

Mr Osman Mohammed

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Mr Osman Mohammed on 7 November 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 second CQC inspector.

We had previously undertaken a comprehensive inspection of Mr Osman Mohammed on 11 July 2023 with a further announced visit taking place on 2 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 Mr Osman Mohammed dental practice on our website 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.

The provider had made improvements in relation to the regulatory breach we found at our previous inspection visits.

Summary of findings

Background

Mr Osman Mohammed is in Bradford and provides NHS and private dental care and treatment for adults and children. The practice also offers evening urgent care via the 111 service.

The practice is not accessible to people who use wheelchairs. On street parking is available near the practice.

The dental team includes 1 dentist, 2 dental nurses and 2 receptionists. The practice has 2 treatment rooms, but only 1 is in use.

During the inspection visit we spoke with the dentist, 1 dental nurse and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday- Thursday 9am to 1pm and 2pm to 6pm

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).

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 7 November 2023 we found the practice had made the following improvements to comply with the regulation:

We found leadership and oversight of the service had improved to ensure peoples' safety. The provider had introduced a compliance system to support the team to access appropriate information and update this routinely.

Processes were now in place to delegate duties and develop staff with additional roles and responsibilities to support the provider to ensure oversight of the service.

The practice had appropriate safeguarding processes and local safeguarding contact information displayed for staff to refer to. Staff completed training to the correct level for their role and knew their responsibilities for safeguarding vulnerable adults and children.

A system was now in place to highlight when equipment was due for servicing and validation. We saw reports confirming the X-ray machine had been serviced and was safe for use. Local rules for the safe operation of X-ray equipment were now up to date with current regulations. The dentist had completed the recommended 5-yearly radiation protection training.

A new ultrasonic instrument cleaner had been installed to support safe cleaning of instruments prior to sterilisation. Staff followed processes to ensure equipment was used and tested according to the manufacturer's instructions. The practice had infection control procedures which reflected published guidance. Staff kept evidence of all complete sterilisation cycles.

The provider had updated business continuity plans and processes to enable staff to raise issues. Staff were aware who to approach externally if they had any concerns.

Improvements had been made to the oversight of water quality and thermal control to reduce the risk of Legionella, or other bacteria, developing in water systems. Monthly hot and cold-water temperature checks were completed and logged. Those seen were within the required temperature ranges and lesser used taps were flushed. We highlighted water temperatures should be taken from 2 sentinel outlets highlighted in the risk assessment report. The provider confirmed this would be addressed and rectified.

Systems to obtain evidence of appropriate employment checks of staff had been improved. Staff files were held securely for all staff members. We highlighted where Disclosure and Barring Service (DBS) checks were carried out, these should be enhanced level checks for clinical staff. Clinical staff had appropriate professional indemnity cover in place. Evidence of vaccination against Hepatitis B had been obtained, but the results of blood tests to show the effectiveness of these were not available for 1 clinical staff member. The provider was in the process of obtaining this evidence.

The provider had ensured all appropriate medical emergency medicines, equipment and staff training were in place. We saw there were no weekly checks to assure the provider that all items remained available and within their expiry date. We showed them how this could be evidenced on the compliance system to support checking processes. The provider confirmed this would be addressed and rectified.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Staff had clear instructions to ensure hazardous substances were used in line with manufacturer's instructions.

The provider obtained evidence of continuing professional development for clinical staff. Staff were aware of the signs and symptoms of sepsis and there were resources to support them to triage patients effectively.

Are services well-led?

Audits of radiographic quality and infection prevention and control had been carried out. The dentist kept records of the results of these audits and the resulting action plans. In particular, the findings of the radiographic audit highlighted that further improvements should be made to ensure all radiographs are reported on.

The infection and prevention control audit had been carried out in October 2023. A washable keyboard cover was now in place in the treatment room.

We were assured through the systems and governance introduced that the provider now had processes for identifying and managing risks or issues proactively, with support from staff to enable them to monitor the quality of the service and continually strive to improve.