

Mr Mobeen Ahmed

St Mark Dental Surgery

Inspection Report

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Overall summary

We undertook a focused inspection of St Mark Dental Surgery on 13 November 2018. 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.

Previously, we had undertaken a comprehensive inspection 11 April 2018 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. You can read our report of that inspection by selecting the 'all reports' link for Denteam Dental Care on our website 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?

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 5pm. It opens later on a Wednesday evening until 7pm. 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 two reception staff. 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 the principal dentist and a dental nurse/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our findings were:

The provider had made satisfactory improvements in relation to the regulatory breaches we found at our previous inspection and was now was providing well-led care in accordance with the relevant regulations. These improvements must be sustained in the long-term.

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

Summary of findings

- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

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 providing well-led care in accordance with the relevant regulations.

Satisfactory action had been taken to address the shortfalls we had identified at our previous inspection. For example, disclosure and barring checks had been undertaken for all staff to ensure they were suitable to be employed at the practice; fire evacuation rehearsals had taken place; staff had undertaken emergency medical response training; legionella risk was managed more effectively and audit systems had improved.

No action



Are services well-led?

Our findings

At our previous inspection on 17 April 2018, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 13 November 2018, we found that staff had implemented the following improvements.

- Disclosure and barring checks had been undertaken for all staff working at the practice and we viewed appropriate certificates. Key employment information was available for the locum nurse who worked at the practice.
- The principal dentist told us that all dentists were now using rubber dams. However, he was not able to fully evidence this as no audit had been undertaken to assess this.
- The practice's business continuity plan had been updated, although needed to include contact details of key utilities companies and staff.
- As recommended by the practice's fire risk assessment in July 2017, full fire evacuation, simulations involving patients had been undertaken in May and August 2018.
- Staff had undertaken CPR training on 7 June 2018, and plans were in place to regularly practice medical emergency simulations to help keep their knowledge and skills up to date.
- Rectangular collimators were available on X-ray units to reduce patient exposure.
- A sharps risk assessment had been completed and sharps injury protocols were on display where needles were used. Clinicians did not use the safest types of sharps however, citing a lack of finances to pay for them as the reason.
- Recommendations from the practice's legionella assessment had been implemented and staff were now monitoring water temperatures every month. Lime scale build up around taps and sinks had been removed, making them easier to clean.
- An infection control audit was undertaken in September 2018 and shortfalls identified in relation to the management of clinical waste had been rectified.
- The temperature of the fridge where medicines were stored was now monitored to ensure it worked effectively. However, this was done weekly and not each day as recommended in best practice guidance.
- Prescription pads were stored securely and a tracking system had been implemented to identify any theft or loss.
- A system to record significant and untoward events had been implemented and we viewed completed records in relation to a number of events.
- Audits of the quality of dental care records had been undertaken to ensure they met national guidelines for completion.
- We viewed certificates which showed that staff had undertaken recent training in the Mental Capacity Act, Safeguarding people, and Equalities and Diversity.
- A new ramp had been installed to assist wheelchair users access the practice. The medical history form had been produced in large print and translated into five different languages to assist patients who did not speak or understand English.
- Information about how patients could raise their concerns and complaints was now available in the waiting area.

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