

P.B. Robinson (Doncaster) Limited

Harworth

Inspection report

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Overall summary

We carried out this announced focused inspection on 26 July 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies.
- Medicines and life-saving equipment were available but did not fully reflect published guidance. This was addressed on the inspection day.
- Systems to help them manage risk to patients and staff could be improved in some areas.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- Improvements could be made to ensure clinical staff provided patients' care and treatment in line with current guidelines; guidance relating to the British Society of Periodontology was not being fully implemented.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership, clinical oversight and systems to ensure continuous improvement could be improved.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

The provider has seven practices and this report is about Harworth Dental Practice.

Harworth Dental Practice is in Harworth, Bircotes, Doncaster and provides NHS dental care and treatment for adults and children.

The practice is on the first floor of a high street shopping complex. People who would find access difficult are referred to a sister practice within the group. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes one dentist, one dental nurse and a receptionist. The practice manager visits the practice weekly and manages the practice remotely from the group head office. The practice has one treatment room.

During the inspection we spoke with the dentist, the dental nurse, the 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: Monday to Friday 9am – 5:30pm and offers clinical sessions on Tuesday 9am-1pm and Thursday 2pm-5pm.

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

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, portable appliance testing and recommendations made in equipment maintenance reports.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Take action to ensure the clinician takes into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure the clinician carries out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. In the treatment room, we noted a small selection of instruments and equipment were not steri-bagged as required in guidance. The current infection prevention and control audit had not reflected this; we were assured this would be addressed and accurately reflected if identified during audit in future.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with an in-house risk assessment. A confirmed date for an external legionella risk assessment was pending at the time of inspection. We had no immediate concerns with the current legionella risk management system in place.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. We noted portable appliance testing had not been undertaken for five years, this should be completed at least every two years.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted some of the recommendations from the previous routine maintenance test had not been acted upon. We received confirmation after the inspection that radiation engineers were visiting the practice on the 28 July 2022, we were assured these areas of concern would be addressed following the maintenance visit.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency medicines and life-saving equipment were available. Improvements could be made to ensure the kit accurately reflected published guidance and that items did not pass their use by date, for example:

- The packet of dispersible aspirin was 75mg, not the required 300mg
- The expiry date for the emergency medicine glucagon, which was not kept in the fridge had not been adjusted in line with manufacturer's instructions
- The needles for use with the emergency medicine adrenaline, were passed their use by date

Are services safe?

All concerns relating to the emergency medicines and equipment were addressed on the inspection day. We discussed referring to the guidance to ensure the items in the medical kit accurately reflect the requirements.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

We noted guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment were not being implemented.

Information to deliver safe care and treatment

Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

We noted there was no system in place to ensure NHS prescriptions could be monitored and tracked. Evidence was sent on the inspection day to confirm this had been implemented.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Systems to keep dental professionals up to date with current evidence-based practice could be improved. During discussion, we noted guidance relating to the British Society of Periodontology, British Endodontic Society and Selection Criteria for Dental Radiography (College of General Dentistry) were not being fully applied.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

The clinician where applicable, discussed smoking, alcohol consumption and diet with patients during appointments, we found this was not comprehensively documented in dental care records.

The clinician described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores. We found this was not always comprehensively documented in dental care records. In addition, periodontal screening was not being undertaken for patients aged between 7-12 as recommended in guidance.

Consent to care and treatment

The team understood the importance of obtaining and recording patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We found this was not comprehensively documented in dental care records.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Improvements could be made to ensure the level of detail recorded in dental care records is brought in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentist justified, graded and reported on the radiographs they took, we noted the grading system was not in line with current guidance. The practice did not undertake radiography audits as recommended in current guidance and legislation.

Effective staffing

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice could demonstrate a transparent and open culture in relation to people's safety.

Improvements to leadership, clinical oversight and quality assurance systems would enhance the delivery of care.

The information and evidence presented during the inspection process was clear and well documented.

Culture

The practice could show how they ensured sustainable services. Staff stated they felt respected, supported and valued.

Staff discussed their training needs during annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Governance and management

Staff responsibilities, roles and systems of accountability to support good governance and management were in place.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Systems and processes for managing risks, issues and performance were in place.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. The application of these were not fully effective in some areas.

The practice quality assurance processes to encourage learning and continuous improvement could be improved upon. We noted audits of radiography and record keeping were not being completed.

The infection prevention and control audit we reviewed did not accurately reflect what we saw in practise.

The service supported and encouraged staff to complete continuing professional development.