

# Mrs. Jean Ann Smith Smith, Holloman & Associates

## Inspection Report

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Date of inspection visit: 14 December 2016  
Date of publication: 15/02/2017

### Overall summary

We carried out an announced comprehensive inspection on 14 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 not providing well-led care in accordance with the relevant regulations.

### **Background**

The registered provider is Jean Ann Smith who has an expense sharing partnership with David Holloman Dentistry Limited. Locally the practice is known as Smith, Holloman and Associates and operates as one practice. When a practice operates as an expense sharing partnership the individual providers are registered with CQC separately and we write separate inspection reports. This report is about Jean Ann Smith's practice. We inspected David Holloman Dentistry on the same day and that report is also available. Most information we obtained was common to both and we therefore use the term 'the practice' in this report unless something is specific only to Jean Ann Smith.

The practice is situated in the town centre of Bromyard in Herefordshire and has been a dental practice since the late 1800s. The practice mainly provides NHS dental treatment for all age group. It also provides some private treatment.

Jean Ann Smith is registered with the Care Quality Commission (CQC) as an individual and is the 'registered person'. Registered persons have legal responsibility for

# Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. In this report we refer to her as the registered person.

Jean Ann Smith employs one part time dental hygienist and also has an associate dentist. She shares the employment of a practice manager, six dental nurses, a trainee dental nurse, a reception team and cleaner with the other registered provider at the practice.

The overall practice accommodation includes four dental treatment rooms and a separate decontamination room for the cleaning, sterilising and packing of dental instruments. The treatment room normally used by Jean Ann Smith is on the ground floor. The associate dentist's treatment room is on the first floor. Reception staff are able to arrange for patients to be seen in a ground floor treatment room if they are unable to walk up the stairs. The waiting room is separate from the reception area which helps provide privacy when staff are dealing with patients at the reception desk or on the telephone.

Appointments with Jean Ann Smith are available from 9am to 7.30pm on Mondays, 9am to 5.30pm from Tuesday to Thursday and 9am to 4pm on Fridays. The practice also opens from 9am to 1pm every fourth Saturday. The practice closes for lunch from 1pm to 2pm.

Before the inspection we sent Care Quality Commission comment cards to the practice so patients could give us their views about it. We collected 31 completed cards specific to Jean Ann Smith. Patients said they were pleased with the service they received and that the practice team were professional, kind and courteous. Some patients mentioned that they were kept informed about their treatment and that the dentist explained everything to them. Those that commented on cleanliness confirmed that the practice was clean and hygienic. A number of patients commented that they had been patients at the practice for many years and some said they were so pleased with their care they were happy to travel long distances for their appointments. The practice provided their NHS Friends and Family Test results since January 2016. These related to the whole practice and showed that all of the 32 patients who took part were extremely likely or likely to recommend the practice.

## Our key findings were:

- The practice was visibly clean and feedback from patients confirmed this was their experience. National guidance for cleaning, sterilising and storing dental instruments was followed.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children. The safeguarding policy was overdue for review.
- The practice had the recommended medicines and equipment needed for dealing with medical emergencies.
- Staff received training appropriate to their roles and were supported to meet the General Dental Council's continuous professional development requirements.
- Patients were able to make routine and emergency appointments when needed and gave us positive feedback about the service they received.
- The practice used the NHS Friends and Family Test to enable patients to give their views about the practice. Results during 2016 showed that patients would recommend the practice.
- The practice had policies, procedures and some risk assessments to help them manage the service but these were not comprehensive or regularly reviewed to ensure they were up to date. Some were not fully tailored to reflect the specific circumstances at the practice. There was no fire risk assessment.
- Recruitment procedures did not include specific information about the required information for staff employed.
- The practice used audits as a means to monitor quality in a range of areas and make improvements to the service.
- The practice had limited governance arrangements in place to monitor and assess the quality and safety of the services provided.

We identified regulations that were not being met and the provider must:

Ensure that there are systems in place to monitor and improve the quality of services and assess and mitigate the risks to the health, safety and welfare of patients. This includes procedures to:

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- 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 from other relevant bodies such as Public Health England (PHE).
  - Ensure the arrangements for fire safety at the practice are effective by arranging the completion of a fire risk assessment by a suitable qualified and competent person and the introduction of fire safety records.
  - Ensure effective governance arrangements for the day to day management and administration of the practice. This should take into account the full range of management and administrative tasks needing improvement including staff appraisal arrangements and reviewing and updating the practice's policies, procedures and risk assessments.
- There were areas where the provider could make improvements and should:
- Review the arrangements for monitoring and recording of the temperature of the refrigerator used to store temperature sensitive medicines and dental materials.
  - Review the practice's recruitment arrangements so these fully reflect relevant legislation and guidance and set out the information required in respect of persons employed by the practice.
  - Review arrangements for making reasonable adjustments at the practice to meet the needs of people with a disability with reference to the requirements of the Equality Act 2010.
  - Review the carpeted areas in two treatment rooms giving due regard to the guidelines issued by the Department of Health in - the Health Technical Memorandum 01-05: 'Decontamination in primary care dental practices' and - The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related 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.

The practice had systems to assist in the safe management of the service including the care and treatment provided to patients. Some of these systems such as those for infection control and taking X-rays were well organised whilst others such as the management of national safety alerts needed to be improved.

There were policies and risk assessments for important aspects of health and safety but many of these had not been reviewed in the last two years. The staff recruitment policy needed to be reviewed to provide robust guidance and procedures regarding the information required for new staff. Some aspects of maintenance and record keeping in respect of fire safety needed to be reviewed.

Staff were aware of their responsibilities for safeguarding adults and children. The practice had safeguarding policies and procedures and contact information for local safeguarding professionals was readily available for staff to refer to if needed. The safeguarding policy was overdue for review.

No action



### Are services effective?

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

The practice assessed patients' and care and treatment in a personalised way taking into account current legislation, standards and evidence based guidance. They provided patients with written treatment plans and patient feedback confirmed that their care was discussed with them clearly and thoroughly. Referrals to other dental or NHS services were made in line with relevant guidance when this was necessary and the practice worked in partnership with other health professionals.

Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration.

Staff understood the importance of obtaining informed consent from patients. The practice team were aware of the importance of taking the Mental Capacity Act 2005 into account when considering whether patients were able to make their own decisions.

No action



### Are services caring?

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

The patient feedback we reviewed was positive and showed that patients were happy with the care and treatment they received. Patients told us that the

No action



# Summary of findings

practice team were professional, kind and courteous and were unanimous in portraying a picture of a highly regarded service. This view was supported by the practice's NHS Friends and Family Test monthly results for 2016 showing that all 32 patients who completed a form were extremely likely or likely to recommend the practice.

The practice had clear policies and processes for ensuring patient confidentiality and protecting personal information and this was covered in staff training. During the inspection we saw that staff were friendly, helpful and considerate towards patients. Patient feedback confirmed that the dentist explained their treatment clearly and involved them in decisions about their dental care.

## Are services responsive to people's needs?

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

The patient feedback we reviewed was complimentary and confirmed that patients received a personalised service that met their needs. Several patients commented that they had been patients for many years and some said they travelled for several hours because of their confidence in their dentist.

The practice premises had some limitations for patients with mobility difficulties. The practice had not carried out a formal assessment to ensure they had made all reasonable adjustments that might be possible for patients with disabilities. They explained the physical constraints to anyone enquiring about becoming a patient. There was sufficient space within the building for patients who used wheelchairs including the patient toilet. The patient toilet did not have grab rails or a call bell. One treatment room used by the associate dentist was on the first floor but patients who were unable to walk up the stairs could arrange appointments in a ground floor treatment room.

The practice directed patients to the NHS 111 service to obtain urgent treatment when the practice was closed.

The practice had received only two complaints during the last two years. There was a complaints procedure which needed to be revised to include all the relevant information and to make the print size easier to read.

No action



## Are services well-led?

We found that 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 at the end of this report).

The practice had some policies, procedures and risk assessments to support the management of the service but these were not regularly reviewed and updated and some were not tailored to the specific circumstances at the practice. The

Requirements notice



# Summary of findings

practice's arrangements for management and administration of the service were not effective because sufficient staff time and resources were not available for this. For example safety alerts were not monitored and there was no fire risk assessment.

An annual appraisal system had been re-introduced during 2016 to help identify and plan staff training and development needs. Staff told us they were well supported by the registered person and practice manager.

The practice used the NHS Friends and Family Test to monitor patient satisfaction and obtain their views about the service. The practice used a mixture of informal communication and staff meetings to discuss the management of the practice and the care and treatment provided.

# Smith, Holloman & Associates

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 14 December 2016 by a CQC inspector and a dental specialist adviser. We reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with the registered person, a dental hygienist, dental nurses, the trainee dental nurse and reception staff. We looked around the premises

including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 31 patients in comment cards provided by CQC before the inspection. The practice provided their 2016 NHS Friends and Family Test results based on responses from 32 patients.

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 brief policy about untoward incidents. This did not cover the full scope of topics which might be viewed as a significant event and the registered person acknowledged that this needed to be expanded. The practice did not have specific recording forms for staff to use other than to report information governance concerns. They said they would adapt these forms so they could be used for other types of significant event.

The practice was aware of the requirement to record and report accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and used suitable accident record forms. The practice had recorded four accidents in the last two years. Three were minor injuries to staff handling sharp dental instruments. One related to a patient falling on the stairs to the first floor. These had not been recorded as significant events to provide an overview of all incidents from which the practice could learn.

The registered person confirmed that they received national alerts about safety issues such as those relating to medicines, equipment and medical devices. We saw a practice folder containing a number of these received from the government reporting system during the first half of 2016. The practice had no evidence that they had acted on more recent alerts about a medicines recall and a fault with a brand of defibrillators and staff were not aware of these. The practice manager checked these immediately and confirmed that the practice did not have any of the items concerned.

The practice did not have a structured system to record that they monitored, checked and acted on alerts. The registered person said they would do this for future alerts.

The practice had a policy regarding the legal requirement, the Duty of Candour and guidance about this from the General Dental Council (GDC) was available for staff to refer to. The legislation requires health and care professionals to tell patients the truth when an adverse incident directly affects them. Staff told us they had discussed this at a staff meeting and were able to describe the purpose of the requirement well.

### Reliable safety systems and processes (including safeguarding)

The staff were aware of their responsibilities regarding potential concerns about the safety and well-being of children, young people and adults living in challenging circumstances. The practice had child and adult safeguarding policies and procedures based on national safeguarding guidelines. These had not been updated to show that the practice's safeguarding lead had changed. Staff told us the practice manager was the safeguarding lead. Contact details for the relevant safeguarding professionals in Herefordshire were available for staff to refer to and local safeguarding information leaflets were available in the waiting room.

Staff had completed safeguarding training at a level suitable for their roles. The registered person had updated their training at a locally run course in 2015. Staff training for dental nurses was addressed through a continuous professional development (CPD) training package.

We confirmed in our discussions with the registered person that they used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw that a rubber dam kit was available in the registered person's treatment room and dental nurses we asked confirmed that one was used.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. We confirmed that the dentist used traditional syringes and needles but used a single handed technique and a rubber block to minimise the risk of injury to themselves. Dental nurses we spoke to about this confirmed that they were not expected to handle syringes and needles and so were not at risk of injury.

### Medical emergencies

The practice had arrangements to deal with medical emergencies. There was an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw evidence that staff had



# Are services safe?

completed training relevant to their role during 2016 including management of medical emergencies, basic life support training and training in how to use the defibrillator. The registered person told us that responding to medical emergencies was also discussed at some staff meetings.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. We saw the inventory of the emergency medicines and equipment that staff kept to monitor that they were available, in date, and in working order. We noted that one size of airway tube was unwrapped and the other three sizes were in undated packs so there was no means to check whether they were in date or not.

## Staff recruitment

Most of the practice's staff were employed by the expense sharing partnership comprised of Jean Ann Smith and the other registered provider. Both partners were involved in staff selection and usually interviewed potential new staff together or with the practice manager. In addition to an interview the final two candidates were asked to spend several hours at the practice meeting the practice team before the two partners made their final selection. This process was not documented in a structured way.

The practice had a wide range of guidance about staff recruitment but not a structured recruitment policy and procedure to ensure they obtained all of the information required when appointing staff. The registered person confirmed that they would work with the other partner and practice manager to develop a policy with reference to relevant legislation and guidance.

The practice had a low turnover of staff so and only two staff had been recruited in the last year. We looked at the recruitment records for one of these staff. They had not worked in health or social care settings previously. This meant the practice had not needed to obtain satisfactory evidence of conduct or reasons for leaving employment in a healthcare related setting or some other details such as reasons for gaps in employment. The practice told us they had securely destroyed the records of another member of staff employed during 2016 when they left.

The practice obtained Disclosure and Barring Service (DBS) checks for all members of staff, whatever their role. This included the self-employed dental technician who was

based at the practice one day a week. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. The registered person explained that they and the other registered provider paid the dental nurses' and dental hygienists' fees to assure themselves that these were in place. The practice also had evidence that the dental technician who worked one day a week at the practice had the required indemnity cover.

## Monitoring health & safety and responding to risks

The practice had a variety of health and safety related policies and risk assessments and we saw that health and safety was included in the staff induction programme for new staff and discussed at some staff meetings. The practice's health and safety policies covered general workplace and specific dentistry related topics. Some of these had recently been reviewed and updated and were clearly dated and signed using a set format to show they were the current version. Others had not been reviewed for at least two years. It was therefore unclear whether the information they contained was up to date and still relevant.

The practice had information about the control of substances hazardous to health (COSHH) in a well organised folder arranged in alphabetical order with dividers to make information easy to find. The folder included lists of dental products and materials kept in each room. We saw from their dates that some of the COSHH data sheets had been added during 2016 showing that the file was kept up to date. However the file did not have review dates recorded.

The practice had latex free disposable gloves available to remove the risk to patients or staff who might be allergic to latex. Staff had discussed information about latex allergy at a staff meeting during 2016.

The practice had domestic style battery operated smoke detectors fitted and emergency exit signs were in place. There were fire extinguishers in various parts of the building and we saw certification to show that these had been inspected by a specialist contractor in April 2016.

# Are services safe?

Signs about what to do in the event of a fire were displayed in each area of the practice. The practice did not have emergency lighting but did have torches strategically placed around the building for use in the event of a power failure during a fire or other causes. The registered person and the other registered provider told us that the smoke detectors and torches were checked regularly to make sure they were working. We noted that the fire evacuation procedure had been discussed in detail during a staff meeting in March 2016 and again in May 2016 when a request was made for a full fire drill to be arranged. The practice did not have fire safety records to record when fire safety was discussed or when drills or checks had taken place. The practice did not have a written fire risk assessment to evidence that an assessment of the adequacy of the fire safety precautions at the practice had been carried out by a suitable qualified and competent person.

The practice had a business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice. This included details of relevant contacts including staff members, contractors and commissioners. They did not keep copies off site to ensure information was available if the building was unsafe to enter and said they would organise this straight away.

## Infection control

The practice was visibly clean and tidy and this was confirmed by information from patients. Cleaning equipment was available and colour coded appropriately. Storage arrangements ensured that equipment for washing floors in different areas of the practice were kept totally separate to eliminate the potential for cross infection. The practice employed a cleaner to carry out general cleaning of non-clinical areas at the practice and they signed to confirm they had cleaned individual rooms each day. The practice did not have cleaning schedules to specify the various cleaning tasks to be carried out and the frequency of these.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections.

The practice had an infection prevention and control (IPC) policy and one of the dental nurses was the IPC lead for the practice. We noted that the IPC policy was overdue for review.

The practice completed IPC audits every three months using a recognised format from the Infection Prevention Society (IPS). The audits we looked at had not identified any issues which needed action.

We reviewed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01-05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in the separate decontamination room. One dental nurse was assigned to be the decontamination nurse each day and there was a rota to share this responsibility between the dental nurse team. The decontamination room was spacious and included designated doors into and out of the separate clean and dirty areas. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments.

The practice kept records of the expected decontamination processes and checks. These included those which confirmed that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately. The practice confirmed that they used single use instruments whenever possible in line with HTM01-05 guidance and did not re-use items designated as single use only.

The practice had personal protective equipment such as heavy duty and disposable gloves, aprons and eye protection available for staff and patient use. We saw that staff working in the decontamination room used eye protection and face masks to protect them from spray and particles while processing instruments. There were designated hand wash basins in the treatment rooms and decontamination room for hand hygiene and liquid soap, paper towels and hand gel were provided.

Suitable spillage kits were available to enable staff to deal with mercury spillage and with any loss of bodily fluids safely. We saw information in some staff files and staff meeting minutes about dealing with spillages safely.

# Are services safe?

The other registered provider had arranged for a Legionella risk assessment of the practice to be carried out by a specialist company in 2011 and again in 2013. Legionella is a bacterium which can contaminate water systems in buildings. The practice had acted on the recommendations from these. They had contacted the company to do an up to date risk assessment early in 2017. They had delayed this because they were waiting for changes to the plumbing system in the building to be completed first.

We saw that the practice carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm, such as Legionella, in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and the chemical manufacturer's instructions. They used a testing regime certified by the manufacturer of the chemical used.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment and duty of care documents and that the practice labelled waste and stored it securely before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was available for staff to refer to and they were aware of what to do. The practice had documented information about the immunisation status of each member of staff. We saw evidence that the practice had written to a new dental nurse's GP to explain the need for them to receive the necessary vaccinations and blood tests. The practice paid any charges incurred for this. Appropriate secure boxes for the disposal of sharp items were used.

Two treatment rooms at the practice had carpeted areas. The registered person had a small office area adjacent to their treatment room accessed through an open archway. This area had carpet on the floor. Part of the associate dentist's treatment room was also carpeted. Whilst the actual treatment area in both rooms had washable flooring we highlighted that it may not be possible to ensure adequate cleaning of the carpeted area.

## Equipment and medicines

We saw the maintenance and revalidation records for the X-ray equipment and the equipment used to clean and sterilise instruments. Certification was in place to confirm that the pressure vessel equipment at the practice had been inspected during 2016 and appropriate insurance was in place.

We saw that the certificates showing that the portable electric appliances and fire extinguishers had been checked by external contractors in April 2016. A gas engineer had inspected the gas boiler in October 2016.

NHS prescription pads were stored securely and the practice had stock control records including serial numbers of the blank prescriptions they held. Individual prescriptions were not endorsed with the practice stamp until a dentist had filled them in and signed them.

The practice stored temperature sensitive medicines and dental materials in a suitable refrigerator. Staff told us that they monitored the refrigerator temperature but they did not keep records of this for monitoring purposes.

Jean Ann Smith kept a supply of antibiotics for patients. These were securely stored. The dentists recorded the amounts of antibiotics provided for specific patients in the patients' records. They did not keep a record of the quantity, batch numbers and expiry dates of each pack of antibiotics to ensure effective stock control. They set up a record for this before the end of the inspection and checked the current stock as part of this. The practice provided patients with copies of the manufacturers' patient information leaflets and labelled the medicines provided to patients appropriately.

The registered person had previously provided inhalation sedation (IS) for a small number of patients. This is a form of conscious sedation which involves the use of a mixture of nitrous oxide and oxygen to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary while treatment is carried out. We saw evidence that the equipment for this had been serviced during 2016. The registered person told us they had found it difficult to access training courses to enable them to maintain their continuous professional development in the use of IS. They told us during the inspection that they had decided to cease providing IS with immediate effect.

## Radiography (X-rays)

## Are services safe?

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). We established that the required information was available including the local rules, an inventory of equipment used to take X-rays and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The required notification to the Health and Safety Executive (HSE) that radiography equipment was used at the premises was not available. The registered person thought this was dealt with by a previous practice owner. They agreed they would send a new notification to HSE to ensure that they had provided up to date details of current X-ray equipment at the practice. The records showed that the practice had arrangements for maintaining the X-ray equipment and that relevant checks were up to date.

We confirmed that the registered person's and associate's IRMER training for their continuous professional development (CPD) was up to date.

The practice used beam aiding devices to help maximise the accuracy of images. They also used rectangular collimators, a particular type of equipment attached to X-ray machines to reduce the dose of X-rays patients received. One of the x-ray machines used by the practice was a hand held portable x-ray machine. This was because no x-ray machine was fitted in the ground floor treatment room used by Jean Ann Smith or in the first floor treatment room used by David Holloman Dentistry. The hand held machine was also fitted with a rectangular collimator.

We saw evidence that the registered person justified, graded and reported on the X-rays they took. We looked at the results of their most recent x-ray audit which looked at 221 x-rays taken between July and September 2016. This showed that 72% of these x-rays achieved the highest score for image quality and accuracy and 23% were within the acceptable range. We noted that the associate dentist's X-rays had been audited by the other dental provider. This showed that 96% of the 437 X-rays audited achieved the highest score.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The registered person was aware of and took into account published guidelines such as those from National Institute for Health and Care Excellence (NICE), the Faculty of General Dental Practice (FGDP) and other professional and academic bodies. This included NICE guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals. They explained that whilst they had no formal arrangements for sharing this information with the rest of the clinical team any new guidance would be discussed at staff meetings.

The registered person kept records about patients' dental care and treatment but did not formally record and assessment of each patient's risk of tooth decay and gum disease. Dental records included the condition of the patient's gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed in relation to a patient's gums. The registered person referred patients who needed ongoing advice, support and treatment in relation to their gum health to the dental hygienist. The registered person checked patients' general oral health including monitoring for possible signs of oral cancer.

The practice asked all patients to fill in a medical history form and checked and updated this information at each check-up appointment.

### Health promotion & prevention

The practice was in an area which did not have fluoridated water. The registered person prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would be beneficial. We confirmed that they used fluoride varnish for children in accordance with guidance in the Delivering Better Oral Health Tool-kit from the Department of Health.

The practice's medical history forms included questions about smoking and alcohol consumption both of which have an impact on oral health. Smoking cessation advice and leaflets were provided to patients when needed.

There was a display in the hallway of the practice next to the waiting room which showed and compared the amount of sugar present in a range of popular soft drinks. This was

presented in a clear visual to help patients understand. A range of dental care products were available for patients to buy. There was information in the waiting room about various dental and other health related subjects.

### Staffing

We confirmed that clinical staff undertook the ongoing continuous professional development required for their registration with the General Dental Council (GDC). The practice (the registered person and the other registered provider), paid the GDC fees for clinical staff to assure themselves this was in place and up to date. The practice had copies of staff training certificates and we saw evidence that staff kept records of their individual CPD. However there was no structured process to maintain an overview of training completed by the staff team. The practice had a formal training agreement with clinical staff and paid their course fees for an annual CPD package covering all mandatory training topics and for other training courses. Several staff we spoke with confirmed this when we discussed training with them.

We saw that approximately half of the dental nurses had received an annual appraisal during 2016. Before that the last time staff appraisals were done was 2012. The registered person and the other registered provider said they had recognised that they had let staff appraisals lapse. They planned to complete an appraisal for all dental nurses, dental hygienists and non-clinical staff in the coming months and to establish a reliable process for this in future. To assist in this process the practice was using a structured self-assessment questionnaire to help staff prepare for their appraisal meeting.

The practice had a structured induction checklist for new staff. These showed the dates each topic was covered with the member of staff and included space to show that the staff had been confirmed as competent. We highlighted that some entries were difficult to read and that this may reduce the value of the records as the foundation for ongoing training and development records for individual staff members. We spoke with a dental nurse and a trainee dental nurse about their induction period when they started work at the practice. They were very positive about the support, information and practical assistance the practice team had given them. They were able to describe and explain a wide range of important knowledge they had

# Are services effective?

(for example, treatment is effective)

gained at the practice. This included clinical and health and safety related topics and subjects such as safeguarding, consent to treatment and responding to patients concerns (including the Duty of Candour).

## **Working with other services**

The registered person referred patients, including children, to NHS dental hospitals and access clinics or to private dental practices when needed. This was usually because a patient needed specific specialist treatment that Jean Ann Smith did not provide. The registered person also referred patients to the part time dental hygienist they employed.

Patients were referred for investigations in respect of suspected oral cancer in line with NHS guidelines. This included referrals under the national two week wait arrangements.

The practice kept a record of all referrals they made to other services. The referrals were monitored to ensure that they had been acted on and that patients had been seen by the other service. The practice told us that they would provide a copy of a patient's referral letter if a patient asked for this.

The registered person provided two examples of liaison with the local cancer team about the timing of patients' dental treatment whilst undergoing chemotherapy.

## **Consent to care and treatment**

Members of the team we discussed this with understood the importance of obtaining and recording patients' consent to treatment. Written consent was obtained for private and NHS treatment provided at the practice. Consent for NHS treatment was recorded using the appropriate NHS forms for adults or children and specific carbonated forms were used for private patients. Information we reviewed from patients confirmed that the dentists gave them the information and explanations they needed to make informed decisions about their treatment.

The practice had information available about the Mental Capacity Act (MCA) 2005 and the registered person confirmed they had completed MCA training. Each member of staff had information about the MCA in their staff file and the staff we spoke with about this were aware of and could explain the relevance of this legislation to the dental team. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The practice's consent policy referred to decision making where young people under the age of 16 might be able to make their own decisions about care and treatment.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We gathered patients' views from 31 completed cards. Patients described the registered person and other members of the practice team as kind, courteous and respectful and the overall atmosphere as calm and friendly. These patients were unanimous in their positive view of the care and treatment they received, in some cases over many years. This view was supported by the practice's NHS Friends and Family Test monthly results for 2016 showing that all 32 patients who completed a form were extremely likely or likely to recommend the practice.

During the inspection we observed that staff spoke with patients in a friendly way whether this was in person or on the telephone. Staff told us that if a patient did not arrive for an appointment and this was unlike them they telephoned to check that they were alright.

The waiting room and reception area were separate which helped provide privacy when reception staff were dealing with patients. Staff told us that if a patient needed or wanted more privacy to discuss something they would take them into another room. The position of the receptionists' computer screen meant that it could not be seen by patients at the desk. No personal information was left where another patient might see it.

The practice had a confidentiality and information governance policies and these were included in staff induction and ongoing training. We saw information about confidentiality and information governance in staff files. Reception staff understood their responsibility to take care when dealing with patients' information in person or over the telephone. We saw that staff had completed an information governance audit in 2016 to check that these arrangements were working in practice. In house information governance training and discussions at staff meetings had taken place during 2016.

Information about AgeUK and Herefordshire Carer Support was available in the waiting room for patients who might need advice or support to help them provide care for a family member or friend.

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

Patients needing treatment were given a written treatment plan using either a carbonated form for private patients or the appropriate NHS form for NHS patients. The CQC comment cards included information that the dentist was patient, thoughtful and listened to patients. Patients confirmed they received clear information about their treatment in a way they were able to understand.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We gathered patients' views from 31 completed CQC comment cards. All the information we reviewed provided a positive picture of the service with patients describing high levels of confidence in the care and treatment they received.

We discussed the appointment booking system with reception staff. They explained that check-up appointments were usually booked for 15 minutes and that appointments for treatment were booked according to the treatment needed. The dentists used the patients' notes to let reception staff know how much time they should book. Reception staff told us they took school and university holiday dates into account as far as possible to assist families with children and young people.

The practice had a patient information leaflet and additional information was available in the waiting room. Patients were provided with written information about the fees for private and NHS treatment and the details of a national dental payment plan used by the registered person.

The practice had a self-employed dental technician based at the practice one day a week. They provided a 24 hour denture repair service and worked in partnership with the practice when patients needed new dentures. This included being involved in discussions about the visual appearance of dentures to improve the overall outcome for patients.

### Tackling inequity and promoting equality

The practice premises had some limitations for patients with mobility difficulties. The practice had not carried out a formal assessment to ensure they had made all reasonable adjustments that might be possible for patients with disabilities. They explained the physical constraints to anyone enquiring about becoming a patient. The practice had two steps up into the building from the pavement outside but was unable to provide a ramp due to the location on a busy street. The other registered provider told us that they assisted a small number of patients up the steps into the building themselves. Both providers confirmed they did not expect staff to do this. There was sufficient space within the building for patients who used

wheelchairs including the patient toilet, however the patient toilet did not have grab rails or a call bell. The associate dentist's treatment room was on the first floor. Reception staff explained that they arranged for patients who were unable to walk up the stairs to be seen in a ground floor treatment room.

Staff told us that they did not have any patients who were unable to manage a conversation in English but confirmed they could arrange translation services through the NHS dental access service in Hereford. They told us the practice was charged for this service and could therefore use it for both NHS and private patients. They were unsure how they would access British Sign Language support should they need this but said they would check whether this was also available from the dental access service. The practice had a portable induction hearing loop to assist patients who used relevant types of hearing aids.

### Access to the service

Appointments with Jean Ann Smith were available from 9am to 7.30pm on Mondays, 9am to 5.30pm from Tuesday to Thursday and 9am to 4pm on Friday. The practice also opened from 9am to 1pm every fourth Saturday. The practice closed for lunch from 1pm to 2pm. Information from patients confirmed they were able to make appointments easily, including at short notice. Reception staff explained that all of the dentists at the practice had appointments kept free every morning and afternoon to see patients with pain or other dental emergencies.

The practice answerphone message advised patients to telephone the NHS 111 out of hours service if they needed dental treatment urgently in the evenings, at weekends or on public holidays.

### Concerns & complaints

The practice had a standard complaints policy together with additional information for staff about external bodies patients could go to with any concerns. We highlighted that the size of the print was very small and so could be difficult for patients read with comfort. The information about the external bodies was not all available to patients unless they requested it from staff and did not include details of the Dental Complaints Service (for private patients) or the Parliamentary and Health Service Ombudsman (for NHS patients). The practice had a range of information with advice on managing complaints from professional journals and other sources and a copy of the Local Authority Social



# Are services responsive to people's needs?

(for example, to feedback?)

Services and National Health Service Complaints(England) Regulations 2009. Some of the information available for staff to refer to was quite old and other more current complaints management information from national bodies such as CQC, the British Dental Association and the GDC was not available.

We looked at the practice's well organised complaints log. The registered person had received two complaints since 2014. Both were dealt with through the appropriate processes.

# Are services well-led?

## Our findings

### Governance arrangements

Jean Ann Smith was jointly responsible for the management and clinical leadership at the practice together with the other dental provider in the expense sharing partnership. They shared duties between them but as separately registered providers were also legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We identified that the neither of the partners had sufficient time available to address the management and administrative tasks involved in the running of the practice due to their clinical duties. They did not have a structured strategy for assuring themselves that they were each fulfilling their legal obligations. There was a practice manager in post but this person routinely worked alongside both partners as a dental nurse to cover when other dental nurses were away. They also already had a number of specific administrative duties delegated to them. This meant they also had limited time available to be able to fulfil any additional duties effectively. The registered person and the other registered provider acknowledged that they needed to strengthen the overall management of the practice and provide the necessary staffing resources for this.

The practice had policies, procedures and some risk assessments. Many of these were based on 'off the shelf' documents which were not all fully tailored to the specific arrangements at the practice. For example, names of key staff had not been inserted in the spaces provided for this. Some additional up to date policies had been inserted including those for safe sharps use and the Duty of Candour. Some policies were overdue for review and some contained out of date information, for example the safeguarding policy named the safeguarding lead as someone who no longer worked at the practice (although staff knew who the current safeguarding lead was). This policy had not been reviewed since 2012.

The practice had robust information governance arrangements. These included information security breach reporting forms and an annual audit to monitor that the practice systems worked in practice and staff training.

The practice was a member of a national dental organisation which provided payment plans and quality assurance for dental practices but did not subscribe to the quality assurance scheme.

Members of the practice team described working closely together and sharing tasks. They explained that a lot of communication took place informally during the working day. The practice also held structured meetings three to four times a year. Notes of the meetings were made for future reference so staff who were not present could keep up to date. We looked at the minutes for the last three meetings. These covered a variety of topics including health and safety, infection control, information governance, staffing and social events for the team.

### Leadership, openness and transparency

During the inspection we observed that the practice team worked well together and were helpful and cheerful. Staff we spoke with told us the dentist and practice manager were supportive and that they would be able to raise any concerns they might have.

The practice had policies regarding harassment and the Duty of Candour and these were available for staff to refer to. There was a whistleblowing procedure for staff to follow if they identified concerns at the practice.

### Management lead through learning and improvement

The registered person had re-introduced staff appraisals during 2016 after a two year gap and planned to do these annually as they had done in the past. We saw evidence that the clinical staff maintained their continuous professional development (CPD) folders and dental nurses we spoke with said they did a mixture of on-line and face to face training. Staff confirmed that the practice funded their training to support their ongoing training and development.

We saw that the registered person or members of their team had carried out several audits in 2015 and 2016. Audits are intended to help dental practices monitor the quality of treatment and the overall service provided. The audits we saw included grading of X-rays, infection prevention and control, the recording of medical histories in patients' records, hand hygiene and the secure disposal of waste paper in line with good information governance. These audits showed positive results. For example all 98% of the 61 dental records audited contained an up to date

## Are services well-led?

medical history and 97% included details of consent being obtained within the previous year. The dentist described improvements to procedures for communicating with patients about consent following previous audits.

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

The practice used the NHS Friends and Family Test to obtain patients views about the practice. We saw the practice's results for the year from January 2016. These showed that all 32 patients who filled in a form said that they were either extremely likely or likely to recommend the practice. All the additional comments added were positive.

Staff told us they were happy at the practice and said the registered person and practice manager were approachable. The practice also used staff meetings to provide staff with opportunities to contribute and had recently re-introduced annual appraisals. We noted that some staff meeting minutes included discussions arising from staff concerns about ineffective communication and issues about staff morale. This suggested that staff were able to voice concerns openly but highlighted the importance of adequate time being available for the effective management of the service including staffing matters.

## 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><b>The registered person did not have effective systems in place to ensure that the regulated activities at Smith, Holloman and Associates were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <ul style="list-style-type: none"><li>• There was no system for monitoring and responding to national patient safety alerts, recalls and rapid response reports about medicines and equipment.</li><li>• There was no fire risk assessment and no fire safety records to ensure that fire safety precautions at the practice were adequate.</li><li>• Policies, procedures and risk assessments were not sufficiently comprehensive and were not regularly reviewed to ensure they were up to date. Some were not fully tailored to reflect the specific circumstances at the practice.</li><li>• The governance arrangements for the day to day management and administration of the practice were not sufficiently effective.</li></ul> <p><b>Regulation 17 (1)</b></p>