

Akhil Associates Limited

# Smith, Holloman, Malapati & Associates

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 5 January 2024 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 which reflected published guidance.
- Staff knew how to deal with medical emergencies. Not all life-saving equipment were available. Systems for checking emergency equipment and medicines required strengthening.

# Summary of findings

- Some systems to manage risks for patients, staff, equipment, and the premises needed improvement. Policies needed reviewing and updating and Control of Substances Hazardous to Health substances were missing individual risk assessments.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- The audit process needed development to ensure a culture of continuous improvement.
- Staff felt involved, supported, and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Smith, Holloman, Malapati and Associates is in Bromyard, Herefordshire and provides NHS and private dental care and treatment for adults and children. In addition to general dentistry, they also carry out implant and orthodontic treatments. The services are provided by three individually Care Quality Commission registered providers at this location. This report only relates to the provision of private dental care provided by Smith, Holloman, Malapati and Associates. The additional reports are available in respect of the other NHS services which are registered under Holloman, Malapati and Associates and David Holloman Dentistry - High Street Bromyard.

Due to building limitations, the provider was unable to provide step free access to the practice or dedicated parking spaces for patients with disabilities. The practice has made reasonable adjustments to support patients with access requirements such as a ground floor treatment room.

The dental team includes 2 dentists, 6 dental nurses (including 3 trainee nurses), 1 dental hygienist, 1 dental therapist, 1 practice manager, 1 administrator and 3 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, 1 receptionist and the practice manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 8pm

Tuesday from 9am to 5.30pm

Wednesday from 9am to 5.30pm

Thursday from 9am to 5.30pm

# Summary of findings

Friday from 9am to 4pm

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Take action to ensure audits of record keeping are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points, and the resulting improvements can be demonstrated.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. However, the safeguarding policy was incomplete. The policy had not been adapted to be specific to the provider and contact details of who to contact in case of a safeguarding query or referral were not included. The provider sent evidence they had updated this policy immediately following the inspection.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice's waste handling protocols were not in line with the relevant regulations. The cupboard the clinical waste was stored in was not locked. This was rectified immediately following the inspection.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

### **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.

Systems for checking emergency equipment and medicines required review as it had not identified that items of medical emergency kit were missing. The child self-inflating bag with reservoir and oxygen face mask with reservoir and tubing were missing. The provider sent evidence these items had been ordered immediately following the inspection.

Fridge temperatures were not taken regularly enough to ensure the glucagon (a medicine which helps to raise blood glucose levels) was being always stored at a temperature of 2–8°C in line with the manufacturer's instructions.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Staff had access to manufacturer safety data sheets, however the provider had not completed individual risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The provider sent us evidence they had started completing these immediately following the inspection.

### **Information to deliver safe care and treatment**

# Are services safe?

Patient care records 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, however they did not include action points or learning to share with staff.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. 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 practice.

We saw the provision of dental implants was in accordance with national guidance.

### **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. Although there was no policy in place, they understood their responsibilities under the Mental Capacity Act 2005. The provider sent us evidence following the inspection they now had a practice policy in place.

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 patient care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded, and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance, however these did not include action plans or learning to share with staff.

### **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.

### **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.

We reviewed all forms of patient feedback. Patients reported that staff were compassionate and understanding when they were in pain, distress, or discomfort.

### **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 and gave patients clear information to help them make informed choices about their treatment.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, X-ray images and an intra-oral camera.



# 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

Due to building limitations, the provider was unable to provide step free access to the practice or dedicated parking spaces for patients with disabilities. The practice has made reasonable adjustments to support patients with access requirements such as a ground floor treatment rooms, a hearing loop and translation services. Staff offered to assist patients with mobility issues if they wished to attend the practice.

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

### **Timely access to services**

The practice displayed its opening hours and provided information on their patient information leaflet.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

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

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

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

Leadership and management needed strengthening. For example, policies were out of date, incomplete and missing. For example, one policy referred to primary care trusts which were superseded in 2013. This meant there was a risk staff did not have access to up-to-date defined processes, assurance that guidelines and that procedures were being followed and that standards were being met. The provider sent evidence they had begun to review their policies.

Not all systems and processes were embedded, however staff worked together in such a way that where the inspection highlighted issues or omissions, these were addressed immediately following the inspection.

The information and evidence presented during the inspection process was clear and well documented.

The practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could not consistently show how they ensured high-quality sustainable services and demonstrated improvements over time. For example, audits did not have action points and learning to share with staff.

Staff stated they felt respected, supported, and valued. They were proud to work in the practice.

Staff were not offered appraisals to discuss their training, learning needs, general wellbeing and aims for future professional development. The provider scheduled appraisals for the month of January following the inspection.

Staff training was up to date. The provider would benefit from implementing a system to review staff training compliance at the required intervals going forward.

### **Governance and management**

Staff had clear responsibilities, roles, and systems of accountability to support good governance and management.

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Processes for managing risks, issues and performance needed embedding.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to 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.

# Are services well-led?

## **Continuous improvement and innovation**

Although the practice had some systems and processes for learning, quality assurance and improvement such as audits of disability access, radiographs, antimicrobial prescribing and infection prevention and control, staff did not keep records of the results of these audits or the resulting action plans and improvements. The provider was not completing audits of record keeping or hand hygiene.