

Dental Partners (DISA) Limited

Holt House Dental Practice

Inspection report

Holt Lane
Matlock
DE4 3LY
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Overall summary

We undertook a follow up focused inspection of Holt House Dental Practice on 2 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 focused inspection of Holt House Dental Practice on 7 July 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 safe or well led care and was in breach of regulations 12, 17 and 19 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 Holt House Dental Practice dental practice on our website www.cqc.org.uk.

When one 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 areas where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

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

Are services well-led?

Summary of findings

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

Background

The provider has 3 practices and this report is about Holt House Dental Practice.

Holt House Dental Practice is in Matlock in Derbyshire and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 3 dentists, 2 dental nurses including 1 trainee dental nurse, a dental hygiene therapist, 2 receptionists and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dental nurse 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 Friday from 8am to 5pm

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 2 November 2022 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the infection prevention and control procedures. Specifically, the manual cleaning process. The necessary testing of equipment used in the infection prevention and control processes was in place, with records to demonstrate that equipment was working in line with the manufacturer's guidelines.
- The practice had a Legionella risk assessment completed by an external company. All areas for attention identified in the risk assessment had been actioned and addressed. Improvements had been made to the system for checking both hot and cold-water temperatures. Records identified both hot and cold-water temperatures fell outside the risk areas for Legionella. In addition, most staff had completed Legionella awareness training during 2022.
- Staff files had been reviewed and contained the information that they should as identified in Schedule 3 of the Health and Social Care Act.
- The system for tracking and monitoring NHS prescriptions had been improved to ensure the security of prescriptions within the practice.

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 2 November 2022 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the governance arrangements. Audits had been completed with further audits scheduled to monitor improvements and to complete the cycle. These included radiography and infection prevention and control audits.
- The system for checking emergency equipment and medicines had been improved to ensure these were available and in date.
- Staff training had been reviewed and certificates were in place to demonstrate staff had completed the necessary training required for their roles. A training matrix had been introduced to give the manager oversight of staff training and to be able to monitor that staff had completed all necessary training.