of the Equality Act 2010 and acted on the findings. This included providing a call bell, grab rails and a safety lock in the patient toilet.
- The provider had reviewed the carpeted areas in two treatment rooms and obtained estimates for replacing these with washable flooring.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 16 December 2016.