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Digmoor Dental Practice

Inspection report

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Overall summary

We undertook a follow-up focused inspection of Digmoor Dental Practice on 17 May 2021. This inspection was carried out to review in detail the actions taken by the 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 adviser.

We undertook a follow-up focused inspection of Digmoor Dental Practice on 7 December 2020 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 Digmoor Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five 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.

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 7 December 2020.

Background

Summary of findings

Digmoor Dental Practice is in a residential suburb of Skelmersdale. The practice provides NHS and private dental care for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including for people with disabilities, is available outside the practice.

The dental team includes two dentists, four dental nurses, (three of whom are trainees), who also cover reception duties, one dental hygienist and therapist and a practice manager. 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 about how the practice is run.

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

The practice is open:

Monday to Thursday 9.00am to 5.00pm

Friday 9.00am to 4.00pm

Our key findings were:

- Improvements had been taken to address the risks associated with fire and radiation. Minor improvements were required to the process for managing the risks associated with Legionella.
- Action had been taken to address the risks associated with staff not having evidence of immunity to the Hepatitis B virus.

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, water temperature testing.

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 our previous inspection on 7 December 2020 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 17 May 2021 we found the practice had made the following improvements to comply with the regulation:

- Action had been taken to address the risks associated with fire. This included the fire marshal completing training, ensuring all fire door were complaint with the relevant standards, filling in the holes around service pipework and carrying out a fixed wire installation test. We were also shown evidence that electrical cabling was due to be routed to reduce the risk of overheating. In addition, all staff were due to complete fire awareness refresher training in June 2021.
- Some action had been taken to address the risks associated with Legionella. We saw evidence that the air conditioning unit had been serviced and a member of staff had completed Legionella awareness training. However, when we reviewed the monthly water temperature test results, we noticed that they were not reaching 55°C as stated in the risk assessment. These were between 50.4°C and 54.2°C. We discussed this with staff and were assured that this would be addressed by turning up the boiler to ensure these temperatures were reached.
- We reviewed staff records in relation to Hepatitis B immunisations. We saw that those staff members who did not have evidence of immunity at the previous inspection now did have evidence of that immunity.
- The risks associated with the use of radiation had been addressed. The latest report had advised the use of a rectangular collimator. The provider was unable to find one which would fit, and they sought advice from the Radiation Protection Advisor (RPA). The RPA advised that if they could not source a suitable collimator then it would be acceptable to continue using the set without one.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulations when we inspected on 17 May 2021.