

Seedat and Ahmed KS Dental Sale

Inspection report

331 Washway Road Sale M33 4EE Tel: www.ksdental.co.uk

Date of inspection visit: 21 December 2022 Date of publication: 02/02/2023

Overall summary

We undertook a follow up focused inspection of KS Dental Sale on 21 December 2022. 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 supported by a specialist dental adviser.

We undertook a comprehensive inspection of KS Dental Sale on 24 January 2022 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 KS Dental Sale on our website www.cqc.org.uk.

When one 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?

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 we found at our inspection on 24 January 2022.

Summary of findings

Background

KS Dental Sale provides NHS and private dental care and treatment for adults and children. The service offers dental implants.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

During the inspection we spoke with two dentists, the practice manager and the area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5:30pm

Friday from 9am to 4:30pm

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 21 December 2022 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the system for checking medical emergency medicines and equipment. Staff described the system for checking medical emergency equipment and medicines to ensure they reflected nationally recognised guidance. When we checked the medical emergency medicines and equipment these reflected the guidance.
- Due to the recently completed extension to the practice a new fire risk assessment had been completed and the actions had either been completed or were due to be completed. On-going fire safety management was effective.
- Recommendations made in the Legionella risk assessment had been addressed including removing and replacing the lead pipework.
- The process for ensuring staff have evidence of immunity to the Hepatitis B virus had been improved. We reviewed the recruitment records of new members of staff and found evidence of immunity to the Hepatitis B virus. In instances where evidence was not available then a risk assessment had been put in place to mitigate the risks whilst immunity levels were being sought.

The provider had also made further improvements:

• Improvements had been made to the system for reviewing incidents or significant events. We reviewed a significant event which had been reported and this had been recorded and action taken appropriately.