

## Peartree Dental Care Partnership

# Peartree Dental Care

### Inspection report

215 Peartree Avenue  
Bitterne  
Southampton  
SO19 7RD  
Tel: 02380447753

Date of inspection visit: 14 December 2022  
Date of publication: 22/12/2022

### Overall summary

We undertook a follow-up focused inspection of Peartree Dental Care on 14 December 2022.

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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

At our inspection on 19 October 2022 we found the registered provider was not providing well-led care and was in breach of Regulation 12, 15, 17, 18 and 19 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 Peartree Dental Care 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 area where improvement was required.

#### **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 breach we found at our inspection on 19 October 2022.

# Summary of findings

## **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 19 October 2022.

## **Background**

Peartree Dental Care is in Southampton and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for wheelchair users and those with pushchairs.

On street car parking spaces are available near the practice.

The dental team includes 2 dentists, 2 qualified dental nurses (one of which is also the practice manager), 3 trainee dental nurses, 1 dental hygienist and a receptionist.

The practice has 4 treatment rooms of which 3 are in use.

During the inspection we spoke with the compliance director and the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

## **The practice is open:**

- Monday to Friday between 8.30am and 5pm.
- The practice closes for lunch each day.

# Summary of findings

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

We asked the following question(s).

**Are services safe?**

**No action**



**Are services well-led?**

**No action**



# Are services safe?

## Our findings

At our previous inspection on 19 October 2022 we judged the provider 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 our follow-up inspection on 14 December 2022 we found the practice had made the following improvements to comply with the regulations:

### Infection Control

We could not see any out of date dental materials in treatment rooms.

- Out of date local anaesthetic ampules in treatment rooms 1 and 4 had been disposed of.
- Instruments in treatment rooms were sterilised and pouched appropriately.
- Clinical staff's outdoor clothes and clinical uniforms were stored apart in the staff room.
- Clinical cotton rolls were stored in closed boxes in treatment rooms 1,2 and 4.
- The windowsill in the decontamination room had been repaired and was no longer rotten in places.
- The clinical bin was foot operated in treatment room 4.
- Paper handtowels were stored appropriately.
- Floor to skirting seals were complete in the decontamination room.
- Handwashing soap was available in the staff toilet.
- Instruments that were manually cleaned were immersed appropriately in water during the process which reduced an aerosol risk.
- A manual cleaning scrubbing brush and glove replacement schedule was available.
- Handwashing protocols were followed by staff during the decontamination process.
- Handwashing soap and paper towels were available in the decontamination room.
- Visors were available for staff performing decontamination duties.
- Historical unused pre-dated instrument pouches, stamped with start and end dates, were removed from the practice.

### Legionella

- A legionella risk assessment was carried out in November 2022 and resulting actions were addressed.

### Cleaning

- Cleaning equipment storage arrangements followed national guidance.
- There were no cobwebs present on window frames throughout the practice.
- The 'patient toilet cleaning and safety checklist' reflected the state of cleanliness.
- There was no visible dust on the patient treatment chair light in treatment room 2.
- Drawer fronts and tops in treatment room 1 were clean.
- Cupboards behind 2 clinical waste bins in treatment room 1 were clear of debris.
- The floor and skirting paintwork was visibly clean in the patient and staff toilet.
- The handwashing sink area in the decontamination room was visibly clean.

### Premises and equipment:

- A cracked patient treatment chair base cover in treatment room 4 had been repaired.
- The autoclave annual service was serviced in October 2022.
- Emergency lights were serviced at appropriate intervals.
- Rusty pitted drawer handles in treatment room 1 were replaced.

# Are services safe?

- A radiator was repainted in the patient toilet.
- A ripped patient treatment chair headrest covering in treatment room 2 had been repaired .
- A ripped clinician stool covering in treatment room 1 had been repaired.
- The toilet seat was repaired and worked effectively in the staff toilet.
- Window blind adjustment looped cords were tethered to window in the waiting area.

## **Control of Substances Hazardous to Health (COSHH)**

- The clinical waste bin in treatment room 4 was foot operated.
- Safety data sheets were available for COSHH identified products.
- COSHH identified products at the practice were secure and labelled appropriately.
- Sharps bins were labelled appropriately in treatment rooms 2 and 3.
- Sharps bins in treatment rooms 1 and 4 had been changed after three months.

## **Equality Act 2010**

- A hearing loop was available.
- Vision aids (magnifying glass/reading glasses) were available.
- A Disability Access audit was carried out and actions were being addressed.

# Are services well-led?

## Our findings

At our previous inspection on 19 October 2022 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 our follow-up inspection on 14 December 2022 we found the practice had made the following improvements to comply with the regulations:

### Fire Safety

- Fire alarm tests were carried out at appropriate intervals (weekly).
- Emergency lights were available and tested.
- Fire escape direction signage was correctly positioned.
- Fire escape direction sign was present above the only exit in the building (front door).
- Fire drills were carried out.
- A fire risk assessment was carried by someone who could demonstrate fire safety management competence.
- A current five yearly electrical fixed wiring check evidence was available.
- Portable Appliance Testing (PAT) evidence was available.
- Waste bins at the front of the building were protected from unauthorised interference and potential arson.

### Radiography

- Rectangular collimators were available for every X-ray machine.
- Local rules were available in full.

### Hepatitis B

- The effectiveness of the Hepatitis B vaccination was checked for all the clinical staff working at the practice.

### Emergency Medicines and Equipment

- A temperature log of the fridge containing the Glucagon was available.

### Audits

- Audits were carried out in full for radiography and disability access.

### NHS Prescriptions

- NHS prescriptions were stored as described in current guidance.
- A tracking system was in place for prescriptions.

### Track record on safety, and lessons learned and improvements

- Systems were followed to investigate, document and discuss safety incidents and significant events.
- The practice had a system in place for receiving and acting on safety alerts.

### Recruitment

- The practice ensured that recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

### Training

# Are services well-led?

- The practice ensured persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.