

P.B. Robinson (Doncaster) Limited

Thorne Road

Inspection Report

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Doncaster
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Overall summary

We carried out this announced inspection on 18 June 2018 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.

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

Thorne Road Dental Practice is in Doncaster and provides NHS and occasional private treatments to adults and children. Thorne Road Dental practice is part of the P B Robinson Group.

There is step access into the practice without adequate space for a ramp to assist people who use wheelchairs. Patients who require step free access are referred to a practice nearby. Car parking is available near the practice and some parking is available on the main road for patients with blue badges.

The dental team includes three dentists, three dental nurses and one receptionist. The practice has four treatment rooms with only three in use. The area manager and company director were also present on the inspection day.

Summary of findings

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 Thorne Road Dental Practice was the area manager.

On the day of inspection we collected 27 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, one dental nurse, the receptionist and the area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8am – 5pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures, some areas could be improved to bring processes line with published guidance and manufacturer's instructions.
- Not all appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk, some areas required improvement.
- The practice staff had safeguarding processes and staff knew their responsibilities for safeguarding adults and children; reporting procedures and staff training could be improved.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- The practice was providing preventive care and supporting patients to ensure better oral health. Improvements could be made in relation to treating more complex gum conditions.
- The appointment system met patients' needs.
- The practice had a leadership and management structure.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.

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

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

Full details of the regulation 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 systems to track and monitor prescriptions and referrals sent to other service providers.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account the guidelines issued by the British Society of Periodontology (BSP).
- Review the practice's systems for environmental cleaning to ensure the practice cleaner is not responsible for cleaning clinical dental equipment.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010: in particular people with limited hearing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations. We identified concerns which the practice took immediate action to risk assess and take the appropriate action. The likelihood of them occurring in the future is low. We will be following up on our concerns to ensure they have been put right by the provider.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

With the exception of one staff member, the dental team had received appropriate training in safeguarding and knew how to recognise the signs of abuse. The system to monitor safeguarding training and reporting procedures could be improved.

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

Improvements could be made to ensure that facilities and equipment were safe. For example, ensure that timely maintenance and servicing schedules are in place.

We found the systems in place to manage the safe use of X-ray equipment could be improved.

Premises and equipment were clean and properly maintained. A review of designated cleaning areas was required to mitigate unnecessary risk to the practice cleaner.

The practice followed national guidance for sterilising and storing dental instruments.

Some areas of the infection prevention and control process did not follow recommended guidance for cleaning dental instruments. For example, instruments were not cleaned under temperature monitored water.

Some systems to manage risk could be improved. For example, the sharps risk assessment did not reflect the process in place and no risk assessment was carried out for manual instrument cleaning.

There was no process in place to monitor and track prescriptions.

The practice had arrangements for dealing with medical and other emergencies. The process was not managed in line with recognised guidance, several items of the medical kit were missing and this had not been identified.

No action


Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good. The dentists discussed treatment with patients so they could give informed consent but this was not consistently recorded in the patient care records.

No action


Summary of findings

We identified improvements could be made to ensure oral health preventive care and support to patients was delivered in line with the Delivering Better Oral Health toolkit and the British Society of Periodontology.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

There was no system in place to monitor and track referrals.

The practice supported staff to complete training relevant to their roles. Improvements could be made to help them monitor this.

Are services caring?

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

We received feedback about the practice from 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and sensitive.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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.

The practice had access to interpreter services, the needs of people who were hearing impaired had not been considered.

The practice took patients views seriously. They valued compliments from patients and responded 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. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were written and stored securely.

We identified areas in relation to governance where improvement was needed. For example, systems to manage medical emergencies and equipment were not embedded.

Requirements
notice



Summary of findings

Systems to manage risk and processes to monitor timely maintenance schedules were not effective. For example, a practice specific sharps and appropriate fire risk assessment were not in place. A schedule to ensure electrical safety checks and boiler maintenance was not in place. They did not ensure that appropriate medicines and equipment for emergencies was in place.

The practice's quality assurance and audit processes could be improved to ensure recommendations and action plans were addressed.

Are services safe?

Our findings

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

The practice had some systems to keep patients safe, we found awareness of reporting procedures and monitoring of staff training could be improved.

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 and noted one staff member was not trained to level two as required in respect to their role. Staff knew about the signs and symptoms of abuse and neglect. Staff told us they were unsure who the lead person was or what the reporting procedures were for the practice.

Staff were able to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern day slavery or female genital mutilation.

Staff were not aware that safeguarding referrals required a CQC notification.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Improvements could be made to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example:

- We saw that in-house visual electrical checks were carried out but no certification was in place by a competent person.
- We noted that the two gas boilers had not been serviced within the last 12 months.
- An electrical wiring safety check had been arranged since the inspection was announced; this was due to take place 26 June 2018.

The day after the inspection, the area manager informed us that electrical appliance testing had also been arranged for the 26 June 2018.

We saw an in-house fire safety self-assessment was in place but no fire risk assessment had been carried out by a competent person. Records showed that emergency lighting (torches) and whistles were checked monthly and fire extinguishers were serviced annually. Fire detection and equipment such as smoke detectors and extinguishers were not being checked.

We noted that the practice had registered their practice's use of dental X-ray equipment with the Health and Safety Executive in line with the new Ionising Radiation Regulations 2017 (IRR17). We found improvements could be made to manage the safe use of X-ray equipment. For example:

- Records showed that a safety survey for the X-ray equipment was carried out in November 2017. We noted the survey action plan for each X-ray machine had further actions for the practice to complete, for example, tightening of a loose X-ray arm; recommend the use of rectangular collimators and a query with the functionality of a handset. We saw no evidence these actions had been addressed and no risk assessment was in place to consider the safe use of the equipment until the replacement parts were fitted. The day after the inspection the area manager informed us that engineers had now ordered the parts highlighted during the X-ray equipment survey: they awaited a date for fitting.

Are services safe?

- The practice had an Orthopantomogram (OPG) on site which we were told was no longer in use. The OPG was not decommissioned, no signage was in place to inform staff not to use the machine and it was still connected to the electrical supply. The area manager assured us steps would be taken to decommission the machine and arrange for its removal.
- The treatment room not currently in use had a serviceable X-ray machine in place. We were unable to confirm if quality assurance processes were embedded to verify the use of this machine if it was needed. We were told that pre-use safety checks would be completed prior to its use. We did not see any evidence to support this.
- The local rules for radiography were not site specific and they also included the OPG, which was no longer in use. The day after the inspection, the area manager informed us that action had been taken to address this.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and a policy was in place but these did not reflect the process used at the practice. The area manager assured us this would be addressed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

Emergency equipment and medicines were not available as described in recognised guidance. For example:

- There was an insufficient amount of adrenaline injection to support a medical emergency until the emergency services arrived
- No spacer or disposable cup was present for use with inhaled bronchodilators
- An adult and child size oxygen mask with reservoir and tubing were missing
- Sizes 0,1 and 2 clear face masks for the self-inflating bag were missing

Records showed inconsistent monthly checks of the emergency medicines and equipment; this process was not embedded or in line with recognised guidelines.

The area manager acted promptly and ordered the additional adrenaline and it was collected within two hours. The area manager informed us verbally that all other items identified as missing had been received the following day and a system was now in place to improve the checking process.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We identified some areas of the infection prevention and control process could be improved and brought in line with recommended guidance. For example:

- The risk associated with manual instrument cleaning had not been assessed
- Heavy duty gloves and long handled brushes were not changed weekly and no system was in place to monitor this
- Instruments were not cleaned under temperature monitored water or in line with manufacturer's

Are services safe?

instructions. Cleaning instruments under water above 45°C may lead to coagulation of protein, making any deposits hard to remove. The non-foaming detergent used in the instrument cleaning process required a water temperature range of 23-30 °C. Non-foaming detergents help the removal of biological debris prior to sterilisation.

- Instruments were not dried on lint-free cloths as recommended in guidance
- Wire brushes were used to clean dental burs and instruments. Wire brushes are a sharps risk and can cause instrument surface abrasion and should be avoided in accordance with recommended guidance
- We saw that X-ray holders were not packaged in sterilised pouches to indicate that they had been through the decontamination process after use.
- We noted that some areas on the dental chairs were damaged through wear and tear. Equipment in this condition can present challenges when seeking to maintain standards of infection, prevention and control

We highlighted these areas of concern with the area manager who assured us they would be reviewed.

The day after the inspection, the area manager informed us that additional heavy duty gloves and long handled brushes were now available and a system to replace them was now set up. In addition a protocol was now in place to ensure manual instrument cleaning was carried out in line with manufacturer's instructions.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw environmental cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. We noted that some clinical areas featured as part of the environmental cleaning schedule. For example, wiping the clinical overhead light. We highlighted this to the area manager who agreed the cleaner should not be expected to clean the dental equipment and assured us this would be addressed without delay.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance with the exception of dental plaster. The need to arrange an appropriate removal process for dental plaster was highlighted on the action plan in the pre-acceptance audit dated September 2016 but this had not been addressed. We highlighted this to the area manager who assured us this would be rectified.

The practice carried out infection prevention and control audits twice a year. The latest audit had been ineffective at highlighting the areas of improvement during the inspection which could have been identified within the audit process including, manual instrument cleaning, waste segregation management and instrument decontamination processes.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that some elements of treatment were not being consistently recorded. For example:

- Treatment options, including advantages and disadvantages
- Consent to treatment
- Post-operative instructions
- Periodontal assessments, measurements of dental disease and periodontal pocket charting were not routinely recorded and where required the discussion and explanation of diagnosis was not recorded.

Safe and appropriate use of medicines

Are services safe?

The practice stored NHS prescriptions as described in current guidance but there was no process in place to monitor and track their use.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. We saw documented evidence of incidents being recorded and discussed at practice meetings, including someone who had trapped their foot in the front door and an incident involving an ill-fitting oxygen mask.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We noted during discussion, that knowledge of British Society of Periodontology (BSP) guidance could be improved.

Helping patients to live healthier lives

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

We identified improvements could be made to ensure oral health preventive care and support to patients was delivered in line with the Delivering Better Oral Health toolkit and the British Society of Periodontology. For example:

- Patients with more severe gum disease were not consistently recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.
- Dentists were unfamiliar with guidance relating to taking basic gum scores for patients aged seven years and above.

Consent to care and treatment

We were told the practice staff obtained consent to care and treatment in line with legislation and guidance; this was not consistently recorded in patient's record cards.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could

make informed decisions, this was not always reflected in the records we saw. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists told us they assessed patients' treatment needs in line with recognised guidance. Improvements could be made to ensure all relevant information is consistently recorded in the patients dental care records.

Effective staffing

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

Staff told us they discussed training needs at annual appraisal. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for 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.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. There was no process in place to monitor and track referrals.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, knowledgeable and helpful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Patient survey results were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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. Staff did not leave patients' personal information where other patients might see it.

The practice stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Equality Act but were not aware of the Accessible Information Standards. (the Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given). Interpretation services were available for patients who did not have English as a first language.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

A Disability Access audit had not been completed. Patients had access to ground floor toilet facilities. There were steps into the practice but the footpath and gradient of the entrance made it difficult to use a portable ramp to accommodate patients with limited mobility. Patients who would benefit from step free access were referred to an alternative practice.

Staff told us that they telephoned some patients to remind them of their appointment and to make sure they could get to the practice.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet.

The practice had an efficient 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 day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with 111 out of hour's service.

The practice 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.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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 area manager was responsible for dealing with these. Staff told us they would tell the area manager about any formal or informal comments or concerns straight away so patients received a quick response.

The area 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.

We looked at comments, compliments and complaints the practice received in the last year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity to deliver high-quality, sustainable care. We found some improvements could be made to bring some clinical procedures in line with recommended guidance.

The company director, area manager and practice staff responded positively to the inspection process, were engaged throughout and welcomed feedback. Immediately after the inspection, the area manager acted to review our concerns and prioritise areas to address. The area manager informed us of areas they had acted upon since the inspection day but no evidence was sent to support this.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice and some staff members had worked at the practice for many years.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

We identified areas in relation to good governance where improvements could be made.

The practice had some systems of clinical governance in place which included policies, protocols and procedures. Processes supporting these were not fully understood in some areas or carried out correctly. In addition, they were not effectively monitored to ensure the practice was performing in accordance with recommended guidance and legislation. For example:

- The system to manage and monitor medical emergency medicines and equipment was not effective
- The system to manage and monitor infection prevention and control processes was not effective
- There was no system in place to dispose of dental plaster in line with recommended guidance

- There was no system in place to monitor maintenance and servicing for utilities and electrical equipment
- Systems in place to manage the safe use of X-ray equipment were not effective.
- There was no system in place to monitor and track prescriptions or referrals to other service providers.
- The system to consistently record appropriate detail in patients' dental care records was not embedded.

There were processes for managing risks but these required embedding and updating to reflect the practice procedures. For example:

- The sharps risk assessment did not reflect the process carried out at the practice
- A risk assessment for manual instrument cleaning was not in place
- A fire safety risk assessment had not been carried out by a competent person

The company directors had overall responsibility for the management and clinical leadership of the practice. The area manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

The practice were aware of the importance to protect patients' personal information.

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. The latest results showed 90% of patients would recommend this practice to friends and family.

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

There were systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Improvements could be made to ensure audit and surveys are carried out effectively to identify areas for improvement and ensure recommendations and resulting action plans were followed.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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>The registered person did not have effective systems in place to ensure that the regulated activities at P B Robinson (Doncaster) Limited 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> <p>The registered provider failed to ensure safeguarding training and safeguarding reporting procedures were embedded.</p> <p>The registered provider failed to ensure the process to manage safety checks for facilities and electrical equipment was effective.</p> <p>The registered provider failed to ensure the systems in place to manage the safe use of X-ray equipment were not actioned.</p> <p>The registered provider failed to ensure effective risk management was in place: In particular:</p> <ul style="list-style-type: none">• Safe use of sharps• Manual instrument cleaning• Fire safety <p>The systems to help manage governance were not effective. In particular:</p> <ul style="list-style-type: none">• The system to manage and monitor medical emergency medicines and equipment processes was not effective and failed to identify missing equipment.• The system to manage and monitor infection prevention and control processes was not effective.• The registered person failed to ensure prescriptions and patient referrals were monitored and tracked.• There was no system in place to dispose of dental plaster appropriately.

This section is primarily information for the provider

Requirement notices

- The system to consistently record appropriate detail in patient care records was not consistent and fully understood.

The systems in place to address audit action plans and results were not effective. In particular:

- X-ray survey action plan recommendations.
- Clinical waste pre-acceptance audit recommendations.
- Infection, prevention and control processes to produce an accurate action plan.

Regulation 17 (1)