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Brighton White Dental Studio

Inspection report

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Date of inspection visit: 21 October 2021
Date of publication: 01/12/2021

Overall summary

We undertook a follow-up focused inspection of Brighton White Dental Studio on 21 October 2021. 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 had support via the telephone by a specialist dental adviser.

We undertook a focused unannounced inspection of Brighton White Dental Studio on 05 October 2021 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, effective and well-led care and was in breach of regulations 12, 17 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 Brighton White Dental Studio on our website www.cqc.org.uk.

As part of this inspection we asked:

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

When one or more of the three questions are not met we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 05 October 2021.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 05 October 2021.

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 05 October 2021.

Background

Brighton White Dental Studio is in Brighton and provides NHS and private treatment for adults and children.

There is no level access to the practice for people who use wheelchairs and those with pushchairs. The practice is accessed by a flight of stairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a dentist, a trainee dental nurse, a dental hygienist, a receptionist and a practice manager. The practice has four treatment rooms, one treatment room has been decommissioned.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the dentist, the trainee dental nurse, the receptionist 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 Thursday 9am to 6pm
- Friday 9am to 5pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff were confident with how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.

Summary of findings

- The provider had safeguarding processes and staff were sure of their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff felt involved and supported
- The provider had information governance arrangements.
- There were clinical governance processes and audits to measure compliance with current legislation or to ensure that the practice was taking into account current guidance.

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 effective?	No action	✓
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 regulations.

At our previous inspection on 05 October 2021 we judged the provider was not providing safe care and was not complying with the relevant regulations. We told the provider to take action. At the inspection on 21 October 2021 we found the practice had made the following improvements to comply with the regulations:

- **Staff were sure of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Staff had a safeguarding policy to refer to with information about identifying, reporting and dealing with suspected abuse. All staff had completed safeguarding training to the correct level for their role.**
- **We saw that the infection control policy had been updated and contained all of the current information.**
- **We saw that instruments had been stored in lockable containers as per current guidance. Staff told us how they were re-processed at the end of each clinical session.**
- **We saw that the equipment used to sterilise the instruments had been serviced since our last inspection.**
- **We saw a risk assessment for the control of Legionella and other bacteria that could develop in water systems. All of the actions identified had been addressed. We saw that water temperature monitoring as indicated as an action in the Legionella risk assessment had been conducted and water samples had been sent to a laboratory for assessment.**
- **We saw that all of the floors in the treatment rooms had been deep cleaned to a good standard. Cleaning of the treatment room floors had been added as a daily task on the surgery daily checklist.**
- **We saw an audit for infection prevention and control which had been conducted recently and had included the issues we had identified at the last inspection.**
- **We saw a policy for whistleblowing with escalation organisations for staff to contact should they need to. Staff we spoke with told us they were happy to raise concerns and would not hesitate to do so.**
- **We saw a recruitment policy which contained all of the required information for safe recruitment.**
- **We saw an five year electrical safety certificate and that these checks had been completed.**
- **We saw a fire risk assessment which had been conducted by an engineer**

on 06 August 2021.

- **We saw engineer reports for the radiographic equipment in the practice and a radiographic protection file was completed.**
- **We saw training completed in respect radiography.**
- **We saw an updated Health and Safety policy and a risk assessment had been completed.**
- **We saw a current employers liability insurance certificate.**
- **We saw a sharps risk assessment which contained current legislation and reflected the sharps used at the practice.**
- **We saw Hepatitis B vaccination status for all members of staff.**
- **We saw that sepsis training had been completed by all staff.**
- **We saw all staff had completed training for medical emergencies and further training as a team was booked in November 2021.**
- **The expired items of equipment in the medical emergency kit had been replaced and a new check list created.**
- **We saw that expired medicines had been disposed of and a checking system introduced to ensure stock rotation.**

Are services safe?

- **We were assured that the dentist was aware of the current guidance with regards to prescribing medicines.**
- **We saw a system for the recording of events and safety issues had been created.**

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 21 October 2021.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 05 October 2021 we judged the provider was not providing effective care and was not complying with the relevant regulations. We told the provider to take action. At the inspection on 21 October 2021 we found the practice had made the following improvements to comply with the regulations:

- **We saw that the practice had a system to ensure that all staff training was completed when required.**
- **We saw a consent policy which included information about the Mental Capacity Act, power of attorney and Gillick principles.**
- **We saw that staff were supported during training by a General Dental Council registrant.**
- **We saw induction processes for new staff and any locum or agency staff**
- **We saw that a fire drill had been conducted and recorded and this had been added to the induction process.**

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 21 October 2021.

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 05 October 2021 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 21 October 2021 we found the practice had made the following improvements to comply with the regulations:

- Staff told us that they were happy with the arrangements for contacting management when they needed to.
- We saw that training needs were discussed and processes implemented for staff to complete the training they needed to.
- We saw a system to address poor performance and wellbeing of staff
- The practice was aware of the duty of candour and explained how they would inform patients should they need to in relation to the duty of candour.
- Staff told us they were happy to raise concerns and that they were assured any concerns would be listened to and addressed.
- We saw an improved system of clinical governance, policies had been reviewed and all processes and protocols had been made available to staff. Staff know how to access these.
- We saw updated processes for managing risks. We saw risk assessments and actions to reduce risks for Legionella, fire, sharps and health and safety.
- We saw audits for dental care records, radiographic quality assurance and infection prevention and control. Actions identified had been addressed such as the addition of oral cancer checks to the dental care records.
- Staff had completed all of the required training. As per The General Dental Council "Standards for the dental team".

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 21 October 2021