

Mr Mobeen Ahmed

# St Mark Dental Surgery

## Inspection Report

6 Chapel Street  
Chesterton  
Cambridge  
CB41DY  
Tel: 01223507750  
Website:

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### Overall summary

We undertook a focused inspection of St Mark Dental Surgery on 9 August 2019. This was carried out to review in detail the actions taken by the registered provider to improve the quality of care in response to our warning notice issued to Dr Mobeen Ahmed on 6 June 2019.

We had undertaken an inspection on 6 June 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 well-led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued a warning notice as a result. You can read our report of that inspection by selecting the 'all reports' link for St Mark Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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.

As part of this inspection we asked:

- Is it well-led

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

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made satisfactory improvements in relation to the regulatory breach we found at our previous inspection on 6 June 2019 and had complied with the warning notice we had served. These improvements must now be embedded and sustained in the long-term.

#### **Background**

St Mark Dental Surgery is in Cambridge and provides both NHS and private treatment to patients of all ages. The practice opens on Monday to Friday, from 9 am to 5 pm. It opens later a Wednesday evening until 7 pm. There is ramp access for people who use wheelchairs and those with pushchairs.

The dental team includes two dentists, an orthodontist, two dental nurses and a receptionist/practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. He has 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 a dentist, the practice manager and the provider's compliance consultant. We looked at practice policies and procedures and other records about how the service is managed. We reviewed 30 patients' 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?**

We found this practice was providing well-led care in accordance with the relevant regulations.

**No action**





# Are services well-led?

## Our findings

At our previous inspection on 6 June 2019, we judged the practice was not providing well-led care in accordance with the relevant regulations. During this inspection we found the following improvements:

- The practice manager told us plans were in place to give them increased time to fulfil their managerial role. This included the employment of more reception staff and sharing some of their administrative tasks with the senior nurse. They felt confident these changes would help improve the service.
- The provider had engaged a compliance consultant who had introduced a number of checklists and audits to help drive improvement in the service. They stated they would be visiting the practice every few months to ensure new governance systems would be sustained.
- Dental dams were now used on all root canal treatments
- We reviewed a sample of 30 patients' dental care records. Overall, we noted good improvement in the recording of patients' caries, cancer and periodontal risk. However, some improvement was still needed in the recording of BPE scores and in the reporting and justification of X-rays. The compliance consultant was aware of these shortfalls following their own records cards audit on 24 July 2019. They stated they were giving the clinicians concerned two months to improve and then would be running a comprehensive second cycle audit.
- A replacement clinical waste bin had been purchased and we noted its lid was closed.
- Annual mechanical and electrical testing of the X-ray units had been completed on 28 June 2019.
- Visual checks of the X-ray units had been re-instated and records we showed it had been done daily.
- Daily tests of the practice's autoclave had been introduced.
- Water temperatures were now checked against the correct temperature, to help minimise the risk of legionella.
- The sharps bin in the upstairs surgery was now wall mounted to ensure its safety and its label had been completed correctly.
- Lime scale around taps had been removed and uncovered and loose items in treatment room doors had been covered. The dirty area we found in one area of the upstairs surgery had been cleaned.
- Flooring in the orthodontist's surgery was still damaged and ripped. However, staff told us this surgery was no longer in use and the floor was to be replaced as part of the practice's forthcoming surgery refurbishment. We were shown quotes that had been obtained for this.

These improvements demonstrated the provider had taken satisfactory action to comply with regulation.