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Lilac House Specialist Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Lilac House Specialist Dental Practice on 5 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 Lilac House Specialist Dental Practice on 27 March 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 well-led care and was in breach of regulation 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 Lilac House Specialist 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 well-led?

Our findings were:

Are services well-led?

Summary of findings

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

Background

Lilac House Specialist Dental Practice is in Acomb, York and provides private periodontal and prosthodontic dental care and treatment.

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

The dental team includes 2 dentists, 1 dental nurse and a dental therapist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist and the dental therapist. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open: Monday to Thursday from 9am to 5.30pm

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 the inspection on 5 July 2023 we found the practice had made the following improvements to comply with the regulation:

The practice's infection prevention and control systems and processes reflected published guidance.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

Systems were in place to ensure sharps management was in line with current regulations. For example:

- A sharps risk assessment had been undertaken to mitigate handling and disposing risks.
- Single use sharps were disposed of at point of use.

Systems to record the on-going assessment, supervision, and appraisal of all staff were in place.

The practice had also made further improvements:

The practice staff had received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

A system was in place for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System, and other relevant bodies.

A system was in place to ensure staff obtained patient consent to care and treatment.

We saw evidence the dentists graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

A system was in place to ensure referrals to other dental or health care professionals were centrally monitored.