

Mr. John Matthew Chester Burnham

Percival and Burnham Dental Surgery

Inspection Report

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Date of inspection visit: 30 December 2019
Date of publication: 31/01/2020

Overall summary

We undertook a follow up desk-based inspection of Percival and Burnham Dental Surgery on 30 December 2019. 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Percival and Burnham Dental Surgery on 29 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 well led care and was in breach of regulations 12 and 17 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 Percival and Burnham Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 30 December 2019.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 30 December 2019.

Background

Percival and Burnham Dental Surgery is in Sheffield and provides mainly NHS care and treatment for adults and children.

Summary of findings

There is ramp access from the pavement to the practice, where there is a single step to enter the practice. A portable ramp is available to assist people who use wheelchairs and those with pushchairs. Car parking spaces available near the practice on local roads.

The dental team includes three dentists, five dental nurses (two of whom are trainees), one dedicated receptionist who is also an assistant manager and two practice managers. The practice has two treatment rooms.

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 practice manager. We reviewed practice policies and procedures and other records about how the service is managed.

The practice is open: Monday – Friday 8:30am – 6pm

Our key findings were:

- Legionella management systems were in line with recommended guidance.
- A risk mitigation system was place for staff waiting for confirmation of Hepatitis B vaccination effectiveness.
- Fire safety management systems were managed in line with current regulations.
- Safer sharps systems were in line with current regulations.
- Sepsis awareness systems were in place and were embedded.
- Risk assessments for the use of materials that are hazardous to health were in place.
- A system was in place to respond to patient safety alerts.
- Learning and continuous improvement from audits was effective.
- The practice now complied with guidance relating to the completion of dental care records.
- The practice now complied with guidance relating to the frequency to take radiographs.
- Dental care records were kept securely in line with current regulations.

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 well-led?

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 29 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 30 December 2019 we found the practice had made the following improvements to comply with the regulation:

At our previous inspection we found legionella management systems were not carried out in line with the risk assessment. The provider acted immediately after the inspection and sent supporting evidence to demonstrate the following actions had taken place:

- A plumber was contracted to review the water quality and service the boiler.
- An updated system was implemented to ensure temperature checks were carried out in line with the risk assessment.
- A staff meeting was carried 30 October 2019 to discuss changes taking place as a result of the inspection.
- Thermometers were replaced to test hot and cold-water temperatures.
- A new legionella risk assessment was being planned for early 2020.
- A significant event report was written to document the communication and leadership breakdown found during the inspection in respect to legionella management process failings.

A risk assessment was carried out on the 30 October 2019 for one member of staff whose Hepatitis B vaccination result was pending. The risk assessment included risk mitigation for chairside assistance, decontamination procedures, handling of dental instruments and contaminated waste.

Fire safety management systems were managed in line with current regulations. Supporting evidence sent to us included:

- A comprehensive in-house fire risk assessment was completed the day after our initial inspection.
- Fire training for the whole team was completed 30 October 2019.

- An independent fire risk assessor completed a risk assessment on the 5 November 2019.
- New torches were available for use as emergency lighting in the event of a fire, in line with the in-house risk assessment.
- Staff were involved in reviewing dental materials within their work area to ensure flammable items were stored safely.
- All unnecessary paper content was removed from the reception area.

Safer sharps systems were in line with current regulations. Supporting evidence sent to us after the inspection was as follows:

- The team was updated on the new safer sharps process and this was embedded at the practice meeting dated 30 October 2019. Safer sharps training was also completed by all staff.
- The sharps risk assessment was updated to reflect all sharps in use and included handling and disposal responsibility.
- All sharps were disposed of at point of use.
- Notices were posted throughout all clinical areas to ensure the new sharps process was being followed.

During our previous inspection, we noted systems were not in place to identify and respond to patients at risk of sepsis. Staff were unaware of relevant guidance and had not completed awareness training. Action taken after the inspection in October 2019 included:

- Sepsis awareness training for all staff.
- Posters displayed in patient waiting areas and a sepsis awareness procedure for staff to follow were laminated and located in the reception area.
- IT software was updated to provide a sepsis symptoms base note marker for clinicians.

Risk assessments for the use of materials that are hazardous to health were in place.

The principal dentist registered to receive patient safety alerts on the day of initial inspection. Supporting evidence sent to us after this inspection confirmed that the new process to receive and act upon patient safety alerts was discussed during a practice meeting and a retrospective check had since taken place.

Are services safe?

These improvements showed the provider had taken action to comply with the regulation: when we inspected on 30 December 2019.

Are services well-led?

Our findings

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

At our previous inspection on 29 October 2019 we judged the provider was not providing well led 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 30 December 2019 we found the practice had made the following improvements to comply with the regulation:

The principal dentist took action immediately after the initial inspection on 29 October 2019 and began to send supporting evidence to confirm actions taken. The team have sent evidence since to demonstrate where improvements had taken place to embed system into their practice. In particular:

- Legionella management systems were in line with recommended guidance.
- A risk mitigation system was place for staff waiting for confirmation of Hepatitis B vaccination effectiveness.
- Fire safety management systems were managed in line with current regulations.
- Safer sharps systems were in line with current regulations.

- Sepsis awareness systems were in place and were embedded.
- Risk assessments for the use of materials that are hazardous to health were in place.
- A system was in implemented to respond to patient safety alerts.

The principal dentist sent supporting evidence to demonstrate that learning and continuous improvement from audits was now embedded, for example:

- The practice now complied with guidance relating to the frequency to take radiographs and the completion of patient dental care records. The most recent audits dated October 2019 showed action plans were in place with learning outcomes identified for improvement. Guidance posters were visible in clinical areas to help keep the dentists up to date with the frequency to take radiographs and the requirements for recording information in patient dental care records.

Patient dental care records were removed from the open shelving in the reception area and placed into secure metal cabinets. Evidence of this was sent to us to confirm that these were kept securely in line with current regulations.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 30 December 2019.