

Mrs. Nazak Tavakoli

N Tavakoli & A Arya Dental Surgery

Inspection report

152 Lady Margaret Road Southall UB1 2RW Tel: 02085744666

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Overall summary

We undertook a follow up focused inspection of N Tavakoli & A Arya Dental Surgery

on 31 July 2023. This inspection was carried out to review 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 by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of N Tavakoli & A Arya Dental Surgery

on 24 April 2023 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 regulations 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 N Tavakoli & A Arya Dental Surgery dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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.

As part of this inspection we asked:

:

- Is it safe?
- Is it well-led?

Summary of findings

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 24 April 2023.

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/es we found at our inspection on 24 April 2023.

Background

N Tavakoli & A Arya Dental Surgery is in Southall and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 4 nurses and 1 Practice manager/receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday 9am to 6pm

Saturday 9am to 1pm

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	\checkmark
Are services well-led?	No action	✓

Are services safe?

Our findings

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

At the inspection on 31 July 2023 we found the practice had made the following improvements to comply with the regulations.

- The practice now had all the recommended medical emergency equipment and medicines including 2 oxygen cylinders, , a self-inflating bag for resuscitation, a paediatric oxygen mask, oromucosal Midazolam to treat prolonged epileptic seizures and dispersible aspirin to treat heart attacks. The kit was checked weekly.
- The practice had completed electrical Portable Appliance Testing. They provided evidence they had booked an Electrical Installation Condition Report (EICR) test for the electrical wiring. They were awaiting a date for this to be carried out by an appropriate company.

Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulation.

At the inspection on 31 July 2023 we found the practice had made the following improvements to comply with the regulation:

- A fire risk assessment had been undertaken by a competent person in April 2023, and the recommendations had been acted upon.
- The practice had a legionella risk assessment in place.
- Sharps waste disposal bins were filled only to the indicated point and had been dated correctly.
- The practice had updated recruitment, complaints, whistleblowing and consent policies, and a suitable safeguarding policy was now in place.
- Radiography audits were appropriately analysed for continuous improvement.
- The practice had carried out Disclosure Barring Service (DBS) checks and obtained evidence of conduct in previous employment (references) for a member of staff. This information had not been available at the inspection on 24 April 2023. The provider assured us this information would be obtained for future employees.

Since the last inspection the provider had made the decision to stop carrying out conscious sedation at the practice.