

Dr Qaisar Jaffri

# Haydock Dental Practice

## Inspection report

252 Church Road  
Haydock  
St Helens  
WA11 0LE  
Tel: 01942725306

Date of inspection visit: 19/12/2023  
Date of publication: 10/01/2024

### Overall summary

We undertook a follow up focused inspection of Haydock Dental Practice on 19 December 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Haydock Dental Practice on 1 August 2023 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 Haydock Dental Practice 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 and send us an action plan. We then inspect again after a reasonable interval, focusing on the area 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 1 August 2023.

# Summary of findings

## Background

Haydock Dental Practice is part of Dr Qaisar Jaffri, a dental group provider. The practice is in Haydock in Merseyside and provides mainly NHS and some private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 3 dental nurse/receptionists, 1 dental therapist and 1 practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with the practice/area manager and the compliance manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30 am to 5.30pm

Closed for lunch every day from 12.30pm to 1.30pm

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

- Further improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular relating to the management of Legionella and fire safety.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

# 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 19 December 2023 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the information recorded within the dental care records. Further improvements were still needed to ensure templates were appropriately adjusted and ensure they consistently contain all information in accordance with current guidelines.
- Audits had been improved and contained reflective outcomes and identified areas of improvement. The record card audit could be further improved by ensuring detailed action plans were created to drive the ongoing improvements required.
- Systems for managing Legionella had been improved; protocols identified possible risks and we were told action had been taken to address these. We discussed the importance of ensuring all actions taken were consistently documented.
- A fire risk assessment had been carried out; however, we could not be assured all the risks from fire had been considered and that the risk assessment was carried out by someone with the appropriate skills and knowledge to do so. A new fire alarm had been installed; however records were still not available to demonstrate that the emergency lighting were monitored and serviced. The compliance manager confirmed they would arrange for this to be carried out as a priority.
- We were shown confirmation that the recommendations made in the Critical Examination Report for an X-ray unit had been addressed.
- Systems for assessing risks to staff prior to obtaining adequate immunity for vaccine preventable infectious diseases had been improved and now considered the risks to the individual.
- The sharps risk assessment had been updated and improved; it now considered the risks from all forms of dental sharps. The practice confirmed safer-sharps devices were in use across the practice as part of the risk management protocols.
- There had been no recent accidents and incidents. We were told these would be recorded, reviewed and used to share learning. We were shown records of instances of shared learning across the group.
- The radiography audit was carried out in accordance with current guidelines.