

Mr Osman Mohammed

# Mr Osman Mohammed

## Inspection report

259 Manningham Lane  
Bradford  
BD8 7EP  
Tel: 01274499365

Date of inspection visit: 11/07/2023 and 02/08/2023  
Date of publication: 07/09/2023

### Overall summary

We carried out this unannounced focused inspection 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 planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, the following 5 questions were asked:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained. There were areas where general cleaning needed to be improved.
- The infection control procedures did not fully reflect published guidance, this was addressed by staff.
- Staff did not know how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available. This was addressed by the provider.
- The practice did not have effective systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes needed updating. Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice recruitment procedures did not reflect current legislation.

# Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- There was ineffective leadership and no systems to ensure continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## 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 visits we spoke with the dentist, 1 dental nurse and 2 receptionists. 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

## **We identified regulations the provider is not complying with. They must:**

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

## **Full details of the regulation the provider is not meeting are at the end of this report.**

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. In particular, recording a diagnosis of periodontal disease where applicable.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Enforcement action</b> ✗

# Are services safe?

## Our findings

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

Following the temporary closure, patient safety risks were mitigated and the impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice safeguarding processes were not up to date, contact information for the local safeguarding teams was incorrect. Staff completed training and knew their responsibilities for safeguarding vulnerable adults and children. They described a recent safeguarding example where the correct action was taken, however this had not been documented. We highlighted the level of safeguarding training and intervals required for the different roles of the staff team.

The practice's whistleblowing policy should be improved by including information about local sources of support. Staff were not aware who to approach externally if they had any concerns.

On our 1st visit the practice had infection control procedures which did not reflect published guidance. Discussions with staff highlighted that their knowledge was not up to date with current nationally agreed guidance.

- Staff did not ensure the correct solution was used in the ultrasonic bath to ensure its efficacy.
- An illuminated magnification device was available but not used to inspect instruments before sterilisation. We noted some instruments still had dental cements on them after sterilisation.
- Manual cleaning was not carried out in line with nationally agreed guidance. This was carried out under running water and a metal bur brush was used, staff were not aware this causes damage to instruments and assists with the adherence of debris.
- The storage of instruments should be improved. Some instruments were stored loose in drawers and staff were not aware of the reprocessing intervals for sterilised instruments.

On our 2nd visit we saw these areas had been addressed. The solutions used for manual and ultrasonic cleaning were in line with manufacturer's instructions. Instruments were inspected appropriately before sterilisation and all sterilised instruments were visibly clean, pouched and stamped with the date for reprocessing.

We discussed the solution for manual cleaning should be deeper to ensure instruments are fully immersed during cleaning.

Staff disinfected dental impressions before sending these to the dental laboratory. They did not know if dental devices needed disinfecting when they were returned from the laboratory. A staff member contacted the laboratory who informed them they should disinfect these when received. Staff then created a log sheet to implement and evidence this.

An infection and prevention control audit had been carried out in April 2023. This had not highlighted the issues raised by the inspection, and we noted some questions had been answered incorrectly. For example, that washable keyboards or keyboard covers were used in the treatment room when they were not.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. A recommendation to remove a 'dead leg' section of piping had been actioned. We noted only hot water temperatures were monitored. We discussed that monthly hot and cold-water temperatures, and weekly flushing of unused taps should be undertaken and documented.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Gypsum study models were not disposed of in line with guidance.

# Are services safe?

The practice appeared clean and staff ensured it was kept clean. On our second visit staff told us they had reviewed cleaning processes to remove cobwebs from high ceilings.

The recruitment policy was not up to date. Disclosure and Barring Service (DBS) checks were not carried out or risk assessed for new staff members. There were no blood results to evidence that hepatitis B vaccinations had been effective for 1 clinical staff member.

Clinical staff were qualified and registered with the General Dental Council. We saw the professional indemnity cover for the dentist (which also provided cover for the dental nurses) was not sufficient for the number of sessions worked. Evidence was later sent that this had been increased appropriately.

On our 1st visit staff could not demonstrate that equipment was safe to use, maintained and serviced according to manufacturers' instructions. The steriliser and dental compressor were overdue for pressure vessel testing and servicing. This was arranged and carried out after our 1st visit.

Validation of the ultrasonic cleaner was carried out, but this was not effective. Staff were not aware what the expected results of efficacy tests should be. After reviewing the manufacturer's instructions, we saw the expected results were not being achieved to show the ultrasonic cleaner was operating effectively.

Staff carried out daily validation checks on the autoclave but were not aware that evidence of all complete sterilisation cycles needed to be maintained.

The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. Staff completed training and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and radiation protection information was available. Local rules for the safe operation of X-ray equipment were not up to date with current regulations.

## **Risks to patients**

The practice had systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. Staff were familiar with the action to be taken in the event of a sharps injury. Staff were not aware of the signs and symptoms of sepsis and there were no resources to support staff to triage patients effectively. We signposted the provider to training and resources to support the implementation of this.

On our 1st visit some items of medical emergency equipment were available, but these were not checked in accordance with national guidance and staff were not familiar with their use. The automated external defibrillator (AED) battery had been removed from the device and when inserted it we saw there was insufficient battery power. There were no emergency medicines available.

Staff did not know how to respond to a medical emergency. There was no evidence they had completed annual training in emergency resuscitation and basic life support.

We agreed with the provider that the practice would cease providing any care until appropriate emergency equipment and medicines were in place, and staff trained and confident in their use.

At our 2nd visit emergency medicines and a new AED were in place. All staff had completed training and demonstrated confidence in the use of the equipment and medicines. Prompt notices were in place to support staff to respond to medical emergencies. We highlighted that additional adrenaline should be obtained to ensure the correct dose could be administered to children under 6, and for repeat doses as necessary. This was obtained after the inspection.

# Are services safe?

The practice did not have up to date risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The file had not been updated to remove substances no longer used and ensure those now in use were suitably risk assessed and used in line with the manufacturer's instructions.

## **Information to deliver safe care and treatment**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. We highlighted the importance of documenting all significant events, including where staff took the correct action. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. We highlighted that the documentation of gum disease diagnosis and the information provided to patients about this should be improved.

Staff were aware of local and national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentist justified and graded the radiographs they took. We saw the findings of radiographs were not always reported on in patient care records. The practice did not carry out radiographic quality audits six-monthly following current guidance.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff told us they had an induction, but this was not documented. The system to obtain evidence of continuing professional development required for clinical staff registration with the General Dental Council was not effective. For example, there was no evidence of up-to-date infection prevention and control training for 1 clinical staff member. The dentist had not completed the recommended 5-yearly radiation protection training, on the 2nd visit we saw evidence this had been booked.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

We saw staff were welcoming, compassionate and understanding when patients were in pain, distress or discomfort.

### **Privacy and dignity**

The systems to ensure staff are aware of the importance of privacy and confidentiality should be reviewed. We heard patient medical history information being discussed in front of other patients.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's NHS Choices website and displayed information in the waiting room provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example X-ray images.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff spoke Arabic and Urdu. They were clear about the importance of providing emotional support to patients when delivering care.

### **Timely access to services**

The practice displayed its opening hours and provided information on their NHS Choices website.

The practice was inundated with requests for urgent care. Staff endeavoured to offer appointments within an acceptable timescale for their needs and fit additional patients experiencing pain in where possible. As a result, patients were sometimes queuing in the premises and kept waiting. Staff informed them when the dentist was not running to time.

The practice's NHS Choices website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The practice also provided urgent care during weekday evenings. Patients accessed this by contacting the NHS 111 service.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff had implemented a verbal complaints book to quickly bring any patient complaints or queries to the attention of the provider who documented their response.

# Are services well-led?

## Our findings

We found this practice was not providing well-led 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). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

The provider did not demonstrate a transparent and open culture in relation to people's safety. We found a lack of leadership or efforts to ensure people's safety and continually striving to improve until failings were brought to their attention through the inspection process. Following the temporary closure, patient safety risks were mitigated.

Systems and processes had not been established and the inspections highlighted several significant issues and omissions; some of which had also been highlighted at previous inspections.

The provider focused on delivering patient care in an area of very high needs. They did not have effective processes to delegate duties or develop staff with additional roles and responsibilities to support the provider to ensure oversight of the service.

### **Culture**

Staff could show how they ensured sustainable services. They stated they felt respected, supported and valued. They were proud to work in the practice.

Staff had recently discussed training needs during an appraisal. We saw these had identified additional training for them to undertake. These included infection prevention and control, customer care and sepsis awareness training modules.

### **Governance and management**

The practice governance system which included policies and procedures was held on a memory stick and staff were not aware of this. We saw these policies had not been reviewed since 2018.

Whilst the provider was responsive to discussion and feedback during the inspection visits, and made the necessary immediate improvement where safety issues were highlighted by the inspection process, there were no established processes for identifying or managing risks or issues for themselves:

- The provider had not ensured that staff had the training and resources to respond to medical emergencies.
- Professional indemnity cover was insufficient for all staff.
- Infection prevention and control processes were not in line with nationally agreed guidance.
- Equipment was not serviced at the appropriate interval and the validation of some equipment was ineffective.
- Hazardous substances were not risk assessed or used in line with manufacturer's instructions.
- Recruitment and induction procedures did not reflect current legislation.
- Radiation protection information was not up to date and the operator had not completed required radiation protection training within the required timeframe.

The provider had not ensured recommendations made in previous inspections in 2019 and 2020 were acted on. These included medical emergency arrangements, assessing hazardous substances and radiation protection. Previous reports show they were responsive to putting right issues CQC inspectors brought to their attention, but the lack of systems for ongoing monitoring resulted in repeated issues arising in these areas.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

# Are services well-led?

The practice had information governance arrangements. We discussed the importance of protecting patients' personal information with staff.

## **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through occasional meetings and informal discussions. Staff said suggestions for improvements to the service were listened to and acted on where appropriate.

## **Continuous improvement and innovation**

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, radiographic equipment, antimicrobial prescribing and infection prevention and control. Audits were ineffective and opportunities to highlight issues raised by the inspection had been missed. Audits of radiographic quality were not carried out. Audits of patient care records had not highlighted issues on periodontal diagnosis and informing patients. Audits of infection prevention and control had been completed incorrectly and had not highlighted the issues raised by the inspection.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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>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. In particular:</p> <ul style="list-style-type: none"><li>• There was ineffective leadership and no systems to ensure continuous improvement, or ensuring recommendations made in previous inspections in 2019 and 2020 were acted on.</li><li>• The registered person had not ensured that staff had the training and resources to respond to medical emergencies.</li><li>• The practice had infection control procedures which did not reflect published guidance. Discussions with staff highlighted that their knowledge was not up to date with current nationally agreed guidance.</li><li>• The registered person did not have effective systems to identify or manage risks for patients, staff, equipment and the premises.</li><li>• The registered person did not have systems to ensure equipment was safe to use, maintained, validated and serviced according to manufacturers' instructions.</li><li>• Recruitment and induction procedures did not reflect current legislation.</li><li>• The registered person did not have systems to ensure professional indemnity cover (which also provided cover for the dental nurses) was sufficient.</li><li>• Staff were not aware of the signs and symptoms of sepsis and there were no resources to support staff to triage patients effectively.</li></ul>

## Enforcement actions

- Hazardous substances were not effectively risk assessed or used in line with manufacturer's instructions.
- Legionella control measures were not fully implemented. Cold-water temperatures and weekly flushing of unused taps were not carried out and documented.
- The registered person did not have effective systems to obtain evidence of continuing professional development required for clinical staff registration with the General Dental Council.
- Audits were ineffective and opportunities to highlight issues raised by the inspection had been missed.
- The findings of radiographs were not always reported on in patient care records. The practice did not carry out radiographic quality audits six-monthly following current guidance.

Regulation 17(1)