

Mr. Jonathan Robinson

Mr Jonathan Robinson – Halesowen Road

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 18 October 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 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:

- The dental clinic was visibly clean but not all areas were well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. However, not all appropriate medicines and life-saving equipment were available. Missing items were ordered immediately following our inspection.

Summary of findings

- The practice did not have all the required systems to help them manage risk to patients and staff. In particular for gas and electrical safety. These were implemented immediately following our inspection.
- 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.
- The clinical staff did not always provide patients' care and treatment in line with current guidelines. The dentists did not use rubber dam when carrying out root canal treatment and we did not see evidence they were carrying out and documenting pocket charts for patients with periodontal disease. Clinical staff we spoke with were not familiar with the current classification of periodontal disease.
- 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 was not consistently effective and a culture of continuous improvement was not always evident.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Mr Jonathan Robinson is in Birmingham and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 1 dentist, 2 dental nurses, and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays from 8.30am to 7pm (closed between 12.30pm to 1.30pm for lunch).

Tuesdays from 8.30am to 6pm (closed between 12.30pm to 1.30pm for lunch).

Wednesdays and Thursdays from 8.30pm to 5pm (closed between 12.30pm to 1.30pm for lunch).

Fridays from 7.30am to 1pm.

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

- Take action to ensure the ongoing availability of medicines and equipment in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.

Summary of findings

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Ensure staff are aware of the the new classification of periodontal and peri-implant diseases and ensure they are carrying out and documenting pocket charts.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, a rectangular collimator should be used.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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. However, clinical staff were not trained to the required level 2 in safeguarding adults. The provider sent us evidence staff had completed level 2 training the day following our inspection.

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.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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. However, we saw physical wear of drawer handles and the floor. This meant these areas could not easily be wiped clean and therefore increased the risk of cross contamination. The provider informed us he was sourcing new handles following our inspection.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum 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. The practice did not ensure all the facilities were maintained in accordance with regulations. There was no gas boiler safety certificate or 5-year electrical fixed wire safety test. The provider sent us evidence these had both been booked in the day following our inspection.

A fire risk assessment was carried out in line with the legal requirements; however, the management of fire safety was not effective. For example, there was no emergency lighting and the six-monthly fire alarm servicing had not been completed. We did not see evidence that staff were carrying out weekly alarm tests. Staff had not received formal fire safety training. The provider sent us evidence the fire alarm service had been booked in the day following our inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, the dentist did not use a rectangular collimator. These are used to reduce the amount of radiation a patient is exposed to during dental intraoral X-ray procedures.

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. However, the dentist did not use rubber dam for root canal treatment in line with the guidelines issued by the British Endodontic Society.

Not all required emergency equipment and medicines were available and checked in accordance with national guidance. There were no clear face masks for self-inflating bags and no size 0 to 4 masks, no oxygen face masks with reservoir and tubing for children, no provision for child dosage of the adrenaline injection and the portable oxygen cylinder was the wrong size.

Are services safe?

We also found out of date equipment and drugs in the surgery drawers. The provider sent us evidence all missing items had been ordered the day following our inspection.

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.

Information to deliver safe care and treatment

Dental care records we saw were complete, 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. However, the tracking system for the prescriptions was not effective. The provider confirmed following our inspection that they had now logged all prescription numbers. This reduced the risk of prescription theft or misuse.

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

The practice had systems to keep dental professionals up to date with current evidence-based practice. However, the dentist was not aware of the new classification of periodontal and peri-implant diseases and conditions and was not carrying out and documenting pocket charts.

The practice undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

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

The practice kept detailed dental care records 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 dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

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

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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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 showed that they thought staff were compassionate and understanding.

Patient feedback showed staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, X-ray images and pictorial aids.

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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 provider demonstrated a transparent and open culture in relation to people's safety.

Strong leadership and emphasis on continually striving to improve was not consistent. For example, clinical audits did not have any action plans.

Not all systems and processes were embedded, however staff worked together in such a way that where the inspection highlighted any issues or omissions, these were addressed following our inspection.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

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

The provider checked staff training was up-to-date and reviewed at the required intervals.

Governance and management

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. However, these were not always effective. For example, the dentist was not aware of the new classification of periodontal and peri-implant diseases and conditions and staff were not trained to the required level 2 in safeguarding adults.

We saw there were not always clear and effective processes for managing risks, issues and performance. For example, a premises health and safety risk assessment was not 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 a demonstrated commitment to acting on feedback.

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

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice did not have all the required systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits, however we did not see any resulting action plans put in place to make improvements.