

Mr Keith Thomas Burns

Keith Burns Associates

Inspection Report

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Date of inspection visit: 19 August 2020
Date of publication: 18/09/2020

Overall summary

We undertook a desk-based review of Keith Burns Associates on 19 August 2020. This review was carried out to consider 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of Keith Burns Dental Practice on 11 July 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 Keith Burns Associates 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 follow up after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

We found the 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 11 July 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 11 July 2019.

Background

Keith Burns Associates is in 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 the principal dentist, one associate dentist, one orthodontist, one oral surgeon, two dental nurses, three dental hygienists and a practice manager. The practice has three treatment room.

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

The practice is open:

- Monday to Thursdays 8.30am – 6.00pm
- Fridays 8.30am – 4.00pm

Our key findings were:

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 11 July 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. During the desk-based review on 19 August 2020 we found the practice had made the following improvements to comply with the regulation(s):

- The provider was carrying out appropriate water temperature testing and they were recording fridge temperatures
- A legionella risk assessment had been carried out by an external company

- Portable appliance testing had been carried out and a certificate was produced to evidence this.
- The provider has access to medical oxygen
- The provider had a radiation protection file and appointed a Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS)
- Evidence was provided to confirm that clinical waste was being stored securely
- Staff had completed safeguarding training to the required level

These improvements showed the provider had taken action to comply with the regulation(s): when we reviewed them on 19 August 2020.

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 11 July 2019 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. The desk-based review completed on 19 August 2020 found the practice had made the following improvements to comply with the regulation:

- The provider was undertaking infection control and radiography audits
- A disability access audit had been completed

- The provider had not recruited anyone since the last inspection. However, the practice manager explained the process they would follow if they were recruiting a new member of staff. The explanations were in line with recruitment checks we would expect and reflected relevant legislation.
- The provider had made improvements in relation to their sharps risk assessment and assessing the risks of sharps in a dental setting. Improvements were still required to ensure that all sharps in a dental setting were considered.

These improvements showed the provider had taken action to comply with the regulation(s): when we inspected on 19 August 2020.