

## P.B. Robinson (Doncaster) Limited

# Maltby

### Inspection Report

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## Overall summary

We carried out this announced inspection on 26 May 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They provided information about the practice which we took into account.

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**

Maltby dental practice is located in Maltby, Rotherham and is part of the P B Robinson and associates corporate business and provides NHS and private treatment to patients of all ages.

# Summary of findings

Entry into the practice is by step access from the main street. At the rear of the building there is level access for people who use wheelchairs. Car parking spaces are available nearby on local roads.

The dental team includes one dentist, one dental nurse, one receptionist and a visiting group practice manager. The practice has two treatment rooms, an X-ray room and a decontamination room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Maltby dental is the group practice manager.

On the day of inspection we collected one CQC comment card filled in by a patient and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse, one receptionist, the group practice manager and the group clinical director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Thursday 9.00am – 5.30pm, Friday 9.00am – 3.00pm

## Our key findings were:

- The practice was clean and suitably maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Management of medicines and life-saving equipment was not robust.
- The practice's incident reporting processes could be improved.
- The practice had systems to help them manage risk but improvement was required.

- 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 generally provided patients' care and treatment in line with current guidelines but could be improved.
- Staff treated patients with dignity, respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Prescription pad security was not effective.
- Management and clinical effectiveness could be improved. Staff felt involved and supported and worked well as a team.
- The practice's quality assurance processes were not effective.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had processes in place to deal with complaints positively.

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

- Ensure the practice's sharps handling procedures and protocols comply with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure the practice has availability of equipment to manage medical emergencies and take into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray, the quality of the X-ray and a report on the findings giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to

# Summary of findings

help improve the quality of service. Practice should also ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

## **Full details of the regulations the provider was not meeting are at the end of this report.**

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review current policies and procedures for obtaining patient consent to care and treatment and ensure they reflect current legislation and guidance, and that staff follow them at all times.

# 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?

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 but we found improvement was required in relation to the identification, recording and learning from incidents.

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

We found improvement was required to the processes involving Control of Substances Hazardous to Health, sharps management, legionella risk management and the use of rubber dams when carrying out root canal treatment.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and suitably maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice arrangements for dealing with medical and other emergencies were not robust.

The security of prescription pads and tracking procedures could be improved.

The practice arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports could be improved.

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance. The patients we spoke with described the treatment they received as good, they were happy with the service provided.

The dentists discussed treatment with patients so they could give informed consent; we found improvements could be made when recording this in patients' 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.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from three people. Patients were positive about the service the practice provided. They told us staff were caring, attentive and kind.

They said that they were given helpful, honest explanations about dental treatment and said their dentist listened to them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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 disabled patients and families with children. The practice had access to telephone/face to face interpreter services.

The practice took patients views seriously. They valued compliments from patients and had procedures in place to respond to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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 but found governance arrangements required improvement.

We found areas of risk assessment and risk management not being carried out.

The management of emergency equipment was not effective.

Administration processes and on site clinical leadership could be improved to enhance the quality of the overall effectiveness of the practice.

Dental care records were stored securely but the completion of dental care records could be improved.

We found improvement was required in monitoring clinical and non-clinical areas of their work to help them improve and learn. Quality auditing was not being carried out.

The practice did ask for and listen to the views of patients and staff.

Requirements notice



# Maltby

## Detailed findings

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies in place to report, investigate, respond and learn from accidents, incidents and significant events but we found no evidence to support that identification, reporting and follow up for improvement was being carried out. Staff were unable to describe any lessons learnt from incidents which had taken place.

We saw documentation involving sharps injuries which were not followed up appropriately. We saw one recorded significant incident but no follow up action, discussion or analysis to reduce future risk was carried out. The incident reporting book was not used correctly to record incidents.

We were told the practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw no documentation to support that relevant alerts were received, discussed with staff, acted on and stored for future reference.

The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) policy was not located on the day of inspection, the practice manager assured us a policy was in place; we saw evidence of the RIDDOR policy the next working day.

### 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 and found some improvements were required.

We reviewed the practice's Control of Substances Hazardous to Health (COSHH) folder and found materials

used at the practice were listed but no safety data sheets or risk assessments were in place. We highlighted this to the practice manager who assured us that this would be addressed.

The practice followed relevant safety laws when using some sharp dental items but they were not using a safer sharps system for the re-sheathing of used local anaesthetic needles. We were told that the dentist was responsible for handling all sharps but no risk assessment was in place to mitigate the risks associated with the activity.

The dentist did not routinely use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We spoke with the dentist to identify if they used any other safety precautions during root canal treatments; we were told other measures were in place.

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 not available as described in recognised guidance. We found the emergency medicine glucagon was stored in the fridge but the fridge temperature was not monitored. The medical oxygen cylinder was broken; the cylinder was leaking oxygen and not capable of delivering oxygen in the correct way. The cylinder contained one quarter of its oxygen capacity on the day of inspection. The oxygen cylinder regulator was visibly damaged and had not been serviced since 2009. We found several items of medical emergency equipment and ancillary items missing. For example, additional oxygen face masks were not present, guedel airways were out of date and there was no ancillary equipment available which would be required when using the Automated External Defibrillator (AED). Staff kept ineffective weekly records of their checks and we found no evidence the AED was checked. We spoke with staff and not all staff members were aware of the location of the AED.

We highlighted our findings to the practice manager and the decision to cease treating patients immediately was

# Are services safe?

taken by the practice staff. We were assured that patients' treatment would not re-commence until appropriate action had been taken to address the provision of having sufficient medical oxygen on site. We received confirmation from the practice the next working day that a replacement medical oxygen cylinder and associated medical equipment had been obtained and was in place.

## **Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. These showed the practice followed their recruitment procedure.

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

## **Monitoring health & safety and responding to risks**

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist 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. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had some procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, they were flushing the water lines in-between patients. The practice had a risk assessment carried out in 2010 which contained an action plan. We saw no evidence to support that the action plan had been addressed; sentinel tap testing was identified on the action plan but no records of tests was found. The risk assessment had not been reviewed since 2010.

We saw cleaning schedules for the premises, and the practice was clean when we inspected.

## **Equipment and medicines**

We saw no supporting servicing documentation for the instrument cleaning and sterilising equipment used. The practice manager told us that servicing was carried out in March 2017 and the documentation was held elsewhere. The practice manager forwarded copies of the servicing certification the next working day.

Staff carried out some checks on equipment involved in sterilising and decontaminating used instruments in line with the manufacturers' recommendations but we were unable to confirm if a foil ablation and soil test was required on the ultrasonic bath. The practice manager agreed to review this process in line with the manufacturer's instructions.

We found a significant number of loose prescription pads not being stored securely, there was no system in place to track and monitor their use. This process was not in accordance with current guidance. We brought this to the attention of the clinical director and practice manager who assured us that this would be addressed.

## **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.

The name of the practice radiation protection supervisor (RPS) was incorrect and required updating. This was brought to the attention of the practice manager.

We saw no documented confirmation that the dentist justified, graded and reported on the X-rays they took

## Are services safe?

although justification could be interpreted from the patient records. We saw that the last recorded X-ray audit was October 2015. We highlighted this to the clinical director who assured us that this would be addressed.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist generally recorded findings in line with recognised guidance.

### Health promotion & prevention

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

The dentist told us they prescribed high concentration fluoride toothpaste if they felt the patient would benefit. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

We were told that the dentist discussed smoking, oral hygiene advice, alcohol consumption and diet with patients during appointments but we found it was not universally recorded in the patients' records. We highlighted this to the clinical director who assured us that measures would be taken to bring this process in line with current guidance.

The practice had a selection of leaflets available to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by 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

We found improvement was required in relation to understanding the importance of recording patients' consent to treatment. The dentist told us they discussed treatment options including associated risks so the patient could make informed decisions, but we saw no documented evidence of this in the patients' records. We brought this to the attention of the clinical director who agreed that improvement was required in respect to documenting consent and would be addressed.

The practice's consent policy included information about the Mental Capacity Act 2005. The team showed some understanding of 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 kind, helpful and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screen and appointment book was not visible to patients and staff did not leave personal information where other patients might see it.

Staff stored paper records securely.

There were magazines and information leaflets in the waiting area for patients to read.

### **Involvement in decisions about care and treatment**

The dentist told us they involved patients in decisions about care and treatment.

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

The NHS Choices website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The two patients spoken with told us they were satisfied with the responsive service provided by the practice.

The practice had an efficient paper 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 morning of the inspection prior to ceasing treatment due to lack of emergency medical oxygen, patients were not kept waiting.

### Promoting equality

The practice had ground floor level access for patients who used a wheelchair and the practice had a ground floor treatment room; which would be set up for use if required. Toilet facilities were on the first floor.

Staff said they had access to an interpreter and translation service but had not had to use it for quite some time.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on the NHS Choices website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointment time available for same day appointments. The NHS Choices website, 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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### 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.

The practice had not received any complaints in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The clinical director had overall responsibility for the 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 some risk assessments to support the management of the service and to protect patients and staff. We found significant improvement was required in relation to medical emergency equipment and medicines management. Additional risk assessments were required for sharps management and COSHH. The legionella risk assessment action plan had not been completed from 2010.

Checks on the electrical appliances were being carried out on a monthly basis but the X-ray equipment was not checked, we highlighted this to the practice manager who agreed to amend the monthly checks to include the X-ray room. Portable appliance testing (PAT) was last carried out in 2012.

We asked to see the electrical wiring and asbestos certificates as the building was leased from a landlord. The certificates were not on the premises and clarification of these checks was not confirmed on the inspection day.

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

### 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 had not held practice meetings since June 2016; the practice manager told us they planned to re-establish practice meetings at six weekly intervals in the near future. Evidence of raising concerns and discussion of clinical and non-clinical updates was seen in practice minutes from 2016.

### Learning and improvement

The practice quality assurance processes to encourage learning and continuous improvement required improvement. Dental care records had not been audited since 2015 and X-rays audits were not being carried out.

The practice had completed an infection prevention and control audit as required and completed an action plan.

Incident reporting and RIDDOR was not embedded within the practice and where incidents had been recorded, records of the resulting action plans and improvements were not in place.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurse had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in their staff folder.

Staff told us they completed training, including medical emergencies and basic life support, each year. 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.

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

The practice used patient surveys to obtain staff and patients' views about the service. 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.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014</b></p> <p>Good Governance.</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at PB Robinson, Maltby Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The registered provider had failed to ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.</li><li>• The registered provider had failed to ensure checks of all medical emergency equipment are established to manage medical emergencies, giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.</li><li>• The registered provider had failed to ensure the effective recording in the patients' dental care records or elsewhere the reason for taking the X-ray, the quality of the X-ray and a report on the findings giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The registered provider had failed to ensure audits of various aspects of the service are carried out, such as radiography are undertaken at regular intervals to help improve the quality of service.

Regulation 17 (1)