

# Dr. Adam Dirir

# Milk Dental

## Inspection Report

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### Overall summary

We undertook a follow-up inspection of Milk Dental on 10 December 2019. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care, and to confirm whether the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Milk Dental on 13 February 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

We found the provider was not providing safe 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 Milk Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the five questions are not met we require the provider to make improvements. We then inspect again after a reasonable interval, focusing on the areas in which improvement was necessary.

We undertook a follow-up inspection of Milk Dental on 5 April 2019 to review in detail the actions taken by the provider to improve the quality of care, and to confirm whether the practice was meeting the legal requirements. We focused on the requirements of regulations 12 and 19.

During the inspection we found the provider had not acted sufficiently to ensure compliance with these regulations. We also identified additional risks. We took urgent action to ensure people could not be exposed to a risk of harm and suspended the provider's CQC registration for a period of three months to allow the provider to act on the risks. You can read our report of the inspection by selecting the 'all reports' link for Milk Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further follow-up inspection of Milk Dental on 9 July 2019 to review in detail the actions taken by the provider to improve the quality of care. We focused on the risks outlined in our suspension notice. We found the provider had acted sufficiently by the date of expiry of the suspension notice. You can read our report of the inspection by selecting the 'all reports' link for Milk Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

As part of this follow-up inspection on 10 December 2019 we asked:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also checked whether the provider was now meeting the requirements of regulation 17.

## **Our findings were:**

### **Are services safe?**

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

### **Are services effective?**

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

### **Are services caring?**

We found this practice was providing caring services in accordance with the relevant regulations.

### **Are services responsive?**

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

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

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

We also found that the provider had made improvements in relation to the regulatory breach we identified at our inspection on 13 February 2019.

## **Background**

Milk Dental is in a residential suburb of Liverpool and provides NHS and private dental care for adults and children.

Car parking spaces are available near the practice.

The dental team includes a principal dentist and a dental nurse. The practice has two 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.

During the inspection we spoke to the principal dentist. We looked at practice policies and procedures, and other records about how the service is managed.

The practice is open:

Monday to Friday: 9.00am to 5.00pm.

## **Our key findings were:**

- The practice was visibly clean.
- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place.
- Appropriate medicines and equipment were available for responding to medical emergencies.
- The provider had staff recruitment procedures in place.
- The dentist provided preventive care and supported patients to achieve better oral health.
- The practice treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for handling complaints.
- The provider had systems in place to manage risk. No provision had been made for reviewing risks at the practice. Insufficient measures had been put in place in relation to other risks.
- The provider had systems to support the management and delivery of the service, to support governance and to guide staff.
- The practice asked patients and staff for feedback about the services they provided.

There were areas where the provider could make improvements. They should:

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Take action to ensure that all clinical staff have adequate immunity against vaccine-preventable infectious diseases.

# Summary of findings

- Take action to ensure the guidelines issued by the British Society of Periodontology are taken into account.
- Take action to ensure the practice's arrangements for good governance and leadership are sustained in the longer term.

We are continuing to liaise with our colleagues at NHS England in monitoring and supporting the provider.

# Summary of findings

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

We always ask the following five questions of services.

|   |                  |   |
|---|------------------|---|
| <b>Are services safe?</b>                         | <b>No action</b> | ✓ |
| <b>Are services effective?</b>                    | <b>No action</b> | ✓ |
| <b>Are services caring?</b>                       | <b>No action</b> | ✓ |
| <b>Are services responsive to people's needs?</b> | <b>No action</b> | ✓ |
| <b>Are services well-led?</b>                     | <b>No action</b> | ✓ |

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises, and radiography, (X-rays)**

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff had completed safeguarding training within the recommended time interval. The provider knew the signs and symptoms of abuse and neglect and how to report concerns.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for the permanent staff. We saw that recruitment checks were carried out. These checks were also carried out for locum staff.

We reviewed the provider's arrangements for ensuring standards of cleanliness and hygiene are maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

We saw the practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw the recommended actions had been completed. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

Clinical waste was segregated and stored securely in accordance with guidance.

We saw cleaning schedules for the premises. The practice was visibly clean on the day of the inspection.

The provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions. Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had put arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

Information was displayed next to the control panel of the X-ray machine to ensure the operator was aware of instructions specific to the machine and room.

We saw that the dentist justified, graded, and reported on the X-rays they took.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The provider had current employer's liability insurance.

The provider had carried out a fire risk assessment in compliance with current legal requirements. We saw that the provider had put measures in place to reduce risks associated with fire.

A dental nurse worked with the dentist when they treated patients.

The provider contracted locum dental staff on an occasional basis to work at the practice. We saw that these staff received an induction to ensure that they were familiar with the practice's procedures. We observed that the induction was not specific to locum staff requirements.

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity.

# Are services safe?

The provider had undertaken a sharps risk assessment. Protocols were in place to ensure staff accessed appropriate care and advice in the event of an injury from a sharp item.

We saw that the provider had put in place measures to minimise the risk of inoculation injuries to staff from needles and other sharp dental items. We observed that not all reasonably practicable measures had been considered, for example, the responsibility for dismantling and disposing of every type of used sharp was not identified.

We saw the provider had put in place a pre-employment checklist which included a check to ensure clinical staff received the vaccination to protect them against the Hepatitis B virus. We saw the provider had not confirmed whether two of five locum staff had received this vaccination and had not assessed the risks in relation to these staff working in a clinical environment.

Staff had completed training in medical emergencies and life support within the recommended timeframe.

The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

We saw prompts for staff to assist them in the recognition of sepsis. Patient information posters were displayed throughout the practice. This helped ensure staff made timely appointments to manage patients who presented with dental infection and where necessary referred patients for specialist care.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We

looked at several dental care records with the dentist to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely. We saw patients' medical histories were regularly updated.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

## **Safe and appropriate use of medicines**

The practice had systems for prescribing, dispensing and storing medicines.

The provider stored and kept records of NHS prescriptions as recommended in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines.

## **Track record on safety and Lessons learned and improvements**

We saw that the provider monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. We saw staff knew about these and understood their role in the process.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. We saw that relevant alerts were acted on but not stored for future reference.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The dentist assessed patients' care needs in line with recognised guidance. The dentist engaged in peer review at local practices to keep up-to-date. We saw that the dentist took into account current legislation, standards and guidance when delivering care and treatment, although guidance relating to the treatment of gum disease was not consistently followed.

### **Helping patients to live healthier lives**

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. These involved providing patients with preventative advice and taking plaque and gum bleeding scores. We saw that detailed charting to help monitor the patient's gum condition was not consistently carried out where appropriate.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

Staff had received training in the importance of obtaining and recording patients' consent to treatment.

The dentist told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances.

### **Monitoring care and treatment**

The dentist kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice completed a period of induction based on a structured induction programme.

The provider monitored staff training to ensure recommended training was completed.

Staff discussed training needs at appraisals and one-to-one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

# Are services caring?

## Our findings

We found that this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

The provider was aware of their responsibility to respect people's diversity and human rights.

### **Privacy and dignity**

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were attending to patients, but the provider was aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

The provider was aware of the requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given), and the Equality Act.

We saw that interpreter services were available for patients whose first language was not English.

The dentist described to us the conversations they had with patients to help them understand their treatment options.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### **Responding to and meeting people's needs**

The provider had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The practice was not accessible for wheelchairs. Staff provided information for patients about local practices which were accessible.

The treatment room was located on the ground floor.

The practice had arrangements in place to assist patients who had hearing or sight impairment, for example, appointments could be arranged by email, and larger print forms were available on request.

### **Timely access to services**

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on their website on the premises and included this information in their practice leaflet.

The practice's appointment system took account of patients' needs. Patients who required an urgent appointment were offered an appointment the same day. We saw that the dentist tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon appointments.

The practice took part in an emergency on-call arrangement with local practices and the NHS 111 out of hours' service.

### **Listening to and learning from concerns and complaints**

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

The provider was responsible for dealing with complaints. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially.

The provider told us no complaints had been received within the previous 12 months.

# Are services well-led?

## Our findings

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

At our comprehensive previous inspection on 13 February 2019 we judged the practice was not providing well-led care and not complying with the relevant regulations. We told the provider to take action as described in our enforcement action. At this follow-up inspection we found the provider had made improvements to comply with the regulations.

We saw policies and procedures had been reviewed and updated and took into account some of the practice's specific circumstances. A system was in place to ensure they were regularly reviewed.

The provider had a safeguarding policy in place which included contact details of local safeguarding authorities, and a whistle-blowing policy which included contact details for external organisations, for example, Public Concern at Work, with whom staff could raise work concerns. The provider was the lead for safeguarding and we saw appropriate training had been completed.

We saw the provider had registered with the Information Commissioner's Office.

The provider had carried out an X-ray audit.

The provider had a system for monitoring training and identifying staff training needs, which included checks to ensure staff had completed the General Dental Council's recommended continuing professional development at the pre-employment stage.

We saw the provider had systems in place to ensure important checks were carried out, including on medical emergency medicines, and water temperatures.

The provider had introduced a system for ensuring staff had received the Hepatitis B vaccination. We found this system was not operating effectively as it had failed to identify that the provider had not verified information for two of the staff.

We saw that the provider had updated the practice's risk assessments but had no system in place to ensure they were reviewed on an ongoing basis.

We saw the provider recorded dental treatment options and associated risks in the patients' dental care records.

### **Leadership capacity and capability, vision and strategy**

We found the provider had improved the systems and processes at the practice but had limited evidence of measures to develop leadership capacity and skills.

### **Culture**

The principal dentist was aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

The clinical staff had completed continuous professional development in accordance with General Dental Council professional standards.

We saw the provider had held a recent staff meeting. We saw the minutes from the meeting which demonstrated that information was communicated, ideas exchanged, and updates discussed.

### **Governance and management**

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff.

We saw the practice had systems to ensure risks were identified and managed and the provider had put measures in place to reduce risks. We found insufficient assessment and reduction of risk in relation to immunity to vaccine-preventable diseases.

The provider had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

The principal dentist had overall responsibility for the management and clinical leadership of the practice.

### **Appropriate and accurate information**

The practice had information governance arrangements in place and the provider was aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

## Are services well-led?

The practice used patient surveys and encouraged verbal comments to obtain the views of patients about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

### **Continuous improvement and innovation**

We saw the provider had systems in place to monitor the quality of the service and make improvements where required. We highlighted to the provider the importance of sustaining these in the long term.