

Mr. Nicholas Smith

Smith and Associates

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 November 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures; these did not fully reflect national guidance.
- Staff knew how to deal with medical emergencies. Medicines and life-saving equipment were available however these were not in line with national recommendations. Items that were missing, or not in the recommended format, were ordered on the inspection day and evidence was sent to us.
- The practice had systems to manage risk to patients and staff; these needed to be reviewed to ensure they were effective.

Summary of findings

- Safeguarding processes were in place; staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which did not reflect current legislation, in particular documents were not held for all recruitment checks undertaken by the provider.
- The appointment system took account of patients' needs.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- The dental clinic had information governance arrangements.
- Existing governance systems did not assist the practice to meet national recommendations or provide a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided. Improvements could be made to the systems for responding to, and acting on, feedback from external websites.
- Complaints were dealt with positively and efficiently.

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. A practice manager and a nurse manager collectively oversee the governance of the practice. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, the nurse manager and the practice 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.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting is at the end of this report.

There were areas where the provider could make improvements. They should:

Summary of findings

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure audits of image quality assurance is undertaken for the orthopantomogram X-ray machine.
- Implement processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice's infection control procedures did not reflect published guidance. Water for scrubbing instruments was not replaced after every use and the temperature was not appropriately checked. Gloves for scrubbing instruments were not changed weekly. Items including endodontic files were stored out of their original packaging. Following the inspection, we were assured the loose instruments were removed and we received evidence to show all the necessary actions were undertaken in line with guidance.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. The risk assessment was completed by a professional company and made recommendations for regular monitoring checks. Some checks were being completed but not all. Following the inspection, the provider assured us they would complete all recommended actions.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. We observed mop heads were not stored to allow them to dry; we recommended this to the provider who addressed this and sent us evidence the following day.

The practice had a recruitment policy and procedure to help them employ suitable staff, including locum staff. Recruitment checks did not always follow guidance or reflect the relevant legislation. For example, where a Disclosure and Barring Service (DBS) check was not completed for staff prior to recruitment, a risk assessment was not in place to mitigate the risks of not doing so. The provider assured us they had risk assessed staff however did not document this. Evidence of references, employment history and dental qualifications were not available for all recently recruited staff, though the provider assured us these were undertaken prior to recruitment. Following the inspection, the provider assured us they would introduce a system to confirm appropriate recruitment checks would be undertaken, and documentation would be stored securely.

Clinical staff were qualified, registered with the General Dental Council and the provider assured us all staff had professional indemnity cover however there was uncertainty as to who checked this annually for the dentists and dental therapist. We advised there must be a robust method to review staff indemnity and dental registration every year and were told this would be addressed.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. Equipment was used to clean and sterilise instruments however the recommended monitoring checks were not being carried out at the required intervals. Following the inspection, the provider sent evidence to confirm the appropriate tests were in place and at the recommended frequency for all equipment. The practice ensured the facilities were maintained in accordance with regulations. A fixed wiring inspection was undertaken and the recommendations from the engineer were acted upon within the specified time.

A fire risk assessment was carried out in line with the legal requirements; recommendations were not all completed. Most of these were actioned within a week following our inspection. Checks were in place for fire-fighting equipment, with the exception of monthly emergency lighting tests. A log was created to enable emergency lighting tests to be completed.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw most of the required radiation protection information was available. We noted the local rules within the practice still referred to 1999, rather than the updated terms of 2017. The provider contacted their radiation protection advisor to amend this and we received evidence to confirm this had been actioned.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were held onsite, however not all were available in the format or dose recommended. Checks of these were not completed in accordance with national guidance. All items were ordered on the inspection day and we were sent evidence to confirm this. We received evidence that templates were created to record weekly checks of all medical emergency drugs and equipment.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Scenario training took place twice a year to ensure staff were further prepared in event of an emergency.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. Records for accidents were not detached from the accident book or stored securely in line with recommended guidance; we were assured this would be actioned and received confirmation of this following the inspection.

The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based guidance.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance for the intra-oral X-ray machines, but not for the extra-oral (orthopantomogram) X-ray machine. This was recommended by the engineer in the installation report to ensure image quality was of diagnostic value.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. The system to review this was not effective.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The provider created bespoke information leaflets to enable patients to access information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included study models, X-ray images and a sugar board to demonstrate the quantities of sugar in various food and drink.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

Leadership required improvement to ensure support and oversight was provided throughout the practice. The provider ensured any issues identified during the inspection were acted on promptly.

We observed on the inspection day that systems and processes were not fully embedded; the provider could further support and develop staff, to ensure governance systems are effective. The provider assured us they would delegate work to staff and oversee the running of the practice.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt valued and were proud to work in the practice. They told us they felt leadership could be improved to provide further support and guidance in ensuring compliance.

Staff discussed their training needs during annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had suitable arrangements to ensure nursing staff training was up-to-date and reviewed at the required intervals. Dentist and dental therapist staff training was not monitored in a robust method; we observed that a written list was obtained to confirm that staff had completed their continuous professional development, but their certificates were not cross-checked as evidence. We discussed this with the provider who assured us they would review their systems.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There was lack of oversight of governance and we discussed the need to ensure staff and the provider had the capacity to manage the practice.

We saw there were processes for managing risks, issues and performance but the systems to ensure these worked was not effective. In particular, the provider should improve their protocols for identifying and managing the risks associated with medical emergencies, infection control, Legionella, recruitment, staff training and fire.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners however we observed that there was no method to act upon feedback. Themes were apparent from comments in the feedback given, and we discussed the importance of reviewing and learning from this, to better the service.

Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff could offer suggestions for improvements to the service and said these were listened to and acted on, where appropriate.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. We discussed the need to ensure X-ray audits were completed for extra-oral images as recommended in the installation report. Staff kept records of the results of these audits, the resulting action plans and improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There were inadequate protocols in place for the management of Legionella.• Infection prevention and control measures were not in accordance with HTM 01-05.• The system for ensuring medical emergency medicines and equipment reflected national guidance was not effective.• The system for managing the risks associated with fire was not effective.• Protocols to carry out adequate recruitment procedures were not effective.• There was no system in place to ensure information was available regarding each person employed.• Systems to monitor the completion of continuous professional development as recommended by the General Dental Council were not in place. <p>Regulation 17 (1).</p>