

Dr. Adam Dirir

Milk Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 8 March 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milk Dental on our website at 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

Milk Dental is situated close to the centre of Liverpool in a residential locality. The practice is located in a converted residential property, and comprises a reception and waiting room, two treatment rooms situated on the ground floor, a decontamination room and storage and staff rooms. Parking is available on nearby streets. The practice is accessible to people with impaired mobility but not to wheelchair users.

The practice provides general dental treatment to predominantly NHS patients of all ages with private treatment options available, and is open Monday, Wednesday and Friday 8.45am to 5.15pm, and Tuesday and Thursday 8.45am to 7.00pm.

The practice is staffed by a dentist and three trainee dental nurses at various stages of their training. Two of the nurses share practice manager responsibilities and all three carry out reception duties in addition to nursing.

The principal dentist is registered with the Care Quality Commission as an individual. Like registered providers, they are 'registered persons'. 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:

- Staff had access to an automated external defibrillator on the premises in accordance with the Resuscitation Council UK and the General Dental Council standards for the dental team.
- The provider had implemented a log to record non-compliances resulting from infection control audits and action taken in response to these.
- A recruitment checklist had been implemented to ensure necessary employment checks were in place for all staff.

Summary of findings

- The provider was storing information in respect of persons employed by the practice securely.

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.

The provider had put in place improvements to the recruitment system and implemented a checklist to ensure checks were carried out before staff were employed at the practice.

The provider had put in place a log to record what actions had been taken to improve infection control where audits identified areas of concern.

Staff now had access to an automated external defibrillator on the premises.

No action



Milk Dental

Detailed findings

Background to this inspection

We undertook a focused inspection of Milk Dental on 18 October 2016. This inspection was carried out to check that improvements planned by the practice after our comprehensive inspection on 8 March 2016 to meet legal

requirements 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 legal requirements.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Are services well-led?

Our findings

Governance arrangements

During our inspection on 8 March 2016 we found that the recruitment system was not operating effectively. The provider informed us they had since reviewed and updated the recruitment system. The provider submitted a recruitment check list which they had produced. This included identification checks, a Disclosure and Barring Service check, an up to date employment history and checks on current immunisation status. The provider also submitted an example of a completed checklist for one member of staff.

The provider informed us that the individual staff recruitment records are now stored separately and securely in a locked room to which unauthorised persons do not have access.

During our inspection on 8 March 2016 we found that an automated external defibrillator, (AED), and oropharyngeal

airways were not available at the practice. The provider submitted an interim protocol and risk assessment. This had been implemented for staff to follow until an AED could be obtained. The provider subsequently forwarded documentation demonstrating that a defibrillator had now been ordered and would be available at the practice for use in medical emergency situations. Training for staff in the use of a defibrillator had been arranged also. The provider also submitted evidence of the availability of oro-pharyngeal airways at the practice.

Learning and improvement

During our inspection on 8 March 2016 we found that staff were carrying out infection control audits regularly but there was no action plan in place to address any areas of non-compliance identified through the audits and to ensure improvements were put in place. The provider had since implemented an action log to record any non-compliances resulting from infection control audits. We saw an example of an action recorded and completed.