

## Mr. Nicholas Smith Smith and Associates Inspection report

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### **Overall summary**

We undertook a follow-up focused inspection of Smith and Associates on 11 April 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Smith and Associates on 15 November 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of 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 of Smith and Associates dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

As part of this inspection we asked:

• Is it well-led?

#### Our findings were:

#### Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 15 November 2022.

### Summary of findings

#### Background

Smith and Associates is in Hartlepool and provides NHS and private dental care and treatment for adults and children.

There are steps in front of the practice which may restrict access for people who use wheelchairs and those with pushchairs. To overcome this, staff assist patients with the stairs, or refer them to a sister practice nearby which has step-free access. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with additional needs, including installing a hand-rail and coloured striping near the front steps, and availability of a hearing loop at reception.

The dental team includes a principal dentist, 2 associate dentists, a locum dentist, 9 dental nurses, a dental therapist and 4 receptionists. The principal dentist and a nurse manager collectively oversee the governance of the practice. The practice has 5 treatment rooms.

During the inspection we spoke with the principal dentist and the nurse manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am to 5pm

Friday 9am to 4.30pm.

# Summary of findings

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

We asked the following question(s).

#### Are services well-led?

No action



### Are services well-led?

### Our findings

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

At the inspection on 11 April 2023 we found the practice had made the following improvements to comply with the regulation:

- Governance and management systems were reviewed and new measures introduced within the practice. Protocols were in place to assess, monitor and improve the quality and safety of the services being provided. Management was overseen by the nurse manager and the principal dentist. Duties and tasks were delegated to other staff members to distribute workload. Staff worked extra hours where necessary to ensure completion of work.
- Infection prevention and control measures were now in accordance with Health Technical Memorandum 01-05: Decontamination in primary care dental practices. Routine maintenance tests were carried out and recorded for sterilisation equipment. A thermometer was purchased and water temperature was routinely measured. There were no lose instruments apparent in surgery drawers.
- Adequate protocols were in place for the management of Legionella. Monthly, 6-monthly and annual checks
  recommended by the risk assessment were completed or scheduled for completion. The principal dentist was seeking
  advice in regard to an annual service review.
- An effective system was in place to ensure medical emergency equipment and medicines held by the practice, reflected those recommended by national guidance. Checks were completed weekly and we saw evidence to confirm expiry dates were monitored.
- Recommendations from the fire risk assessment had been implemented. The principal dentist was seeking advice regarding the use of extension cables and block adaptors to ensure these did not compromise the safety of electrical supply to appliances.
- Recruitment procedures were reviewed and adapted. A new employee was recently recruited and the practice manager was awaiting documents. A checklist was introduced to ensure the necessary recruitment checks would be completed, including Disclosure and Barring Service (DBS) checks, references and employment history. We discussed the storage of employment documents for all staff members and we were assured there was a system in place to do this. A protocol was introduced to ensure staff indemnity and GDC registrations were in date.
- Systems to monitor the completion of continuous professional development, as recommended by the General Dental Council, were now in place. We discussed the use of a training matrix to support this further.

The practice had also made further improvements:

- Accident records were detached from the accident book and stored securely.
- Audits of image quality were undertaken for the orthopantomogram X-ray machine. Local rules were updated.
- Processes and systems were re-introduced for seeking and learning from patient feedback to improve the quality of the service. The principal dentist explained they were seeking advice regarding responding to feedback on external social media and websites.