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# Haslam Park Dental Practice

## Inspection Report

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### Overall summary

We carried out a follow up inspection on 31 January 2017 of Haslam Park Dental Practice.

We had undertaken an announced comprehensive inspection of this service on 10 November 2016 as part of our regulatory functions and during this inspection we found breaches of the legal requirements.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: is the service well led?

A copy of the report from our last comprehensive inspection can be found by selecting the 'all reports' link for Haslam Park Dental Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### **Our findings were:**

#### **Are services well led?**

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

#### **Background**

Haslam Park Dental Practice is situated in Bolton, Lancashire. The practice offers mainly NHS dental treatments to patients of all ages and also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has two surgeries, a decontamination room, two waiting areas and a reception area. The reception area, one waiting room and one surgery are on the ground floor of the premises. The other waiting room and the second surgery are on the first floor of the premises. They have a portable ramp to access the premises and a stair lift.

There are two dentists and four dental nurses (two of whom are trainees).

The opening hours are Monday to Wednesday from 9-00am to 5-30pm, Thursday from 9-00am to 7-00pm and Friday from 9-00am to 5-00pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

#### **Our key findings were:**

- The practice had adopted a comprehensive system of clinical governance.
- Risks associated with Legionella had been addressed.

# Summary of findings

- A system to ensure audits were carried out at regular intervals had been implemented.
- A training matrix had been implemented to ensure all staff were up to date with training.
- A cleaning schedule had been implemented.
- Infection control procedures and processes had been updated and implemented.
- A system was in place to ensure equipment was regularly serviced in line with manufacturer's guidance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services well-led?**

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

Since the last inspection on 10 November 2016 the practice demonstrated to us that risks associated with the carrying on of the regulated activities had been reduced.

A comprehensive system of clinical governance had been implemented.

Systems and processes had been introduced to ensure the smooth and safe running of the practice. These included a system to ensure risks associated with Legionella were reduced, a system to ensure audits were completed on a regular basis and a system to actively monitor staff training.

**No action**



# Haslam Park Dental Practice

## Detailed findings

### Background to this inspection

We undertook a follow up inspection of Haslam Park Dental Practice on 31 January 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 10 November 2016 had been

made. We inspected the practice against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some of the legal requirements in relation to this question.

The inspection was carried out by a CQC inspector who had remote access to a specialist dental advisor.

# Are services well-led?

## Our findings

### Governance arrangements

Since the inspection on 10 November 2016 the practice had adopted a comprehensive system of clinical governance. Policies were reviewed and also discussed at team meetings. All policies would be discussed at some point during the year. We saw evidence of the last practice meeting where policies had been discussed.

We saw risks associated with Legionella had been addressed. The practice had now implemented a system to monitor the hot and cold water temperatures throughout the practice. A water conditioning agent was used the dental unit water lines and they were managed appropriately and in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Infection control procedures had been reviewed. Staff wore appropriate personal protective equipment. Instruments were now examined under an illuminated magnification glass. We looked at a selection of instruments and these were all clean and free from debris.

A cleaning schedule had been implemented and we saw colour coded cleaning equipment was available and stored correctly.

A process had been put in place to ensure equipment was serviced on a regular basis and in line with manufacturer's guidance. We saw the stair lift had been serviced in January 2017. One of the dentists also used a diary to prompt them when equipment required servicing.

### Learning and improvement

Since the inspection on 10 November 2016 the practice had implemented a system to ensure audits were completed on a regular basis. We saw evidence that both dentists had now completed an X-ray audit. The results of these audits confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The registered provider told us they planned to complete additional audits which included recall intervals, the longevity of fillings and adherence to the Delivering Better Oral Health' toolkit.

A process had been implemented to ensure staff were up to date with training. They had implemented a training matrix. Each staff member had a training matrix sheet which logged when essential training had been completed. One of the dentists was responsible for reviewing the training matrix sheets to see if any staff members were due to complete mandatory training. We saw all staff had now completed level two safeguarding training and infection control training.