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# Peel Green Dental

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Peel Green Dental on 16 May 2023. This inspection was carried out to review 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Peel Green Dental on 25 October 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 regulations 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 Peel Green Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 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.

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.

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 25 October 2022.

## Background

The provider has 4 practices and this report is about Peel Green Dental.

Peel Green Dental is in Eccles, Manchester and provides private dental care and treatment for adults and children.

A portable ramp is available to provide access to the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes 2 dentists, 4 dental nurses (including 2 trainees) who also have reception and administrative duties, 1 dental hygienist and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, the practice manager and 1 dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8am to 5pm

Tuesday 8.30am to 5pm

Wednesday 10am to 6.30pm

Thursday 8.30am to 5pm

Friday 8am to 1.30pm

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

# 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 16 May 2023 we found the practice had made the following improvements to comply with the regulations:

There was now a registered manager in post as required in the conditions of registration. A registered manager is legally responsible for the management of services for which the practice is registered. The practice manager was undertaking a practice management qualification to support them in this role.

The clinical governance system which included policies, protocols and procedures had been reviewed, updated and was accessible to all members of staff.

Systems had been established to identify and manage risks, issues and performance. As a result, improvements had been made in the oversight of infection prevention and control, fire safety, medical emergency arrangements and prescription security.

- The practice had infection control procedures which reflected published guidance. We saw previously damaged equipment and surfaces in clinical areas had been restored or replaced to enable effective cleaning. The storage of clinical waste was now appropriate.
- A fire risk assessment had been completed by a competent person. The recommendations had been acted on and previously cluttered areas of the premises had been cleared to be able to visually risk assess all areas of the premises. Fire safety checks, including for emergency lighting were now documented.
- Emergency equipment and medicines were available, and within the expiry date in accordance with national guidance and the checking processes had been improved. Evidence of up to date training in basic life support had been obtained from staff.
- The practice had effective systems for appropriate and safe handling of medicines. A log of private prescriptions was maintained and security measures were in place to track the use of these.

The practice had introduced procedures to reduce the risk of Legionella or other bacteria developing in water systems in line with a risk assessment. The recommendations had been acted on, water temperature monitoring was carried out and a dental unit water line management system was in place.

The practice now had a procedure to help them employ suitable staff. We reviewed files for new staff members. We saw recruitment checks had been carried out in accordance with relevant legislation to employ suitable staff.

There was still confusion over the evidence required to demonstrate immunity for Hepatitis B. Evidence of immunity was not in place for 3 clinical staff members. We saw that new clinical staff were risk assessed before working in exposure prone roles. We signposted the manager to national guidance to support them to understand the levels required to demonstrate immunity.

Newly appointed staff had an appropriate role-specific induction. A system was also in place to obtain evidence that clinical staff completed continuing professional development required for their registration with the General Dental Council.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

The systems for investigating when things went wrong could be further improved. There were 2 recent significant events, 1 of which had not been documented to ensure that timely action had been taken. We discussed this with the provider to ensure understanding of the need to document all unexpected events.

# Are services well-led?

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw the quality of dental care records had improved as a result of ongoing audits which had conclusions, learning points and action plans. There were further improvements to be made but the provider demonstrated their understanding of these and had improvement and performance management plans in place. We signposted the provider to nationally approved audit tools to facilitate this process.