

Mr Mariusz Turek

# Polscy Lekarze Dental Service

## Inspection Report

1st Floor  
306 Farnham Road  
Slough  
Berkshire  
SL1 4XL  
Tel: 07702 125889

Website: <http://lekarze.org.uk/dentysta.html>

Date of inspection visit: 11 November 2016

Date of publication: 05/01/2017

### Overall summary

We carried out a follow up inspection on 11 November 2016 of Polscy Lekarze Dental Service.

We had undertaken an announced comprehensive inspection of this service on 14 July 2015 as part of our regulatory functions and during this inspection we found breaches of the legal requirements.

After the comprehensive inspection, we asked the practice to provide us with an action plan to explain what they would do to meet the legal requirements in relation to the breaches. This report only covers our findings in relation to those requirements. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against three of the five questions we ask about services:

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

We have not revisited Polscy Lekarze Dental Service as part of this review because the practice was able to demonstrate that they were meeting the requirements without the need for a visit.

A copy of the report from our last comprehensive inspection can be found by selecting the 'all reports' link for Polscy Lekarze Dental Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### **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 well-led ?**

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

#### **Background**

The practice provides a range of dental treatments on a private basis. Approximately 95% of patients who use the service are Polish speaking. There is one dentist at the practice supported by a trainee dental nurse and the provider, who takes the role of receptionist and administrative support.

# Summary of findings

The practice offers appointments between 9.30am and 9pm every weekday and offers an emergency service at weekends. The practice owner, dentist and trainee nurse attend the practice when an appointment is booked, providing a 'drop in' service.

The dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

## **Our key findings were:**

- Audits were carried out every six months to assess the risks of cross infection in line with HTM 01 05 (national guidance for infection prevention and control in dental practices) Essential Quality Requirements for infection control.
- Staff received training in basic life support; and an automated external defibrillator (AED) was available in the practice.
- Dental care records contained details of all examinations undertaken.
- Medical history questionnaires included a section for patients to disclose any medicines taken.

There were areas where the provider could make improvements and should:

- Ensure a Legionella risk assessment is carried out by a competent person.
- Include in their clinical record keeping audit a section to reflect that oral health advice offered to patients is recorded in patients' dental care records.

# 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.

Since the last inspection on 14 July 2015 the practice implemented a system whereby infection control and prevention audits were undertaken at the required frequency. The practice acquired an automated external defibrillator (AED) and staff received training in basic life support.

**No action** ✓

### **Are services effective?**

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

Since the last inspection on 14 July 2015 the practice ensured that dental care records contained all relevant information such as the result of soft tissue examinations. The provider confirmed to us that the advice given to patients in respect of care and treatment was recorded in dental care records.

We asked the practice to send us a copy of their medical questionnaires, we could confirm that these included a section for patients to disclose any medicines taken.

**No action** ✓

### **Are services well-led?**

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

Since the last inspection on 14 July 2015 the practice implemented systems and processes to monitor safe and effective delivery of care and treatment; the practice carried out infection control audits every six months in line with HTM 01 05 (national guidance for infection prevention and control in dental practices) Essential Quality Requirements for infection control guidance; and audits of dental care records included elements such as results of soft tissue examinations.

**No action** ✓

# Polscy Lekarze Dental Service

## Detailed findings

### Background to this inspection

We undertook a follow up inspection of Polscy Lekarze Dental Service on 11 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in July 2015 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe, is the service effective and is this service well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

The inspection was carried out by a CQC assistant inspector who had access to advice from a specialist dental advisor.

Before carrying out the follow up inspection, we reviewed information sent to us by the practice that told us how the concerns identified during the comprehensive inspection had been addressed.



# Are services safe?

## Our findings

### Medical emergencies

During the comprehensive inspection in July 2015 we noted that not all members of staff had undertaken training on basic life support. We observed that the practice did not have access to an automated external defibrillator (AED), which is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

During our follow up inspection the practice provided us with certificates confirming that all members of staff had undertaken training on basic life support and we saw confirmation that a refresher course for the dentist had been booked and was due to take place in March 2017. The provider also sent us evidence that an AED had been obtained and was readily available for staff to use in case of an emergency.

### Infection control

During the comprehensive inspection in July 2015 we noted that the practice did not have a written legionella risk assessment. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We noted that hot and cold water was not held in tanks at the practice. The water for hand washing and other sinks came directly from the water mains. It was then heated to an appropriate temperature by individual water heaters below each sink. This meant the practice was of low risk for legionella. The risk level had not, however, been confirmed by a competent person undertaking an assessment.

During our follow up inspection the practice provided us with a written legionella risk assessment, which had been carried out in September 2016, where no risks or actions needed were identified; however, we could not be assured this risk assessment had been carried out by a competent person.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During our previous inspection we observed that medical history forms did not detail any medicines taken by patients; dental care records did not contain details of examinations or oral health advice given to patients.

During our follow up inspection the practice provided us with a clinical record keeping audit carried out in December 2015, with a low score as result; the practice repeated the audit in February 2016, scoring 100%.

### Health promotion & prevention

During the comprehensive inspection in July 2015 the dentist told us they offered oral health advice to patients but we did not see this recorded in the dental care records we checked.

During our follow up inspection the provider confirmed that oral health advice was recorded in dental care records and the dental care record audit scored 100%.



## Are services well-led?

### Our findings

#### Governance arrangements

During the comprehensive inspection in July 2015 we noted that the systems in place to monitor the safe and effective delivery of treatment were not operating effectively. The practice had failed to identify that they had not followed the current guidance to complete audits of infection control on a six monthly cycle and consequently did not follow published guidance (Health Technical Memorandum HTM01-05). The practice did not meet the General Dental Council (GDC) requirements in regard to holding the full range of equipment needed to deal with medical emergencies. The clinical record keeping audit had not recognised that dental care records were not completed in full.

During our follow up inspection evidence reviewed confirmed that the practice implemented the necessary systems and processes to comply with HTM01-05 requirements in respect of carrying out infection prevention and control audits every six months.

The practice obtained an automated external defibrillator (AED) and made it readily available for staff to use in case of emergency.

The provider ensured that dental care records included details of soft tissues examinations. The practice had implemented a system whereby dental care records were audited regularly. We were told that oral health advice given to patients was recorded in dental care records and dental care record audits confirmed that the compliance to the standards was 100%; evidence reviewed confirmed that medical history questionnaires contained a section for patients to disclose any prescribed medicines taken.