

P.B. Robinson (Doncaster) Limited

High Street

Inspection report

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Bentley
Doncaster
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Overall summary

We carried out this announced comprehensive inspection on 16 February 2023 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 practice 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 (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared generally clean. The systems to monitor and act on deterioration of the premises should be reviewed.
- Improvements were needed to ensure infection prevention and control protocols were in accordance with national guidance.
- Staff had received some medical emergency training; this did not include the range of emergencies they would need to be able to respond to. Appropriate medicines and life-saving equipment were available. The location of emergency medication and lifesaving equipment should be reviewed
- The practice did not have effective systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Safeguarding processes were in place. Staff received training in safeguarding vulnerable adults and children, but we were not assured this, and other learning had been implemented in the practice.
- The practice had staff recruitment procedures which reflected current legislation. These were not consistently followed.
- Systems should be reviewed to ensure patients' care and treatment is provided and documented in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- The appointment system worked efficiently to respond to patients' needs.
- There was a lack of leadership or culture of continuous improvement.
- Staff felt supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice had systems to deal with complaints positively and efficiently.
- The practice should review disability access to ensure reasonable adjustments are in place to support patients with access requirements.

Background

The provider is part of a corporate group P.B. Robinson (Doncaster) Limited which has 7 locations registered with the CQC, and this report is about High Street.

High Street is in Bentley, Doncaster and provides NHS and private dental care and treatment for adults and children.

The practice is not accessible to wheelchairs. Wheelchair users can be accommodated at another of the provider's nearby practices. On street parking is available near the practice.

The dental team includes 1 dentist, 1 dental nurse and 1 receptionist. The dental team is supported by a company compliance manager. The practice has 1 treatment room.

During the inspection we spoke with the dentist, the dental nurse, the receptionist and the compliance manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday 9am to 5.30pm (surgery all day)

Tuesday 9am to 5.30pm (surgery 2pm-5pm)

Wednesday 9am to 5.30pm

Thursday 9am to 5.30pm (surgery 9am-12.30pm)

Friday 9am to 5.30pm

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

- Ensure care and treatment is provided in a safe way to patients.

Summary of findings






- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider is not meeting are at the end of this report.

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?	Enforcement action 
Are services effective?	Enforcement action 
Are services caring?	No action 
Are services responsive to people's needs?	No action 
Are services well-led?	Enforcement action 

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions 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)

The practice had safeguarding processes which included local contacts. We saw evidence staff completed training in safeguarding vulnerable adults and children to the appropriate level. We were not assured this learning had been sufficiently implemented to ensure all staff acted appropriately if they had safeguarding concerns and there was no system to highlight vulnerable patients. We discussed the benefits of introducing protocols for children and vulnerable adults who were not brought to appointments and highlighted the availability of national safeguarding resources to staff to support them.

The practice had infection control procedures which reflected published guidance and we saw evidence staff completed infection control training. Dental instruments were visibly clean, and we saw these were cleaned, sterilised and stored appropriately. The procedures were not consistently followed or monitored to ensure these were in line with nationally agreed guidance. There were 5 separate manual cleaning processes displayed for staff. We saw some single use drills were reprocessed and visible debris was seen on these. Re-usable burs were not pouched and the general cleanliness of treatment room drawers and cupboards should be reviewed, and clutter and expired items removed.

Airflow in the decontamination room was not working. We noted the air extraction unit was clogged with dust which may inhibit its operation.

A portable suction unit was manually emptied by staff into the sink used for cleaning instruments.

The dental chair and dentist's own chair were damaged which inhibited effective cleaning.

The most recent infection prevention and control audit could not be located. We reviewed the audit carried out in June 2022. It had not identified any of the issues we observed on the inspection day, and there was no evidence of analysis or action plans to improve standards of cleanliness.

After the inspection the compliance manager sent evidence the treatment room had been cleaned and cleared of inappropriate items. They confirmed they would undertake a new audit.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We highlighted the lead for Legionella should undertake appropriate Legionella awareness training. We noted the solution to maintain water quality in the dental unit waterline was not used in line with the manufacturer's instructions. We signposted them to the manufacturer's instructions and compliance club to support them.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We highlighted that waste X-ray chemicals currently stored in the practice should be disposed of by their licensed waste contractor.

The premises appeared clean within the limitations of the premises which had visible signs of deterioration, cracked walls and floors with unsealed joins. There was a schedule in place to ensure it was kept clean and staff followed national guidance on the colour coding of cleaning equipment.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation but were not followed consistently. A Disclosure and Barring Service

Are services safe?

(DBS) check had been carried out 5 months after a new staff member commenced work but this was never seen by the provider and the certificate subsequently lost by the staff member. No action had been taken to risk assess or reapply for this. There was no evidence references were requested for a second staff member and key documents relating to an individual's suitability for employment had not been translated into English to ensure these were appropriate.

Clinical staff were qualified and registered with the General Dental Council. The compliance manager confirmed the dentist currently worked 6 sessions per week. We noted the dentist's professional indemnity covered up to 5 clinical sessions per week and the manager was not aware. The dentist contacted their indemnity provider and increased this cover immediately. Dental nurses were covered by the provider's indemnity policy. They were not informed of what cover this policy afforded them to ensure it was sufficient for their registration. The compliance manager confirmed this would be addressed and rectified.

The systems to ensure the premises and equipment was safe to use required review.

We saw that dental equipment was serviced and validated according to manufacturers' instructions; However, recommendations made in service reports were not acted on. For example, the dental compressor pressure vessel inspection report highlighted some rusting inside the vessel due to staff not draining the equipment. This had not been addressed and rectified to prevent further deterioration. The compliance manager carried out health and safety risk assessments of the premises. We saw no evidence that building deterioration, including visible damp and cracks in walls and ceilings were effectively monitored, and issues identified and rectified in a timely way.

The management of fire safety was not effective. A fire safety risk assessment was carried out in line with the legal requirements. Records were not available to demonstrate staff carried out fire safety training. We could not be assured that the risk assessment had been carried out by someone with the appropriate skills and knowledge to do so. We highlighted large amounts of surplus accumulated items in the upstairs kitchen and storerooms which had not been risk assessed. This had also been highlighted on a previous inspection.

Battery operated smoke detectors and emergency torches were in place. Logs showed that staff tested these, and ensured exits were kept clear on a weekly basis.

Fire extinguishers on both floors of the premises were serviced annually. The most recent service report of September 2022 stated these were not sufficient and required replacing, additional units should be obtained and the wall mounting of these raised to ensure easy access. This report was signed by the compliance manager, but the recommendations had not been addressed and rectified.

The gas boiler had recently been serviced and certified. An electrical installation inspection was carried out on 15 February 2023 and the compliance manager was awaiting the report. Portable appliance testing (PAT) was not carried out and the compliance manager was unable to identify when this was last undertaken. Staff carried out and documented visual checks of electrical equipment to ensure it was safe to use. Previous gas, electrical inspection and PAT records had been lost and the practice had no record or schedule of maintenance to demonstrate that these were undertaken at appropriate intervals.

The practice did not have effective arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was available but the radiation protection adviser's advice was not acted on. The most recent routine examination report from January 2020 stated the head of the X-ray machine required tightening and the timer should be replaced. These actions had been signed off in the radiation protection file as complete. However, on the day of inspection we saw the head of the X-ray machine moved when attempting to position it, and the timer had not been changed to the time intervals recommended. We showed this to the compliance manager.

After the inspection, the compliance manager sent evidence that a site visit had been scheduled for a new X-ray machine to be installed.

Risks to patients

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. A sepsis awareness poster was displayed in the waiting room and staff had completed sepsis awareness training. During discussion with team members, we found there were differing levels of awareness of the signs and symptoms of Sepsis. We highlighted the benefit of introducing a process for staff to follow, particularly when there is no clinician onsite.

Rubber dam was not used during root canal treatments to protect the patients' airway. There was no evidence of alternative airway protection or measures taken to secure files during treatment.

Emergency equipment and medicines were mostly available and checked in accordance with national guidance. The location of these items should be reviewed as the kit was divided between three locations in the practice. There was no child-sized oxygen mask with reservoir and staff were not aware if child-sized pads were available for the automated external defibrillator (AED). Evidence was sent that these items were obtained after the inspection.

Staff knew how to respond to some medical emergencies and completed training in emergency resuscitation and basic life support every year. We noted that the training certificate specified heart related emergencies including cardiopulmonary resuscitation and the use of an AED. Staff confirmed this training did not include other possible medical emergencies. For example, epilepsy, anaphylaxis and diabetic emergencies. Staff confirmed they did not discuss or practice any medical emergency scenarios as a team in between training. We highlighted this to the compliance manager to review the provision of training for staff.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. This process had not been used effectively to ensure manufacturer's instructions were followed. For example, for the substance to ensure water quality in dental unit waterlines; and effective stock control to dispose of expired medicines and dental materials. We highlighted that hazardous cleaning substances stored openly in the patient bathroom should be re-located.

Information to deliver safe care and treatment

Patient care records were legible but not all kept securely in line with General Data Protection Regulation requirements. We noted older paper dental records were stored in open boxes in a spare room.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines. We noted staff did not identify voided prescriptions on the NHS prescription log and there was confusion around whose responsibility this was. As a result, we identified 8 prescriptions that were unaccounted for. Antimicrobial prescribing audits were not carried out.

On the day of the inspection robust stock control systems were not in place for the identification and removal of dental materials including local anaesthetic which had expired.

Track record on safety, and lessons learned and improvements

The practice had some systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts. The practice had not had any incidents in the previous 2 years. We highlighted that sharps injury procedures could be made clearer to staff and noted there was no evidence a previously documented sharps injury had been investigated or acted on. Staff had not reported the broken X-ray machine to the manager to enable this to be rectified.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions 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.

Effective needs assessment, care and treatment

The practice had some systems to keep dental professionals up to date with current evidence-based practice. Clinical staff undertook training, but we found the clinical team would benefit from refresher training in some areas to align with current guidance. For example, Sepsis awareness, College of General Dentistry guidance on selection criteria for dental radiography, record-keeping and examination, including consent; and The British Society of Periodontology guidance on periodontal assessment and diagnosis.

Helping patients to live healthier lives

The practice should review the provision of preventive care and support to patients to ensure better oral health. For example, following Delivering Better Oral Health: an evidence-based toolkit for prevention. Particularly how fluoride availability can be increased on an individual basis to improve oral health. Oral health information was displayed in the surgery for patients.

Consent to care and treatment

Systems should be reviewed to ensure staff obtain and document patients' consent to care and treatment in line with legislation and guidance. They received training in the Mental Capacity Act 2005. Patient care records lacked explanations of risks, options, benefits and details of discussions with patients or their relatives to be sure they understood treatment options.

Monitoring care and treatment

The patient care records were not sufficiently detailed to be in line with NHS Dental Record Keeping Standards: a consensus approach, or College of General Dentistry guidance.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The dentist had recently carried out a radiography audit. There was no evidence these were undertaken six-monthly following current guidance as previous audits were missing. Due to the lack of X-rays taken, the clinician struggled to identify X-rays to review as part of the audit cycle. We noted the audit lacked any conclusions or action plans.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

We saw the most recently appointed dental nurse had a structured induction but none could be found for the receptionist. Clinical staff completed continuing professional development required for their registration with the General Dental Council. We discussed the benefits of introducing a monitoring protocol for the provider to assure themselves that learning from 'highly recommended' training completed as per General Dental Council professional standards was implemented in the practice.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There was no system to ensure that referrals were received and acted on in a timely way.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

Patient feedback about this practice was mixed. Some said staff were friendly, compassionate and understanding when they were in pain, distress or discomfort. Others raised concerns about staff attitudes. On the day of the inspection we observed staff were friendly on the telephone. We discussed the benefits of responding to online feedback.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example, study models and X-ray images.

Are services responsive to people's needs?

Our findings

We found 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

Staff had carried out a disability access audit and explored the possibility of ramped access, however this was not feasible. Wheelchair users were directed to another of the provider's nearby practices which was accessible. We highlighted additional reasonable adjustments the practice could consider including a hearing loop, larger print documents and providing appropriate contrast in decor to help people with visual impairment.

Timely access to services

The practice displayed its opening hours and provided information in the premises and on their patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. There was no evidence in patient care records that the frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised and were accommodated where possible at the provider's other practices when there was no clinician onsite.

Listening and learning from concerns and complaints

The practice had systems to respond to concerns and complaints appropriately.

Are services well-led?

Our findings

We found 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 Enforcement Actions 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 provider did not demonstrate a transparent and open culture in relation to people's safety at this inspection.

Systems and processes were not effectively followed, and there was a lack of oversight to review these. Issues raised at a previous inspection had not been resolved. In particular, pre employment checks including references and DBS checks, and large quantities of accumulated surplus stock in the upstairs storerooms.

Information and evidence were not readily available during the inspection process and some key documentation and maintenance reports were missing, with no systems to identify when these were last carried out, or the appropriate frequency.

Culture

Systems were not in place to support staff to show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff discussed their training needs informally and during meetings. Annual appraisals had not been carried out in the last year due to the capacity of the team.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. However, we were not assured that systems were in place for the provider to assure themselves that learning from 'highly recommended' training completed as per General Dental Council professional standards was implemented in the practice.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support governance and management. Staff said the managers were visible and approachable.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, we were not assured that systems were monitored to ensure these were consistently followed.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as fire safety, Legionella, infection prevention and control, health and safety, indemnity, recruitment, safeguarding, radiography, NHS prescribing, sepsis recognition, medical emergency arrangements and medicines management.

We highlighted business continuity plans should be available offsite and staff should be made aware of shut off points for the gas, electric and water supplies.

The employer's liability insurance certificate displayed in the practice expired in December 2021. The Employers' Liability (Compulsory Insurance) (Amendment) Regulations 2008 specify that evidence of up to date cover must be displayed at each place of business. Evidence of up to date cover was sent after the inspection.

Appropriate and accurate information

Are services well-led?

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The practice did not have systems and processes for learning, quality assurance, continuous improvement. Audits were the responsibility of the individual clinician. These included audits of patient care records, disability access, radiographs and infection prevention and control. Audits were not undertaken at appropriate intervals and did not have conclusions or action plans. We saw no evidence the provider had oversight of, or input into these to review and improve safety and quality.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:</p> <ul style="list-style-type: none">• Recommendations from service reports were not acted on. In particular, the most recent dental compressor and X-ray reports.• Arrangements to ensure fire safety were ineffective. There was no evidence that the person who undertook the fire risk assessment had the skills, knowledge and competence to carry out this task. Recommendations made in the fire extinguisher servicing report carried out in September 2022 had not been actioned and concerns previously raised by CQC inspections in 2013 had not been risk assessed or acted on.• The oversight of medical emergency provision was not effective. Items were missing from the kit which was located in 3 separate areas of the ground floor.• The registered person was failing to assess the risk of, and prevent and control the spread of infections in accordance with the Department of Health publication 'Health and Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). They could not demonstrate they had a well-developed routine for cleaning within the treatment room and systems to audit standards of infection prevention and control were not effective.• The registered person did not have measures necessary to improve inadequate or defective performance of

Enforcement actions

equipment in line with The Ionising Radiations (Medical Exposure) Regulations 2017. There was no evidence recommendations made by the Radiation Protection Adviser in January 2020 had been acted on.

- Health and safety risk assessments of the premises were not effective at identifying and monitoring building deterioration. In particular, visible damp and cracks in walls and ceilings were not addressed in a timely way. Systems were not in place to ensure checks of electrical and gas equipment were undertaken at appropriate intervals.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- We found dental care records were not in line with NHS Dental Record Keeping Standards: a consensus approach, or College of General Dentistry guidance. Documented dental assessments were not in line with nationally agreed guidance on:
 - antimicrobial prescribing in dentistry
 - selection criteria for dental radiography,
 - record-keeping and examination, including consent;
 - periodontal assessment and diagnosis
 - Delivering Better Oral Health: an evidence-based toolkit for prevention from the Department of Health.
- Patient care records lacked details of risks, options, benefits discussed with patients or their relatives to be sure they understood treatment options.
- There was no assessment of risk in deciding on appropriate security measures for the storage of older dental care records.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained 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:

Enforcement actions

- The registered person failed to obtain the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered person did not have systems to ensure clinical staff had appropriate professional indemnity or insurance in place to cover them in their work.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The registered person did not have systems to ensure that the learnings from training and professional development completed by staff was being implemented in practice. We were not assured staff were able to act on and follow up safeguarding or sepsis concerns appropriately.
- We were not assured the registered person reviewed the provision of medical emergency training to ensure it covered an appropriate range of medical emergencies which may occur.
- The registered person did not ensure that audit and governance systems were established and remained effective. There was no evidence of provider oversight of clinical quality.

Regulation 17 (1)(2).

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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. In particular:

- The registered person did not assess the risk to the health and safety of service users of receiving the care

Enforcement actions

or treatment to prevent and control the spread of infections in accordance with the Department of Health publication 'Health and Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).

- The equipment being used to care for and treat service users was not used in a safe way. In particular, the X-ray machine.
- There was no proper and safe management of medicines. In particular, NHS prescriptions were unaccounted for as staff did not maintain a complete log in line with nationally agreed guidance from NHS Protect.
- Fire safety arrangements were not effective and recommendations to improve fire safety had not been actioned.
- Hazardous substances were not effectively risk assessed, stored, used and disposed of in line with Control of Substances Hazardous to Health Regulations 2002.
- The medical emergency kit was not in line with Quality Standards: Primary dental care from the Resuscitation Council UK.
- Dental dam was not available for the dentist to use in line with guidance from the British Endodontic Society when providing root canal treatment. There was no evidence any other methods were used to secure endodontic files or protect the airway.
- Where responsibility for the care and treatment of service users was shared with, or referred to other providers, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users.

Regulation 12(1)(2).