Mr. Geoffrey Burr

G M Burr & Associates

Inspection Report

101 High Street
Welling, Kent
DA16 1TY
Tel: 020 8303 4545
Website: http://gmburr.co.uk/

Date of inspection visit: 28 April 2017
Date of publication: 24/05/2017

Overall summary

We carried out this announced inspection of G M Burr & Associates on 28 April 2017 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 Care Quality Commission 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 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

G M Burr & Associates is in Welling, in the London Borough of Bexley, and provides approximately 33% NHS and 67% private treatment to 5000-6000 patients of all ages.

The practice is based on the first floor of a converted house and there is no level access for people who use wheelchairs and pushchairs. There is public car parking available near the practice with spaces reserved for disabled badge holders.

The dental team includes three dentists, four dental nurses, a practice manager and a receptionist. The practice has three treatment rooms.

Summary of findings

The practice is owned by an individual. 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.

On the day of inspection we collected feedback from 49 patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 9am to 12.30pm, and from 1.30pm to 5.30pm. It is closed on weekends and bank holidays.

Our key findings were:

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough 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.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had infection control procedures, though they did not always reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, though improvements were needed in relation to monitoring processes.
- The practice had systems to help them manage risk, though improvements were needed in relation to ensuring risk assessments were conducted thoroughly and by qualified professionals.
- The practice was not visibly clean or well-maintained in all areas.
- Improvements could be made to ensure that all staff received fire safety training and regular infection control training updates.

Shortly after the inspection the practice took steps to begin to address the issues we identified.

We identified regulations the provider was not meeting. They must:

- Ensure systems are in place to assess, monitor and improve the quality of the service.
- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

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

- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, and supervision of all staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice had policies and procedures to ensure essential recruitment checks would be conducted for new staff.

The majority of the premises and equipment were clean and properly maintained, though cleaning processes could be improved in areas. The practice did not always follow national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies, although improvements were needed in relation to monitoring processes.

Shortly after the inspection the practice took steps to begin to address the issues we identified.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, safe and well-explained. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this; though we found these systems were not effective in all cases. Improvements could be made to ensure all staff received fire safety training and regular infection control training updates.

Shortly after the inspection the practice took steps to begin to address the issues we identified.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring, kind and understanding. They said that they were given clear explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

During the inspection we saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action ✓

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for families with children. The practice had access to interpreter services and explained how they would help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice ✗

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were clearly written and stored securely, though some information had not been recorded in line with current guidance.

The practice had systems to help them manage risk, though improvements were needed in relation to ensuring risk assessments were conducted thoroughly and by competent individuals.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

At the time of the inspection and shortly after, the practice took steps to begin to address issues we identified.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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 practice 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff told us they checked the medicines and equipment regularly to ensure they were within their expiry date and in working order, but they did not keep records of these checks.

We found that there was no use by date on the oxygen cylinder.

There were no child face masks for use with the oxygen, and the practice did not have the full range of oropharyngeal airways in accordance with Resuscitation UK guidelines.

Shortly after the inspection, the practice submitted evidence showing a new oxygen cylinder had been procured and they ensured a maintenance contract for the cylinder was in place. They also ordered an additional airway and the appropriate face masks.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The practice had not recruited any new staff for several years.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments which covered general workplace and specific dental topics. The majority of them were up to date, comprehensive and reviewed to help manage potential risk, though improvements needed to be made. For example, the fire risk assessment covered a limited number of risks and had not been completed by a competent individual; it had been completed by the principal dentist and practice manager who had not completed any fire safety training.

Shortly after the inspection the practice told us all staff except the practice manager had received fire safety training, and they were reviewing the need to conduct a new fire risk assessment with an external contractor.

The practice had current employer's liability insurance and the clinicians' professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health, though there were areas that required improvement.

For example, barriers used to protect chair and equipment handles from bodily fluids, and paper towel rolls, had been left exposed to aerosol contamination in a surgery. After the inspection staff told us all barriers and paper towel rolls had been safely stored.

Staff used bur brushes to scrub contaminated instruments, which was not in line with current guidance. After the inspection the practice told us they had implemented a policy to cease the use of bur brushes.

Floor surfaces in all of the surgeries were not coved.

Bur pots used to store dental burs in the decontamination area were not fit for use due to rusting; the practice ordered new bur pots shortly after the inspection.

Staff had completed in-house infection prevention and control training in 2013; this was updated online in 2016. They told us this training had been updated in-house every six months by the practice's infection control lead, but this had not been documented. Shortly after the inspection the practice arranged for further online infection control training for staff.

There were immunisation records for the majority of staff to demonstrate that they were adequately immunised against communicable diseases, but this was not in place for a staff member. Shortly after the inspection the practice told us the staff member had undergone a blood test to determine their immunity status, and they were waiting for the results.

We saw cleaning schedules for the general areas of the premises, but there were none in place for the surgeries. Not all of the surgeries and equipment (such as the fridge, chair lights and spittoons) were visibly clean. After the inspection the practice manager created cleaning schedules for each surgery to ensure cleaning would be carried out consistently.

Records showed equipment staff used for cleaning and sterilising instruments was used in line with the manufacturers' guidance. The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments, but these were not always in line with HTM01-05 guidance. For example, staff told us they transported pouched sterilised instruments in the same box they used to transport contaminated instruments.

The practice was not conducting daily steam penetration tests to ensure that the steam penetration of each sterilisation cycle was efficient, and the dental nurse used a reusable cloth to dry instruments instead of a disposable one. Shortly after the inspection the practice ordered steam penetration testing strips, and told us they had created record forms for logging these tests. They also told us they had begun to use disposable cloths.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards, though we found that it contained inaccurate information. For example, it stated that water used to scrub instruments during the decontamination process below 45C, but we observed that the dental nurse was not conducting temperature tests using a thermometer. The audit identified that there were no tears in treatment chairs, that all flooring was coved, and that daily steam penetration tests were conducted, but we found that this was not the case. It also identified that daily flushing of water lines to prevent Legionella infection was not applicable though this was being done.

They also informed us they were in the process of reviewing the infection control audit, and that future audits would be conducted by a dentist and dental nurse to improve the process.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff told us they carried out checks in line with the manufacturers' recommendations, though this was not recorded for emergency equipment. Shortly after the inspection the practice created relevant logs.

There was no fire alarm or emergency lighting on the premises. The practice manager told us they were

reviewing the need to conduct a new fire risk assessment with an external contractor, and that a fire alarm and smoke alarm would be fitted by June 2017. There were smoke detectors; staff told us they checked these monthly to ensure they were in good working condition, and subsequently told us they would increase the frequency of these checks to a weekly basis.

The practice had systems for prescribing, dispensing and storing medicines. They stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

Two out of six dental care records we checked showed that although the dentists graded and reported on the X-rays they took, they did not always record the justification of the X-rays.

The practice told us they had begun to audit clinical records the day prior to the inspection to ensure the dentists had recorded the necessary information.

The practice carried out X-ray audits every year following current guidance and legislation, though improvements could be made. For example there was no record of the aims and objectives of the audit, or any improvement action plan. Shortly after the inspection the practice manager informed us that they had downloaded templates to ensure that this information would be recorded in future.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

The practice had started a dental care record audit on the previous day and had reviewed one care record. Prior to this no checks had been undertaken since 2010 to ensure dentists were recording the necessary information in the dental care records.

The records we looked at showed the dentists had not recorded justification for taking X-rays in some cases, and had not recorded the frequency at which patients should attend the practice in others. After the inspection the practice informed us they had discussed with clinicians the importance of recording this information.

Health promotion & prevention

The practice carried out preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists told us that where applicable they 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.

Staffing

The practice had a structured induction programme in place. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council, though they had not completed fire safety training, and there was no evidence to demonstrate that infection control training had been regularly updated or that any formal infection control training had been completed.

Shortly after the inspection the provider arranged for further online infection control training for staff, and all staff except the practice manager completed fire safety training.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were helpful, friendly and caring. We saw that staff treated patients with respect, and were friendly towards patients at the reception desk and over the telephone. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. Staff did not leave personal information where other patients might see it. During the inspection we did not hear any confidential information being disclosed, though one feedback we received mentioned that doors to surgeries were often left open, and they had previously heard discussions taking place between dentists and patients.

After the inspection the practice manager told us they had re-iterated the importance of ensuring surgery doors were kept shut when patients were undergoing consultations or treatment.

The practice stored paper records securely.

Music was played in the treatment rooms and there were magazines in the waiting room.

Information leaflets and patient survey results were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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

Staff used visual aids to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had few patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they telephoned patients that had received complex treatments the day after their appointment to check on their well-being.

Promoting equality

The practice was located on the first floor of the premises. There was no step free access, hearing loop or accessible toilet. Staff told us patients with sight problems usually attended with guide dogs, but they would offer assistance to and from the surgery and staircase if needed. They told us they did not have any patients with enhanced hearing problems, and that they would speak louder if needed.

Staff said they had access to interpreter services which included British Sign Language.

Access to the service

The practice displayed its opening hours in the premises and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The practice was committed to seeing patients experiencing pain on the same day and kept morning and afternoon appointments free for same day appointments. Their answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

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 practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements, though there was room for improvement. For example, the fire risk assessment had identified a limited number of risks; it had been conducted by the principal dentist and practice manager, neither of whom had received fire safety training.

Shortly after the inspection the practice told us they were reviewing the need to conduct new fire safety and health and safety risk assessments with an external contractor.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings, and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly documented meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control.

They had clear records of the results of these audits, but there was no record of aims and objectives, or any resulting action plan for improvements. Shortly after the inspection the practice manager told us they had downloaded relevant forms to ensure that this information would be recorded in future.

The infection control audit contained inaccurate information; it had identified that some actions were occurring (such as water temperature monitoring and daily steam penetration tests) which we found were not in place. After the inspection the practice told us they were in the process of reviewing the audit, and that future audits would be conducted by a dentist and dental nurse to improve the process.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff had annual appraisals. They discussed learning needs, general well-being and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. Staff told us they completed key training including basic life support, information governance, and safeguarding each year, though no staff had completed fire safety training.

There was no evidence to demonstrate that infection control training had been regularly updated, or that formal infection control training had been completed. Six-monthly in-house infection control updates the practice told us occurred had not been documented.

Shortly after the inspection fire safety training was completed by all but one member of staff, and an online infection control training update was booked.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used comment cards and verbal comments to obtain staff and patients' views about the service.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The most recent FFT results for March 2017 showed 100% of 34 survey respondents were either extremely likely, or likely, to recommend the practice to their friends and family.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective systems in place to ensure that the regulated activities at G M Burr & Associates were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. This was in relation to: • infection prevention processes were not in line with recognised guidance; The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. This was in relation to: • an infection control audit had not been conducted in line with current national guidance; • fire risks had not been properly assessed. **Regulation 17(1)**