

P.B. Robinson (Doncaster) Limited

High Street

Inspection report

104 High Street
Bentley
Doncaster
DN5 0AT
Tel: 01302874423

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Overall summary

We undertook a follow up focused inspection of P.B. Robinson (Doncaster) Limited. High Street on 24 October 2023. This inspection was carried out to review 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 inspection was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of P.B. Robinson (Doncaster) Limited. High Street on 16 February 2023 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, effective or 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 P.B. Robinson (Doncaster) Limited. High Street dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met, we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

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.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 16 February 2023.

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 16 February 2023.

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 breaches we found at our inspection on 16 February 2023.

Background

The provider is part of a dental group provider P.B. Robinson (Doncaster) Limited which has 6 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 wheelchair users. 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 a receptionist. The dental team is supported by a group compliance manager. The practice has 1 treatment room.

During the inspection we spoke with the owner, the dentist, the dental nurse, the receptionist and the group 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

Summary of findings

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

- Take action to appoint a competent person(s), to carry out any of the preventive and protective measures, taking into account The Regulatory Reform (Fire Safety) Order 2005.
- Improve the practice's systems for monitoring equipment taking into account relevant guidance and ensure that the ultrasonic cleaner is used and validated in line with manufacturer's instructions.
- Improve the availability and staff knowledge of the practice's safeguarding policy and procedures.

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 effective?	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 the inspection on 24 October 2023 we found the practice had made the following improvements to comply with the regulations:

The practice had up to date safeguarding processes which included local contacts. Staff completed training in safeguarding 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. A member of staff did not know where the safeguarding information was in the practice.

There was a system to highlight vulnerable patients and protocols were in place for children and vulnerable adults who were not brought to appointments.

The practice had infection control procedures which reflected published guidance and we saw evidence staff completed infection control training. Dental instruments and burs were visibly clean, and we saw these were cleaned, sterilised and stored appropriately. An ultrasonic instrument cleaner had been installed but a process for its use and validation testing had not been implemented to ensure the manufacturer's instructions were followed.

Improvements had been made to the clinical rooms to replace torn and damaged surfaces and flooring, remove unnecessary clutter and ensure cleanliness was maintained.

There was a process and documented risk assessment to ensure staff manually emptied the portable suction unit safely.

Infection prevention and control audits were now completed six-monthly with additional checks carried out by the compliance manager. There was analysis of the findings and action plans to improve standards of cleanliness where necessary.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The lead for legionella had received appropriate legionella awareness training and the solution to maintain water quality in the dental unit waterline was now used in line with the manufacturer's instructions.

The practice had policies and procedures in place to ensure clinical waste was segregated, stored appropriately and disposed of in line with guidance.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. A pre-employment checklist had been introduced to ensure all appropriate essential checks were carried out for new staff members and these checks were evidenced in the files for new staff members.

Clinical staff were qualified and registered with the General Dental Council and had appropriate professional indemnity in place. Dental nurses were covered by the provider's indemnity policy. Information was provided to assure them it was sufficient for their registration.

The systems to ensure the premises and equipment were safe to use had been reviewed. The compliance manager had introduced a schedule of maintenance to highlight the service intervals of the equipment and ensure these are undertaken appropriately.

Recommendations made in the dental compressor pressure vessel inspection report had been acted on.

An electrical installation inspection was carried out on 15 February 2023. The recommendations made in this report were acted on and a subsequent report showed electrical installations were satisfactory.

Portable appliance testing (PAT) had been carried out.

Are services safe?

The compliance manager carried out health and safety risk assessments of the premises. We saw evidence that improvements had been made to the building which included a new roof and windows, addressing damp and cracks in walls and ceilings and redecoration throughout.

The management of fire safety had been improved. A fire safety risk self-assessment had been carried out, but a competent person's advice had not been sought on whether the current fire detection systems was appropriate for the size and layout of the premises.

Records were available to demonstrate staff carried out fire safety training. Surplus items in the upstairs kitchen and storerooms previously highlighted as a fire hazard had now been cleared from the premises.

A battery-operated smoke detector 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 had been replaced in line with recommendations made in the most recent service report of September 2022.

The practice had effective arrangements to ensure the safety of the X-ray equipment. A new X-ray machine had been installed. Local rules were in place and followed by the operator. Systems were in place to ensure the ongoing maintenance and quality assurance of this equipment. We highlighted step wedge testing could be improved to ensure these are completed more frequently. A step wedge is used for quality control in radiography to help assess the impact that changes in exposure parameters might have on the radiographic image.

A sepsis awareness poster was displayed in the reception area and staff had completed sepsis awareness training. During discussion with team members, staff showed awareness of the signs and symptoms of sepsis and understood the action to take when there was no clinician onsite.

Rubber dam was available for use during root canal treatments to protect the patients' airway. We saw it had been discussed with the dentist to ensure they document a risk assessment in the patient care record when this is not used.

Emergency equipment and medicines were available and checked in accordance with national guidance. The medical emergency kit had been relocated to ensure quick access in the event of an emergency.

We noted some needles, bodily fluid and mercury spillage kits had expired, and no eye wash was available. We saw evidence these items were obtained immediately, and checklists updated to avoid reoccurrence.

Staff knew how to respond to some medical emergencies and completed appropriate training in emergency resuscitation and basic life support every year. Staff discussed medical emergency scenarios as a team in between training.

Patient care records were now held securely in line with General Data Protection Regulation requirements.

The practice had systems for appropriate and safe handling of medicines. A log to track the use of NHS prescriptions was now in use to ensure the security of these.

Antimicrobial prescribing audits were carried out.

The practice had systems to review and investigate incidents and accidents. The practice had not had any incidents since the last inspection. The system for recording accidents had improved to ensure staff recorded the appropriate information in the event of an incident or accident.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At the inspection on 24 October 2023 we found the practice had made the following improvements to comply with the regulations:

The practice had systems to keep dental professionals up to date with current evidence-based practice. Clinical processes had been reviewed and discussed to ensure these aligned with current 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.

The practice provided preventive care in line with Delivering Better Oral Health: an evidence-based toolkit for prevention. Oral health information was displayed in the surgery for patients.

Patient care records had improved and included explanations of risks, options, benefits and details of discussions with patients or their relatives to be sure they understood treatment options.

We saw evidence the dentist justified, graded and reported on the radiographs they took. There were systems to monitor the quality of radiographs and six-monthly audits were now undertaken following current guidance.

We saw the most recently appointed dental nurse had a structured induction. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

A system had been introduced to ensure that referrals were received and acted on in a timely way.

Are services well-led?

Our findings

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

At the inspection on 24 October 2023 we found the practice had made the following improvements to comply with the regulations:

Systems and processes had now been established, and regular oversight to review these. In particular, pre-employment checks for new staff members.

Information and evidence were readily available during the inspection process and systems were now in place to ensure equipment servicing was carried out at the appropriate frequency.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Improvements had been made to the processes for identifying, assessing and mitigating risks in areas such as fire safety, Legionella, infection prevention and control, health and safety, indemnity, recruitment, radiography, NHS prescribing, sepsis recognition, medical emergency arrangements and medicines management.

The practice had up to date employer's liability insurance certificate displayed in the practice.

Systems were now in place for learning, quality assurance and support to show how they ensured high-quality sustainable services and demonstrated improvements over time. We saw how meetings, reviews and audits since our previous inspection had led to improvements in following up to date clinical standards and guidance. We saw audits of patient care records, radiographs, antimicrobial prescribing and infection prevention and control. Audits were undertaken at appropriate intervals, had conclusions or action plans and improvements could be evidenced.