

Mr Keith Thomas Burns

# Keith Burns Associates

## Inspection Report

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### Overall summary

We carried out this announced inspection on 11 July 2019 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- 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:**

##### **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

##### **Background**

Keith Burns Associates is in the City of London and provides private dental treatment to adults.

There is level access for people who use wheelchairs and those with pushchairs. There are transport links near the practice including London Underground and national rail services.

The dental team includes two dentists, one orthodontist, one oral surgeon, two dental nurses, three dental hygienists, and a practice manager. The practice has three 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.

# Summary of findings

On the day of inspection, we collected three CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with one dentist, both dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.30am-6.00pm Monday to Thursdays and 8.30am-4.00pm Fridays.

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider did not ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The practice did not have suitable arrangements to ensure the safety of the X-ray equipment.
- The provider had appropriate information governance arrangements.
- Systems to assess, monitor and manage risks to patient safety required improving. Audits were not undertaken in line with current guidance and legislation.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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






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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting.

# 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>Requirements notice</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>Requirements notice</b>	

# Are services safe?

## Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations. 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.

We have told the provider to take action (see full details of this action in the Requirement Notices 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.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training, although certificates were not available for members of the clinical team. Staff assured us they had completed the training.

Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant

legislation. We looked at seven staff recruitment records. These showed the provider generally followed their recruitment procedure. Some documentation was missing from files including copies of interview notes and references.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider did not ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, there was no evidence of five-year fixed wire electrical testing. Portable appliances had not been tested for safety.

Records showed that fire detection and firefighting equipment were regularly tested.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. There was no appointed radiation protection adviser and they did not have a radiation protection file. No evidence was made available to us on the day or later that servicing and relevant checks regarding the safety of X-ray equipment had been undertaken.

We did not see evidence that the dentists justified, graded and reported on the radiographs they took. The provider told us they would start carrying out audits as soon as possible.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

Systems to assess, monitor and manage risks to patient safety required improving. For example, a legionella risk assessment had not been completed, risks relating to the safety of X-ray equipment had not been considered and servicing had not been carried out.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety

# Are services safe?

regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but was not comprehensive and did not consider all sharps found in a dental surgery.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year as a team.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks to equipment and medicines with the exception of medical oxygen cylinder, which was past its use by date. The practice made arrangements to order a new oxygen cylinder immediately and sent confirmation shortly after the inspection of the purchase.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A written risk assessment was not in place for when the dental hygienist worked without chairside support. However, the practice manager explained the risks which they had considered and told us they would review putting this into a written document.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were cleaned and sterilised in line with current recognised standards..

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The provider did not have procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. They were not carrying out water temperature testing. Dental unit water lines though were being flushed in line with guidance. The provider advised us that they had received advice that a risk assessment was not necessary. We discussed guidance relating to legionella in dental practice and the provider told us they would review their policy. Shortly after the inspection the provider contacted us to advise that they had arranged for an external company to carry out a legionella risk assessment.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated. Clinical waste was stored in a room which was not secure. Shortly after the inspection the provider contacted us to confirm that they had made the required improvement to security.

The provider had not been routinely carrying out infection prevention and control audits. They had completed one in June 2019 and told us that they planned to carry audits out every six months.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

# Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of private prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety and Lessons learned and improvements**

Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one accident. We saw that this was documented appropriately in the accident book.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient was eligible for orthodontic treatment through the NHS. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

Staff had access to intra-oral cameras and microscopes to enhance the delivery of care. For example, one of the dentists had an interest in endodontics (root canal treatment). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

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

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

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

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

### **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

### **Effective staffing**

Staff new to the practice had a period of induction based on a structured programme, including locum staff. We saw evidence that some clinical staff completed the continuing professional development required for their registration with the General Dental Council. Certificates were missing for some staff so we were unable to confirm they were meeting requirements.

Staff discussed their training needs at informal meetings and during clinical supervision. There was no formal appraisal system in place; however staff told us that they felt supported and confident to discuss development matters.

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

# Are services effective?

(for example, treatment is effective)

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

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

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were respectful, caring and treated them very well. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients comments indicated that staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information leaflets were available for patients to read.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could take them into another room.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 were aware of the

the requirements under the Equality Act.

We saw:

- Interpretation services were available for patients who did speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and an intra-oral camera.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that 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. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

For example, staff told us that they booked double appointments for nervous patients who may require more time in the treatment room. They also made calls to all patients the day after they received treatment to review their well-being.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access into the building and portable ramp for access inside the building. There was also an accessible toilet with hand rails and a call bell.

A disability access audit had not been completed.

### **Timely access to services**

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

# Are services well-led?

## Our findings

We found that 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 Requirement Notices 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 principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Staff told us that the practice owner and the practice manager were available and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

### **Culture**

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

### **Appropriate and accurate information**

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

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

The provider used online patient feedback to obtain patients' views about the service. We saw examples of feedback patients had provided.

The provider gathered feedback from staff through informal discussions. Staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

Systems and processes for learning, continuous improvement and innovation required improving.

The provider did not have quality assurance processes to encourage learning and continuous improvement. They were not completing audits such as for radiographs and infection prevention and control. A disability access audit had not been undertaken.

This section is primarily information for the provider

## Requirement notices

### 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 12</b></p> <p><b>Safe Care and treatment</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <p>Clinical waste was not stored securely</p> <ul style="list-style-type: none"><li>• On the day of the inspection staff were unable to locate a radiation protection file and were unsure if they had one. No evidence was made available to us on the day or later that servicing and relevant checks regarding the safety of X-ray equipment had been undertaken.</li><li>• Fridge temperatures were not being monitored or recorded. This meant they could not be assured that medicines stored in the fridge were stored in line with manufacturer's guidelines.</li><li>• A legionella risk assessment had not been carried out and there was no evidence of water temperature testing.</li></ul> <p>Regulation 12 (1)</p>
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><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p>

## Requirement notices

### Regulation 17

#### Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- A disability access audit had not been completed
- Infection control and radiography audits were not being carried out in accordance with current national guidance and legislation.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities.

In particular:

Recruitment documents such as interview notes, and evidence of satisfactory conduct in previous employment were missing from some of the staff records we reviewed.

- Certificates were missing from clinical staffs' records, so they were unable to evidence completed continuing professional development (CPD).

This section is primarily information for the provider

## Requirement notices

There was additional evidence of poor governance. In particular:

A comprehensive sharps risk assessment had not been undertaken to suitably consider risks from all sharps found in the dental surgery.

Regulation 17 (1)