

SR Greenslade and IR Erbetta

# Thistledene Dental Practice

## Inspection Report

65 Parkstone Road  
Poole  
Dorset  
BH15 2NZ  
Tel: 01202 675370

Date of inspection visit: 23 June 2020  
Date of publication: 02/07/2020

### Overall summary

We undertook a follow up desk-based inspection of Thistledene Dental Practice on 23 June 2020. 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.

We undertook a comprehensive inspection of Thistledene Dental Practice on 2 October 2019 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 regulation 12 and 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 Thistledene Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- 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 areas where improvement was required.

#### Our findings were:

#### Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 2 October 2019.

#### 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 breaches we found at our inspection on 2 October 2019.

#### Background

Thistledene Dental Practice is in Poole and provides NHS and private dental treatment to adults and children.

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

The dental team includes two principal dentists, two dental nurses, one trainee dental nurse, one dental hygienist, one practice manager and one receptionist. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

# Summary of findings

Care Quality Commission as the registered manager. Registered managers 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 registered manager at Thistledene Dental Practice is the principal dentist. A registered manager is legally responsible for the delivery of services for which the practice is registered.

The practice is open:

- Monday to Thursday 8.00am – 5.00pm
- Friday 8.00am - 1.30pm

## **Our key findings were:**

- The provider ensured airway protection or rubber dams were used in line with guidance.
- The provider reflected guidance with a business continuity plan, recruitment policy, mains wiring safety certificate, compressor servicing, X-ray servicing.
- The provider reflected guidance and ensured the correct emergency medical equipment and medicines were available.

- The provider ensured the correct testing regime for ultrasonic devices and that single use items were not reused in line with guidance.
- The provider reflected guidance and ensured product used are correctly assessed through HSE COSHH guidance.
- The provider provided evidence of the correct disposal of X-ray waste chemicals.
- The provider ensured that out of date materials could not be used on patients.
- The provider ensured that NHS prescriptions were accounted for.
- The provider had implemented antibiotic audits.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services safe?**

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

**No action**



### **Are services well-led?**

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

**No action**



# Are services safe?

## Our findings

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

At our previous inspection on 2 October 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 23 June 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider produced evidence to show that the dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment, by way of policy, discussion and patient records. Where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was well documented in the dental care record and a risk assessment completed.
- The provider was able to show us a mains wiring five yearly safety check certificate as required by regulation.
- The provider was able to show us evidence that the compressor had been tested and certified in accordance with regulations or serviced in accordance with manufacturers requirements. The provider had evidence that the treatment room suction equipment had been maintained in accordance with manufacturers requirements.

- The provider was able to provide evidence that the X-ray equipment received annual servicing in January 2020. We were shown evidence of three yearly inspections which took place in January 2020. We were shown evidence that the X-ray units were all fitted with collimators to improve X-ray beam accuracy.
- The provider was able to provide evidence that emergency equipment and medicines were checked in line with guidance. We were shown that staff kept records of checks to make sure these were available, within their expiry date, and in working order; in line with guidance.
- The provider was able to provide evidence of soil and protein testing of the ultrasonic cleaners used in the automated cleaning process as required by guidance. We found that the practice was following guidance for its autoclaves in that, test strips, which confirm effectiveness, were used on every cycle, as required in guidance.
- The provider was able to provide evidence by way of policy and also a discussion that single use matrix bands were disposed of after use.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 23 June 2020.

# 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 2 October 2019 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 inspection on 23 June 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider produced evidence of a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.
- The provider produced evidence of a recruitment policy and procedures to help them employ suitable staff including checks in place for agency and locum staff, which reflected the relevant legislation.
- The provider produced evidence of a complete Control of Substances Hazardous to Health (COSHH) Regulations 2002 file with products risk assessed for safe handling and storage requirements.
- The provider produced evidence that water testing was in line with guidance as there were no records available

of water testing. The provider sent evidence of water testing in the form of a policy and also shown copies of the water testing logs for each surgery and photographs of water testing dipslides.

- The provider produced evidence that clinical waste bins were secured by way of chains to stop them being removed without authorisation.
- The provider produced evidence of the safe disposal of waste X-ray developer chemicals in line with regulation by way of waste consignment notes.
- The provider produced evidence that out of date materials in treatment rooms were systematically removed by way of a treatment room log and disposed of.
- The provider provided evidence that NHS prescriptions were accounted for in line with guidance by showing the recording system they had implemented.

The practice had also made further improvements:

- The provider produced evidence of a completed audit for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 23 June 2020.