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# Thanet House Dental Care

## Inspection report

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### Overall summary

We undertook a follow up desk-based review of Thanet House Dental Care on 3 November 2021. 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 review was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Thanet House Dental Care on 17 June 2021 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 Thanet House Dental Care on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it well-led?

When one or more of the five 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.

### 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 17 June 2021.

### Background

# Summary of findings

Thanet House Dental Care is in Bexley and provides NHS and private treatment for adults and children.

There is level access to the practice via a ramp, for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for blue badge holders, are available near the practice.

The dental team includes the principal dentist, four associate dentists, two dental nurses, two trainee dental nurses, one dental hygiene therapist, one reception manager, one administration manager and two receptionists. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The practice is open:

Monday and Friday - 9.00am to 6.00pm

Tuesday, Wednesday and Thursday - 8.00am to 5.00pm

## **Our key findings were:**

- The practice had updated their sharps risk assessment and they had assessed relevant sharps within the dental practice
- The practice had appropriate governance arrangements in place. Roles and responsibilities were clearly defined and job descriptions had been updated that were relevant for the roles people were carrying out.
- A lone working risk assessment had been developed and put in place for when staff were lone working.
- The practice was able to demonstrate that they had implemented the recommendations for the fire risk assessment.
- Staff recruitment files were complete and up to date. Systems were in place for relevant documents confirming pre employment checks were carried out and copies saved in personnel records.
- Staff had completed basic life support (BLS) training and arrangements were in place to ensure CPD was monitored effectively.

# 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 our previous inspection on 17 June 2021 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the desktop review on 3 November 2021 we requested and received documentary evidence from the provider and also carried out a telephone interview with the practice manager to gather the information we required. We found the practice had made the following improvements to comply with the regulation:

- The practice had updated their sharps risk assessment and they had assessed relevant sharps within the dental practice.
- The practice had appropriate governance arrangements in place. Roles and responsibilities were clearly defined and job descriptions had been updated that were relevant for the roles people were carrying out.
- A lone working risk assessment had been developed and put in place for when staff were lone working.
- The practice was able to demonstrate that they had implemented the recommendations for the fire risk assessment.
- Staff recruitment files were complete and up to date. Systems were in place for relevant documents confirming pre employment checks were carried out and copies saved in personnel records.
- Staff had completed basic life support (BLS) training and arrangements were in place to ensure CPD was monitored effectively.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with regulation 17 when we completed the desktop review on 3 November 2021.