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Preston Circus Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Preston Circus Dental Practice on 17 January 2019. 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.

We undertook a comprehensive inspection of Preston Circus Dental Practice on 3 July 2018 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 and well led care and was in breach of regulations 12 Safe care and treatment and 17 Good governance, 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 Preston Circus Dental Practice dental practice on our website 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's where improvement was required.

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 3 July 2018.

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 3 July 2018.

Background

Preston Circus Dental Practice is in Brighton and provides NHS and private treatment for adults and children.

Summary of findings

There is no level access for people who use wheelchairs and those with pushchairs as the practice is accessed via a flight of stairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes three dentists, two dental nurses, one student nurse, one dental hygienist, two receptionists and the practice manager. The practice has three treatment rooms.

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 one dentist, one dental nurse 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 9am to 5pm

Our key findings were:

- Staff had implemented good infection control processes and procedures that reflected current guidance.
- The practice had implemented good risk management throughout the practice and risk assessments in relation to legionella, safe sharps and maintenance of the property had been conducted.
- The practice had implemented a recognised clinical governance programme
- The provider had made many improvements and renovations to the practice
- The practice had conducted audits in the quality of x-rays , dental records and infection control. Gaps had been identified and were being addressed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

The provider had made improvements to the infection control processes and procedures which were now in line with current guidance.

The provider had refurbished areas of the practice that had posed a risk to patients and staff of trips, cuts and scalds.

No action



Are services well-led?

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

The provider had made improvements to the management of the service. This included providing additional staff time available for management and administration, establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services safe?

Our findings

At our previous inspection on 3 July 2018 we judged the practice 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 the inspection on 17 January 2019 we found the practice had made the following improvements to comply with the regulation(s):

- Risk assessments with regard to infection control and legionella had been conducted and the gaps identified in these processes had been addressed and rectified
- The provider had replaced the carpets which had previously posed a trip hazard throughout the practice

- The provider had refurbished the patient toilet and signage regarding the hot water was visible.
- Staff followed HTM 01-05 and had all completed training
- Stored instruments were pouched with the date of expiry for consistency
- All clinical areas were clearly zoned with clean and dirty areas identified
- Single use items were disposed of post use and never re-used.
- Policies and protocols had been updated in relation to health and safety, infection control and safe sharps.

These improvements showed the provider had taken action to comply with the regulation's when we inspected on 17 January 2019.

Are services well-led?

Our findings

At our previous inspection on 3 July 2018 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 17 January 2019 we found the practice had made the following improvements to comply with the regulation(s):

- The practice had conducted risk assessments in infection control, legionella, safe sharps and lone working.
- The practice had implemented a recognised clinical governance programme to assist them.

- Policies and procedures were up to date and reflected current guidance.

The practice had also made further improvements:

- Quality and operational information was now being used to drive improvements throughout the practice
- Audits had been conducted for infection control with gaps identified which had been addressed.

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 17 January 2019.