

Mrs. Helene Burns

# Mrs H Burns Dental Surgeon

## Inspection Report

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### Overall summary

We undertook a follow-up focused inspection of Mrs H Burns Dental Surgeon on 28 May 2019. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care, and to confirm whether the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Mrs H Burns Dental Surgeon on 29 January 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

We found the provider was not providing safe, effective and well-led care, and was in breach of regulations 9, 12, 15 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 Mrs H Burns Dental Surgeon on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the five questions are not met we require the provider to make improvements. We then inspect again after a reasonable time interval, focusing on the areas in which improvement was necessary.

As part of this inspection we asked:

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

#### **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 breaches we identified at our inspection on 29 January 2019.

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

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

# Summary of findings

The provider had made improvements in relation to the regulatory breach we identified at our inspection on 29 January 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 identified at our inspection on 29 January 2019.

## Background

Mrs H Burns Dental Surgeon is located in a residential area and provides NHS and private dental care for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for people with pushchairs. Car parking is available outside the practice.

The dental team includes the principal dentist, two trainee dental nurses and a receptionist/dental nurse. The practice has one 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.

During the inspection we spoke to the dentist, one of the trainee dental nurses and the receptionist/dental nurse.

We looked at practice policies and procedures and other records about how the service is managed. We also reviewed the provider's action plan and evidence sent to us to support the action plan.

The practice is open:

Monday to Friday 9.00am to 5.30pm.

The practice is closed for lunch between 12.00 and 2.00pm.

## Our key findings were:

- The practice had infection control procedures in place which reflected published guidance.
- Staff had completed safeguarding training and knew their responsibilities for safeguarding adults and children.
- All the recommended medical emergency equipment was available.
- The provider had robust staff recruitment procedures in place.
- Patients' care and treatment was provided in line with current guidelines.
- The provider had improved the practice's systems for managing risk.
- Staff felt involved and supported and worked well as a team.
- The provider had improved arrangements in place for monitoring staff training. Staff had undertaken refresher training where necessary.
- The provider had introduced measures to ensure good governance in the longer term.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### Are services safe?

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

The provider had obtained further medical emergency equipment and all the recommended medical emergency equipment was now available in the practice.

Dental equipment, including the X-ray machine and air compressor, had been tested and serviced.

The provider had reviewed and improved their procedures for ensuring X-rays were taken as safely as possible.

The dental team had attended refresher training in infection prevention and control and demonstrated to us the improvements which had been made to infection prevention and control procedures at the practice.

No action



### Are services effective?

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

The provider had attended refresher training to increase awareness of current guidance and had put improvements in place to ensure people's care and treatment achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

Dental care records confirmed the provider assessed patients' needs and provided care and treatment in line with recognised guidance.

No action



### Are services well-led?

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

The provider had introduced systems to prevent the re-occurrence of the concerns identified at our comprehensive inspection on 29 January 2019. The practice team had been involved in the improvement plans and staff had worked together to implement these.

The provider and staff demonstrated openness, honesty and transparency. They were open to discussion and feedback during the inspection.

The provider had improved the practice's systems for monitoring the quality and safety of the care and treatment provided. This included ensuring risks were identified and reduced, staff training needs were monitored, important dates for repeat testing of dental equipment were clearly identified, and recruitment procedures were improved.

Provision had been made for the regular review of policies, procedures and risk assessments to ensure they were in line with current guidance.

The provider had made improvements to the management of the service. All members of the practice team had been assigned clear roles and responsibilities.

No action



# Are services safe?

## Our findings

At our comprehensive inspection on 29 January 2019 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our enforcement action. At the follow-up inspection on 28 May 2019 we found the provider had made the following improvements to comply with the regulations and ensure care and treatment was provided safely.

- The provider had obtained the recommended sizes of oxygen mask for the self-inflating bag, oxygen masks with a reservoir, a new cylinder of medical emergency oxygen, and had replaced the automated external defibrillator. Staff showed us records of the checks they carried out on the medical emergency equipment and medicines to ensure they were available, in working order and within their expiry dates.
- We saw evidence that the provider used dental dam to protect the patient's airway during root canal treatment in accordance with current guidance from the British Endodontic Society.
- The provider had completed the General Dental Council's highly recommended radiography and radiation protection continuing professional development training.
- We saw the provider had introduced checks on the image quality of the X-rays taken, and on the X-ray developing process. Measures were in place when taking X-rays to reduce patient exposure to X-rays as much as possible, for example, X-ray film holders were available for use when taking X-rays to assist in correct positioning.
- We saw that dental materials in the treatment room were within their expiry dates.
- The provider recorded details of antibiotics which had been prescribed in dental care records and had also carried out an audit to ensure appropriate prescribing. The dental team had attended training to increase their awareness of sepsis.
- The provider was aware of the Department of Health publication "Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices" and had taken further account of the guidance as follows:
  - Staff carried out infection prevention and control audits.
- A Legionella risk assessment had been carried out at the practice. We saw that actions identified in the assessment had been completed in order of priority, or were in progress, including monitoring of the temperature of the water from the sentinel tap outlets and microbiological testing of the dental unit water lines to assist in controlling the development of Legionella. Staff had completed training in Legionella awareness.
- We saw the treatment room was uncluttered. Instruments were clean and available in sufficient numbers. Instruments were stored appropriately and where applicable disposed of after a single use.
- The practice was equipped with a magnifying inspection light for examining instruments to ensure they were clean.
- The dental team confirmed they had completed continuing professional development training in disinfection and decontamination as recommended by the General Dental Council.
- We saw the decontamination room was clean, uncluttered and dedicated for the decontamination of instruments. The decontamination room had clearly identifiable dirty and clean zones. Nailbrushes had been removed.
- Staff used detergent when manually cleaning instruments.
- We saw staff carried out the recommended tests on the sterilisation equipment. We saw the steriliser was equipped with a printer to record every sterilisation cycle. Staff were aware of what action to take should the steriliser fail.
- Appropriate information was readily accessible and available to staff about the action to take should they sustain an injury from a used sharp.
- The practice had colour-coded mops and buckets for environmental cleaning of the practice.
- We saw the provider had had testing carried out on the X-ray machine, air compressor, and portable electrical appliances.
- The provider had replaced the X-ray developing machine.

The provider had also made further improvements.

- The security of NHS prescription pads in the practice had been improved.

## Are services safe?

- The provider had improved arrangements for ensuring significant events and incidents were investigated and reviewed with a view to preventing further occurrences and ensuring that improvements are made as a result.

These improvements showed the provider had acted to comply with the regulations.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our comprehensive inspection on 29 January 2019 we judged the practice was not providing effective care in accordance with the relevant regulations. We told the provider to take action as described in our enforcement action. At the follow-up inspection on 28 May 2019 we found the provider had made the following improvements to comply with the regulation and ensure the care and treatment of patients was appropriate, met their needs and reflected their preferences.

- We found the provider was taking into account The Faculty of General Dental Practitioners (UK) The Royal College of Surgeons of England FGDP (UK) Good Practice Guidelines “Selection Criteria for Dental Radiography”. We saw that X-rays were taken where recommended and at the recommended time intervals. We saw the patient dental care records contained the justification for taking X-rays, the X-ray findings and a quality grade.
- The provider was taking into account the Department of Health “Delivering Better Oral Health: an evidence-based toolkit for prevention” guidance in relation to smoking. The provider referred patients to local smoking cessation services where appropriate.
- We saw the provider was taking account of the National Institute for Health and Care Excellence guidance “Dental checks: intervals between oral health reviews” when determining the interval between patient recalls.
- The provider was aware of and took into account current British Society of Periodontology guidance about the diagnosis and charting of periodontal disease. The provider had attended refresher training and demonstrated the improvements they had made in their diagnosis and treatment of periodontal disease. We saw this confirmed in the dental care records we looked at.
- We saw the provider had attended training courses to update and refresh their clinical knowledge to ensure better outcomes for patients.

These improvements showed the provider had acted to comply with the regulation.

# Are services well-led?

## Our findings

At our comprehensive inspection on 29 January 2019 we judged the provider was not providing well-led care and told the provider to take action as described in our enforcement action. At the follow-up inspection on 28 May 2019 we found the provider had made improvements to comply with the regulation and ensure systems and processes were established and operated effectively to ensure good governance in accordance with the fundamental standards of care.

Since our comprehensive inspection the provider had met with a dental practitioner support colleague to discuss how governance and management at the practice could be improved. The provider had subscribed to a dental practice compliance scheme, and had liaised with colleagues and specialist healthcare support organisations to assist in improving the systems in place at the practice.

We saw clear evidence that the provider had increased their knowledge and awareness of compliance. Staff had been assigned specific responsibilities and we saw that the staff and the provider had updated their knowledge relating to their responsibilities. We saw responsibilities had been clearly communicated to staff. We found that staff understood each other's responsibilities and were able to ensure these were carried out even during periods of staff absence.

The practice team had supported the provider in ensuring the new systems and processes were embedded.

- We saw policies and procedures had been reviewed and updated to support governance and to guide staff. These were accessible to all members of staff. The provider had made provision for an annual review process to ensure policies and procedures were up to date with regulations and guidance, practice specific and read by staff.
- The provider had a system in place for receiving and acting on patient safety alerts including those from the Medicines and Healthcare Regulatory Agency.

- We found the provider had improved their system for monitoring training. Comprehensive staff appraisals were carried out and these included identification of individuals' training needs. A schedule had also been implemented to ensure staff were completing the General Dental Council's recommended continuing professional development.
- Staff had been assigned clear roles and responsibilities, for example, individual members of staff had responsibility for carrying out checks on stock dates, medical emergency equipment, and water temperatures.
- The provider had improved their recruitment procedures and we saw a checklist was in place to ensure all the required information was obtained for each member of staff. Disclosure and Barring Service checks had been obtained for recently employed staff.
- We found the provider had improved their management of risk in the practice. A system was in place to ensure risk assessments were scheduled for regular review. A new Legionella risk assessment had been carried out and improvements made to the practice's fire risk assessment. Risks associated with staff working in a clinical environment where their Hepatitis B status was unknown had been identified and reduced.
- The provider had introduced a system to identify when checks, testing and maintenance of equipment, including testing of the X-ray machine and air compressor, were due to be repeated.
- We saw dental care records contained details of treatment options, associated risks and decisions taken.

The provider had also further improved the following:

- The practice's complaint handling procedures had been reviewed and sufficient information, including contact details for NHS England and the Dental Complaints Service was available for patients.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulation.