

P.B. Robinson (Doncaster) Limited

# Thorne Road

## Inspection Report

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### Overall summary

We undertook a focused inspection of Thorne Road Dental Practice on 18 October 2018. 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 Thorne Road Dental Practice on 18 June 2018 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 in accordance with the relevant regulations 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 Thorne Road Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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.

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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 18 June 2018.

#### **Background**

Thorne Road Dental Practice is in Doncaster and provides NHS and occasional private treatments to adults and children. Thorne Road Dental practice is part of the P B Robinson Group.

There is step access into the practice without adequate space for a ramp to assist people who use wheelchairs. Patients who require step free access are referred to a practice nearby. Car parking is available near the practice and some parking is available on the main road for patients with blue badges.

The dental team includes three dentists, three dental nurses and one receptionist. The practice has four treatment rooms with only three in use.

The practice is owned by a company and as a condition of registration must have a person registered with the 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 Thorne Road Dental Practice was the area manager.

# Summary of findings

During the inspection we spoke with the area manager and received e-mail correspondence from the company director to support our findings. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8am – 5pm

## **Our key findings were:**

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had improved the practice systems to help them manage risk to patients and staff. This included the process to manage safety checks for facilities and electrical equipment.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were now available.
- The provider had reviewed its infection control procedures which now reflected published guidance.
- The provider had put systems in place to monitor and track prescriptions and referrals to other service providers.
- The provider had reviewed its systems of providing preventive care and supporting patients to ensure better oral health.
- The provider had put systems in place to monitor and track prescriptions and referrals.
- The provider had reviewed the responsibilities for the practice cleaner.
- The provider had reviewed its responsibilities in respect to the needs of patients with disabilities.

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

- Review the practice's processes to ensure that facilities checks are completed in a timely manner, in particular: portable appliance testing.
- Review the practice's processes in line with the fire risk assessment to ensure the actions required are completed, in particular: In-house smoke detector function checks.

# Summary of findings

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

We asked the following question(s).

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

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

The provider had made improvements to the management of the service. This included establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice

Staff were able to demonstrate they were aware of the safeguarding reporting procedures and the safeguarding policy had been updated to include notification to CQC. All relevant training had been completed.

The process to manage safety checks for facilities and electrical equipment had been improved. Fixed wiring, gas safety checks and portable appliance testing had either been carried out or were in the process of being completed.

Improvements had been made to ensure the safe use of X-ray equipment. Recommended actions from a safety survey carried out in November 2017 had now been completed.

The provider had made improvements to ensure risk management was in place. We saw evidence to support the risks associated with safe use of sharps, manual instrument cleaning and fire safety had been addressed. We identified two areas within fire safety which could be improved further; these areas were discussed with the area manager and accepted.

Improvements had been made to the systems to monitor emergency medicines and equipment in line with recommended guidance. All identified medicines and equipment previously missing from the emergency kit were now accounted for.

Improvements had been made to the systems to monitor infection prevention and control processes and the disposal of dental plaster. An updated infection prevention control audit had been undertaken and any additional areas for improvement were documented on the action plan.

A process was now in place to monitor and track prescriptions and referrals to other service providers.

During our previous visit to the practice we identified areas where improvements could be made to monitor the consistency of detail recorded in patient dental care records, in addition we highlighted concerns relating to clinical awareness and treatment of oral health preventative care. We received a documented statement from the company director detailing the positive action taken to address these concerns.

**No  
action**  


# Are services well-led?

## Our findings

At our previous inspection on 18 June 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 18 October 2018 we found the practice had made the following improvements to comply with the regulation:

Improvements had been made to ensure staff were aware of the safeguarding reporting procedures. Staff were able to demonstrate this and showed us the safeguarding reporting process flow chart now situated in the reception area. All staff had completed safeguarding training to the appropriate level.

The process to manage safety checks for facilities and electrical equipment had been improved. The company director has confirmed the following:

- The fixed electrical wiring safety check was completed in September 2018. Remedial work identified as a result has been approved and they are currently awaiting a start date from the contractor.
- The gas safety check was completed in August 2018.
- The practice was waiting for a date from the contractor to complete portable appliance testing as this was not achieved on the original date planned for June 2018.

Improvements had been made to ensure the safe use of X-ray equipment. We saw evidence to support that all recommended actions from the safety survey carried out in November 2017 had been completed in July 2018.

The provider had made improvements to ensure risk management was in place. We saw evidence to support the risks associated with safe use of sharps, manual instrument cleaning and fire safety had been addressed. For example:

- The sharps risk assessment had been updated to include a responsible person for the safe handling of used needles and other sharps instruments.
- A manual cleaning of instruments protocol was now in place and a manual cleaning risk assessment dated June 2018 included the future purchase of an ultrasonic bath to reduce the risk of sharps injuries.

- A fire risk assessment had been carried out in August 2018, the practice were waiting to receive the full report. The practice owner confirmed that all remedial work identified would be planned for and undertaken in line with the assessment.
- We previously identified that smoke detectors and fire extinguishers were not being checked or recorded. We discussed this with the area manager who told us the fire extinguishers were now being checked monthly but this was not recorded. A template to record these checks was made shortly after the inspection.
- Advice was being sought from the fire assessment company in respect to function checking the smoke detectors which were sited on high ceilings; due to their location they were not able to be safely checked by staff. The area manager assured us the fire extinguisher checks would be recorded on the new template and safe process would be achieved to function check the smoke detectors.

Improvements had been made to the systems to monitor emergency medicines and equipment in line with published guidance. For example, the following items were now in place:

- Adrenaline ampules, a spacer device for use with inhaled bronchodilators, oxygen masks with reservoir and tubing and clear faces masks.
- We saw a process was now in place to record weekly checks of the emergency medicines and equipment; a dentist and a dental nurse were now responsible for doing this.

Improvements had been made to the systems to monitor infection prevention and control. The infection prevention and control process now followed published guidance. For example:

- A risk assessment was carried out to manage the risks of manual cleaning of instruments.
- Heavy duty gloves and long handled brushes were changed weekly and a system was in place to monitor this.
- A thermometer was now used to monitor the water temperature when cleaning instruments.
- Wire bur brushes were no longer used to clean debris from dental burs and instruments.
- Lint free cloths were used and the X-ray holders were packaged in sterilisation pouches to indicate they had been through the decontamination process.

# Are services well-led?

- We noted that an updated infection prevention and control audit had been completed and an action plan was implemented to monitor improvements.

We saw supporting evidence dated August 2018 to show that the disposal of dental plaster was now carried out in line with published guidance. The disposal of this material had been added to the contract and an appropriate disposal receptacle was in place.

We saw supporting evidence to show that a documented process was now in place to monitor and track the use of prescriptions and a system was in place to monitor referrals to other service providers.

During our previous visit to the practice we identified areas where improvements could be made to monitor the consistency of detail recorded in patient dental care records and highlighted concerns relating to the clinical awareness and treatment of oral health preventative care. We received a documented statement from the company director detailing the positive action taken to address these concerns. For example, the areas of concern were discussed with the dentists during a staff meeting and guidance from the British Society of Periodontology and Faculty of General Dental Practice was given to the individual dentists to refresh their knowledge. The

company director also stated that a dental record card audit would be due within the next two months and the areas identified previously by us would be reviewed and discussed on an individual basis with each dentist.

The practice had also made further improvements:

We noted during the previous inspection that some clinical areas featured as part of the environmental cleaning schedule. We evidenced that this had been addressed and was no longer the case.

We noted during the previous inspection that the practice had not assessed the needs of patients with limited hearing in line with the requirements of the Equality Act 2010. The provider had since carried out a disability access audit. The audit showed that additional provision for hearing impaired patients was not a necessity at this time and would be reviewed annually. Some staff members were competent in British Sign Language and would use this skill if it was requested.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 18 October 2018.