

# Petrie Tucker and Partners Limited

# East Street Dental Centre

## Inspection Report

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Date of inspection visit: 25 March 2020

Date of publication: 07/04/2020

## Overall summary

We undertook a follow up desk-based inspection of East Street Dental Centre on 25 March 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 who was supported remotely by a specialist dental adviser.

We undertook a comprehensive inspection of East Street Dental Centre on 1 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 well-led care and was in breach of regulations 17 and 18 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 East Street Dental Centre 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 areas 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 breaches we found at our inspection on 1 October 2019.

#### Background

East Street Dental Centre is in Bedminster, Bristol and provides NHS and private dental treatment to adults and children.

There is no level access for people who use wheelchairs and those with pushchairs. Patients whose mobility needs require level access are directed or referred to a nearby practice with level access. Car parking is available near the practice both on street and in a nearby car park.

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

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. At

# Summary of findings

the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered. The current practice manager is in the process of becoming the registered manager with CQC.

The practice is open:

Monday to Thursday: from 8.30am to 6.30pm and Friday: 8.30am to 5.30pm.

## **Our key findings were:**

- The decontamination areas had been reviewed and additional shelving had been installed to ensure a positive flow of dental instruments from the dirty area to the clean.
- All staff had received infection control training since the last inspection.
- Systems and processes had been introduced to ensure single-use dental items were not re-used.
- All clinical staff had up-to-date indemnity insurance.
- All clinical staff at the practice had documentation identifying they had immunity to the Hepatitis B virus. The receptionist had a risk assessment relating to Hepatitis B on file.
- All staff had undergone a valid Disclosure and Barring Service check.
- An external contractor had surveyed the flat roof, and produced a report identifying this area was safe.
- Radiation procedures at the practice had been reviewed and updated.
- All staff had received fire safety training since the last inspection on 1 October 2019.
- A change of in-house management has resulted in a review of the supervision and support arrangements for staff.
- All staff had completed life support and medical emergencies training.

# 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 1 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 25 March 2020 we found the practice had made the following improvements to comply with the regulations:

- The practice did not have centralised decontamination facilities. Decontamination was completed within the treatment rooms in areas set aside for the purpose. To ensure the free movement of dental instruments from the dirty area to the clean, the provider told us additional shelving had been installed to make this easier.
  - The provider sent CQC copies of training certificates for all clinical staff in relation to infection prevention and control. These showed all staff had received infection control training since the last inspection on 1 October 2019. In addition, the provider told us all systems had been reviewed with one to one practical demonstrations of the processes involved for relevant staff.
  - We discussed the use of single-use dental items with the provider. They assured us that systems and processes had been introduced to make sure single-use dental items were not re-used. This had been discussed with individual clinicians to ensure they understand the process for using single-use items.
  - The provider sent us copies of indemnity insurance certificates for all clinical staff. These showed all clinical staff had up-to-date indemnity insurance. Dental nurses were covered by a corporate insurance and we were sent details of this together with the relevant certificate.
  - We were sent evidence in the form of documentation from a health care provider that all clinical staff had immunity to the Hepatitis B virus. The receptionist had a risk assessment relating to Hepatitis B on file.
  - The provider sent supporting evidence that all staff had undergone a valid Disclosure and Barring Service check.
- An external contractor had surveyed the flat roof, and produced a report identifying this area was safe. Waste bins which were stored in this area had been moved, and the fire escape had been re-routed.
  - Radiation protection procedures at the practice had been reviewed and updated. This had seen damaged equipment removed and a quality assurance system introduced to cover all X-ray equipment at the practice. We were sent copies of service documents and critical examination documentation relating to this equipment.
  - We received evidence all staff had received fire training since the last inspection on 1 October 2019.
  - A change in the in-house management arrangements had resulted in a review of the supervision and support arrangements for staff. There had been a number of changes to personnel following the last inspection and regular supervision and support sessions were being held for staff.
  - All staff had completed up-to-date basic life support and medical emergencies training. We were sent copies of training certificates as evidence.

We were sent a detailed action plan which addressed all points raised during the inspection on 1 October 2019 not just those covered by the breaches of regulation.

The practice had also made further improvements:

- Improvements had been made to practice protocols and procedures in respect of the use of X-ray equipment at the practice.
- The system for monitoring patient referrals to other health care professionals had been reviewed. A referral log had been introduced, and staff carried out regular checks to identify where referrals were in the system and if any further action was required by the practice.
- A review of the access audit had been completed in June 2019. The practice is situated on the first floor with access via a flight of stairs. Patients with restricted mobility who could not manage the stairs were directed to a sister practice which had ground floor access.

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 25 March 2020