

TSJ Smile Limited

# Dearne Valley Dental Practice

## Inspection report

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### Overall summary

We undertook an off-site follow up inspection of Dearne Valley Dental Practice on 16 April 2024. This inspection was carried out to review 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Dearne Valley Dental Practice on 7 December 2023 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 Dearne Valley Dental Practice on our website [www.cqc.org.uk](http://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.

# Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 7 December 2023.

## 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 (including 1 trainee), 2 dental therapists, 1 practice manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with the practice manager. 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)

# 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 April 2024 we found the practice had made the following improvements to comply with the regulation:

- A fire risk assessment was carried out in January 2024 and a number of recommendations had been made. The practice had taken immediate steps to implement a number of the recommendations and a plan was in place to address anything outstanding within the suggested timescales.
- Systems for managing Legionella had been improved including the flushing of low-use outlets and monthly thermal control monitoring. Recommendations made in the risk assessment had now been completed. Improvements had been made to ensure where risks were identified, action would be taken. Staff had carried out additional training and the practice manager confirmed monitoring protocols had been introduced to improve oversight.
- Medical emergency equipment was available and monitored as required. We discussed with the practice manager the benefits of increasing the checks of the fridge temperature, oxygen cylinder and automated external defibrillator to daily. They confirmed this would be implemented.
- A risk assessment had been carried out as part of the management of dental sharps and discussed with staff. Information relating to the management of a needlestick injury was accessible to staff and the policy had been updated to include all important information.
- Monitoring systems had been introduced to ensure audits were undertaken in accordance with current guidelines. An infection prevention and control audit had been carried out since the last inspection and an action plan was created to address any areas of improvement identified.

The practice had also made further improvements:

- Since the last inspection, the practice had introduced antimicrobial prescribing audits. We discussed with the practice manager that further improvements could be made to the audit in accordance with current guidelines.