

Mr Mobeen Ahmed

# St Mark Dental Surgery

## Inspection Report

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Date of inspection visit: 6 June 2019  
Date of publication: 11/07/2019

### Overall summary

We undertook a focused inspection of St Mark Dental Surgery on 6 June 2019. This inspection was carried out to review if the actions taken by the registered provider to improve the quality of care had been sustained following our previous inspections on the 11 April 2018 and 13 November 2018, and to confirm that the practice continued to meet legal requirements.

The inspection was led by a CQC inspector who was supported by a dental specialist advisor.

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 not providing well-led care in accordance with the relevant regulations.

#### **Background**

St Mark's 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, a dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

# 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 that this practice was not providing responsive care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

Although some improvements had been made following our previous inspection visits, we identified a number of areas that required action to be taken. These included the maintenance of X-ray units, infection control procedures, the use of dental dams to protect patients' airways and the quality of dental care records.

These shortfalls demonstrate that governance systems within the practice were not robust and the provider was unable to sustain improvement in the long term to comply with the regulations.

### **Enforcement action**





# Are services well-led?

## Our findings

During our inspection we noted some improvements had been made following our last visit on the 13 November 2018. For example, clinicians now used the safest types of needles and the temperature of the fridge where medicines were stored was now monitored daily to ensure it worked effectively.

However, there were other areas that had not been fully addressed, some of which we had raised in our previous reports.

- At our previous inspection in April 2018, we noted that the dentists did not always grade and report upon the radiographs they took. We checked a sample of patient care records during this inspection and found that radiographs were not always reported on and graded.
- At our previous inspection in November 2018, the principal dentist told us that all dentists used dental dams to protect patients' airways. However, he was not able to fully evidence this. During this inspection, we reviewed a sample of clinical records and found that dental dams were not used universally by all the dentists.
- At our previous inspection in April 2018, we noted that improvement was required in the assessment of patients' periodontal and cancer risk. During this inspection, we reviewed a sample of clinical records and found no consistency in the recording of patients' caries, periodontal and cancer risk.
- At our previous inspection in April 2018, we noted that pre-employment checks had not been undertaken for new staff. During this inspection we found that pre-employment checks such as references, and a DBS check had not been obtained for the receptionist who was on duty.
- At our previous inspection of April 2018, we noted that the flooring in one surgery was worn and ripped making it difficult to clean effectively. During this inspection, we noted the same flooring was worn and ripped.
- At our previous inspection in April 2018, we noted that a clinical bin used to store clinical waste was uncovered. During this inspection we noted a clinical waste bin in one surgery had no lid, compromising infection control. No action had been taken to repair it or purchase a new one.
- At our previous inspection in April 2018, the practice manager told us that she was not able to fulfil her management role as she worked as a dental nurse most days. During this inspection, the practice manager (different to the previous manager) told she did not have time to fulfil her management role as she worked as a receptionist on most days.
- Annual mechanical and electrical testing for the X-ray unit not been completed since 4 August 2017 and had become overdue. The routine checking of the X-ray units had last been completed on 10 August 2018, despite the recommendation that it be undertaken every six months.
- Daily visual checks of the X-ray units had ceased in September 2018 and had not been undertaken since.
- Although data loggers were in use, daily TST testing of the practice's autoclave had stopped; no reason was given for this.
- Water temperatures were now being monitored monthly to help control the risk of legionella. However, we noted that they had not reached the recommended temperature of 55 degrees Celsius for the previous six months. No action had been taken to address this.
- We noted one sharps bin that was not sited safely, and its label had not been completed.
- We noted several areas that compromised infection control. Some surfaces in the treatment rooms were chipped and badly worn making them difficult to clean. There was limescale around taps and we found loose and uncovered items in treatment room drawers that risked aerosol contamination. The cupboard in one surgery where the clinical waste bin was stored was dusty and dirty.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>Reg 17 breach-</b> Good governance. There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p><b>How the regulation was not being met</b></p> <p>Appropriate pre-employment checks, including references and a DBS check had not been obtained for a member of staff.</p> <p>The completion of dental care records did not always take into account the guidance provided by the Faculty of General Dental Practice.</p> <p>Clinicians did not always record in patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.</p> <p>The practice's protocols and procedures for the use of X-ray equipment did not comply with The Ionising</p>

This section is primarily information for the provider

## Enforcement actions

Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Not all clinicians used dental dams to protect patients' airways for root canal treatment within guidelines issued by the British Endodontic Society

Some areas of the practice's infection control procedures did not follow guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'