

TSJ Smile Limited

Dearne Valley Dental Practice

Inspection report

55 High Street
Goldthorpe
Rotherham
S63 9LQ
Tel:

Date of inspection visit: 07/12/2023
Date of publication: 16/01/2024

Overall summary

We carried out this announced comprehensive inspection on 7 December 2023 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. Improvements could be made to the monitoring protocol to ensure all medicines and equipment were available and in date.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff. In particular relating to dental sharps, fire safety and Legionella.
- 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.

Summary of findings

- 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.
- 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

Dearne Valley Dental Practice is part of TSJ Smile Limited, a dental group provider. The practice is in Goldthorpe in Rotherham and provides primarily NHS treatment for adults and children.

There is step free access, via the rear of the building, for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and on-street car parking is available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 dental nurses, 2 dental therapists, 1 practice manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, the receptionist and the practice manager. The business and HR manager for the group was also at the inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday from 9am to 6pm

Thursday from 9am to 5.30pm

Friday from 9am to 5pm

(The practice closes for lunch between 12.50pm and 1.50pm daily)

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 are at the end of this report.

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

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry. In addition, 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.

| | |
|---|------------------------------|
| 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 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. Improvements were needed to ensure all recommendations made in the risk assessment were actioned and ongoing water monitoring protocols were carried out in line with the recommendations. On the day of the inspection, we noted the temperatures recorded were outside the recommended parameters and this had not been raised with the practice manager or investigated. In addition, recommendations made in the risk assessment in relation to the servicing of equipment had not been carried out. Immediately after the inspection the practice manager confirmed the water temperatures were within the appropriate levels and we discussed the importance of further staff training to ensure testing is carried out correctly.

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

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. 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 risk assessment was carried out in line with the legal requirements. However, we could not be assured the fire risk assessment we were shown, considered and mitigated all the risks associated with fire safety and that it had been carried out by someone with the appropriate skills and knowledge to do so. The practice had red lights installed, which we were told would flash in an emergency. We could not be assured the need for additional emergency lighting or other form of illumination in the event of a power outage had been suitably considered.

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, however these were not always effective. A sharps risk assessment had been carried out to consider and mitigate the risks of injury; however, this did not reflect the protocols we observed at the practice. Information relating to the management of a needlestick injury was not easily accessible to staff and the policy lacked important information. In addition, we observed the disposal of dental sharps was not being carried out in accordance with the practice policy.

Emergency equipment and medicines were not available and checked in accordance with national guidance. We saw from the records available, that the monitoring protocols were not effective at ensuring all medicines and equipment were available. For example, there was no medicine used to treat epilepsy available on the day. In addition, the blood and

Are services safe?

bodily fluid kit had expired and we could not be assured the mercury spillage kit was in date. There were no scissors or razor available for use in the emergency kit and the eyewash could not be located. The practice manager ensured these items were ordered on the day of the inspection and we received confirmation immediately after the inspection that these were now available.

In addition we saw the fridge temperature monitoring was not effective and the practice could not be assured temperature sensitive medicines were stored appropriately.

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

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

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, improvements could be made to ensure this was carried out in accordance with current guidelines.

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.

Helping patients to live healthier lives

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

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 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 and radiography audits were carried out.

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.

The practice gathered and displayed patient feedback. Comments included, "always a great service, very friendly and always made welcome, excellent service", "felt at ease with the dentist and nurse". We could see the practice would respond where suggestions had been made and give details of any action taken as a result.

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 website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options, including X-ray images.

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.

The practice had made reasonable adjustments, including step-free access, a wheelchair accessible toilet, hearing induction loop, text relay and interpreter services for patients with additional needs. 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 and social media page.

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.

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

During the inspection, staff were open to discussion and feedback.

There was a lack of management oversight for some of the practice's systems and processes. And the inspection highlighted a number of issues and omissions. For example; in relation to the management of risk.

We noted improvements should be made to the oversight of the leadership team to ensure that the practice's systems and processes were followed and risks managed appropriately.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

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

Staff stated they felt respected, supported and valued. They enjoyed working in the practice.

Staff discussed their training needs during appraisals, practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

We discussed with the practice manager, the benefits of improving the monitoring arrangements to assure themselves all staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, there were ineffective systems to monitor these and ensure that the practice team followed all practice procedures.

We saw there were clear and effective processes for managing risks, issues and performance.

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.

Are services well-led?

Feedback from staff was obtained through meetings 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.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, radiographs, and antimicrobial prescribing. Improvements were needed to ensure audits were undertaken in accordance with current guidelines, for example, the infection prevention and control audit had not been carried out every 6-months as required. Changes should be made to the auditing of patient care records to ensure any improvements identified in the audit are reviewed and an action plan put in place and shared, to drive the improvement needed.

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 operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The risks associated with fire had not been appropriately assessed and mitigated.• Recommendations made in the Legionella risk assessment had not been acted on. Protocols were not in place to ensure any risks identified were acted on.• Medical emergency equipment was not available and monitored as required.• Protocols in place in relation to the management of dental sharps were not effective. <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">• Ensure audits are undertaken in accordance with current guidelines. <p>Regulation 17(1)</p> |