Mrs. Louise Hunter

Louise Hunter & Associates

Inspection report

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Overall summary

We undertook a follow up focused inspection of Louise Hunter & Associates on 16 November 2022. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Louise Hunter & Associates on 10 May 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Louise Hunter & Associates on our website www.cqc.org.uk.

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

As part of this inspection we asked:

• Is it well-led?

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 10 May 2022.

Background

Summary of findings

Louise Hunter & Associates is in Prudhoe in Northumberland and provides NHS and private dental care and treatment for adults and children.

The practice does not have step-free access and is not accessible for people who use wheelchairs; however, patients who require accessible services are directed to other local practices.

The practice is located near local transport routes, and car parking spaces are available nearby.

The provider has made reasonable adjustments to support patients with additional needs, for example a member of staff is trained in British Sign Language and patient information is available in large font.

The dental team includes 3 dentists, 5 dental nurses, 2 trainee dental nurses, 3 dental hygienists, 2 receptionists and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with a dental nurse, a receptionist and the practice principal. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays from 8am to 5.30pm;

Tuesdays, Wednesdays and Thursdays from 8.30am to 6pm;

Fridays from 9am to 5pm.

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, ensure the ongoing monitoring protocols are applied consistently.
- Improve the system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are securely received in a timely manner.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?	**No action** 

Are services well-led?

Our findings

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

At the inspection on 16 November 2022 we found the practice had made the following improvements to comply with the regulation:

- Records were available to demonstrate that the suction equipment and compressor had been serviced and maintained according to manufacturer's guidelines. A system had been introduced to ensure these checks were carried out at the appropriate intervals.
- An annual assessment of the gas installation had been carried out in November 2022 and the required gas safety certificate was available for review.
- Improvements had been made to the protocols in place to ensure fire safety equipment and emergency lighting were serviced and maintained as required.
- On the day of the inspection we were advised that no recruitment had taken place since our last inspection. A protocol was now in place to ensure important checks were carried out at the point of recruitment.
- A log was in place to monitor staff training. Further improvements could be made to ensure this was up to date, as we noted staff had undertaken training that was not recorded on the log.
- We were told there had been no incidents or accidents since our last inspection. We were unable to assess if protocols had been introduced to review and investigate accidents and incidents and share any learning.
- Monthly visual checks were carried out on the X-ray equipment and we saw evidence that 3-yearly routine tests were up to date. The provider had not carried out yearly electrical mechanical servicing of the equipment, however they sought guidance from their radiation protection adviser and confirmed this would be undertaken. We also noted the local rules should be updated to include the names of the authorised operators of the X-ray equipment.
- We saw the practice had some protocols for managing Legionella; however, we could not be assured they operated effectively. Recommendations made in the previous risk assessments had been actioned. A new risk assessment had been carried out immediately prior to the inspection on the 16 November 2022, however this was not available for review. Systems were in place to carry out water temperature monitoring on a monthly basis, but we saw this was carried out inconsistently. In addition, temperatures recorded in May, June and July 2022 demonstrated that the hot water temperature, in a number of areas in the practice, was not above the recommended level and there was no evidence action had been taken to address this.
- A system had been introduced to log patient referrals. We discussed further improvements were needed to the monitoring protocols to ensure the practice was aware if referrals were received and followed up as appropriate.