

Mr Osman Mohammed

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## Inspection Report

259 Manningham Lane  
Bradford  
West Yorkshire  
BD8 7EP  
Tel: 01274 499365  
Website:

Date of inspection visit: 3 February 2020  
Date of publication: 08/04/2020

### Overall summary

We undertook a follow up focused inspection of Mr Osman Mohammed on 3 February 2020. This inspection was carried out to review in detail 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 adviser.

We undertook a comprehensive inspection of Mr Osman Mohammed on 28 October 2019 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 safe and was in breach of regulation 12 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 on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?

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.

#### **Our findings were:**

#### **Are services safe?**

We found this practice was providing safe care in accordance with the relevant regulations.

#### **Background**

Mr Osman Mohammed is in Bradford and provides NHS and private dental treatment to adults and children.

Due to the nature of the premises access for wheelchair users of those with limited mobility is restricted. Car parking spaces are available near the practice.

The dental team includes one dentist, one dental nurse and two receptionists. The practice has one treatment room.

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 the dentist, the dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to pm

Friday from 9am to 12:30pm

#### **Our key findings were:**

# Summary of findings

- Improvements had been made to the systems for managing the risks associated with the use of radiation. Further improvements could be made to the process for managing the risks associated with fire and hazardous substances.
- Not all of the medical emergency kit was available as described in nationally recognised guidance.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services safe?**

**No action**



# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 28 October 2019 we judged the practice was not providing safe 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 3 February 2020 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the systems for managing the risks associated with fire. We saw evidence the fire alarm system had been serviced, the cellar had been cleaned, emergency lighting had been installed and the ceiling of the cellar had been boarded up. We asked if a five year fixed wire test had been carried out in line with recommendations made in the fire safety report. Staff were unable to demonstrate it had. We were later sent evidence this had been completed and was satisfactory.
- At the inspection on 28 October 2019 we found the contents of the medical emergency kit did not reflect

nationally recognised guidance. At the inspection on 3 February 2020 we found that there was still a child sized self-inflating bag missing. We were later sent evidence this had been acquired.

- Improvements had been made to the systems for managing the risks associated with the use of radiation. A new routine test had been carried out on the X-ray machine. This confirmed the machine was operating within the correct safety parameters.
- We were told that improvements had been made to the systems for managing the risks associated with hazardous substances. We asked to see evidence of risk assessments for individual hazardous substances. We were told these were currently being held off site and we were unable to see these on the day of inspection. We were later sent evidence of these risk assessments.
- At the previous inspection we noted the door to the basement which was located in the waiting area was unlocked. This door was now locked and a sign put on it to ensure the basement could not be accessed by unauthorised persons.
- A new infection prevention and control audit had been carried out. This audit indicated the relevant guidelines were being followed.