

Polska Przychodnia

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Contents

Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	3
Areas for improvement	4

Detailed findings from this inspection

Background to Polska Przychodnia	5
Detailed findings	6
Action we have told the provider to take	8

Overall summary

We carried out an announced focused inspection of Polska Przychodnia on 16 November 2015. We received concerning information regarding the infection prevention and control procedures used by the service when providing dental treatment. We carried out an inspection in response to those concerns. You can read the report from our previous inspection by selecting the all reports link for Polska Przychodnia on our website www.cqc.org.uk.

Our findings were:

- **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations regarding infection prevention and control in the provision of dental treatment.

Background

Polska Przychodnia is an independent consulting doctors service situated in Eccles, Manchester. It provides a range of consultation and treatment services including dental treatment, physiotherapy, dermatology, gynaecology and counselling mainly to Polish speaking patients. The

Summary of findings

service has two consulting rooms on the ground floor of the premises and a consulting room and dental treatment room on the first floor. A decontamination room is situated close to the dental treatment room.

The registered provider is also 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 service is run.

Dental treatment is provided by two visiting dentists and two part-time dental nurses at weekends. Appointments for dental treatment are available up until 8pm, however the manager confirmed they remained open up until 10.00pm if required. No clinics were operating on the day of the inspection and we were unable to speak with any patients attending the service for dental treatment.

Our key findings were:

- There were policies and procedures in place providing guidance on how to maintain a clean and hygienic environment
- The service did not consistently follow their own infection prevention and control policies or take account of the guidance about decontamination and infection control issued by the Department of Health
- There was a lack of assurance that the decontamination of re-useable instruments was consistently effective as there were no manufacturer's operating procedures or guidelines available and quality assurance checks were incomplete

We identified a regulation that was not being met and the provider must:

- Ensure the service's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure the equipment used for decontamination is safe and procedures are effective for the purpose of sterilising instruments used in dental treatments
- Ensure waste is stored securely in a clean and tidy environment and that the timeliness of its disposal is in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Ensure infection control audits are undertaken at regular intervals and learning points are documented and shared with all relevant staff
- Ensure the service has a written waterline management scheme in place and undertakes a Legionella risk assessment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure products used in infection prevention and control are identified under the Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely and used safely
- Ensure staff are skilled and knowledgeable about infection prevention and control procedures

You can see full details of the regulation not being met at the end of this report.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice at the end of this report).

There were policies and procedures in place providing guidance on how to maintain a clean and hygienic environment. However the service did not consistently follow their own infection prevention and control policies or take account of the guidance about decontamination and infection control issued by the Department of Health

There was a lack of assurance that the decontamination of re-useable instruments was consistently effective as there were no manufacturer's operating procedures or guidelines available and quality assurance checks were incomplete.

Waste materials were not stored securely and remained on the premises for long periods of time. There was no system in place for ensuring the quality of the water supply used in dental treatment and a risk assessment for Legionella had not been undertaken.

Requires improvement



Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure the service's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure the equipment used for decontamination is safe and procedures are effective for the purpose of sterilising instruments used in dental treatments
- Ensure waste is stored securely in a clean and tidy environment and that the timeliness of its disposal is in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Ensure infection control audits are undertaken at regular intervals and learning points are documented and shared with all relevant staff.
- Ensure the service has a written waterline management scheme in place and undertakes a Legionella risk assessment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Ensure products used in infection prevention and control are identified under the Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely and used safely
- Ensure staff are skilled and knowledgeable about infection prevention and control procedures

Polska Przychodnia

Detailed findings

Background to Polska Przychodnia

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We inspected the practice against one of the five questions we ask about services: Is the service safe regarding the infection prevention and control measures in place for the dental treatment provided.

The focused inspection was carried out on the 16 November 2015 by two CQC inspectors from the Care Quality Commission. The 2nd inspector was also a registered dentist and provided specialist dental advice.

During the inspection we toured the premises and spoke with the registered manager. We did not speak with the dentists and dental nurses on the day of the inspection as there were no dental clinics taking place that day. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of infection prevention and control in the provision of dental treatment.

Are services safe?

Our findings

Infection control

One of the visiting dentists was the infection control lead professional and provided the registered manager with support to ensure there was an infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing spillages, disposal of clinical waste products and decontamination guidance. There were hand washing facilities in the treatment room and staff had access to protective equipment for patients and staff members. Posters promoting good hand hygiene were displayed to support staff in following practice procedures.

However the service did not consistently follow their policies or the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

We looked around the premises during the inspection and found the dental treatment room appeared visually clean. Work surfaces were free from clutter and could be cleaned with ease to promote the required standards of infection control. The manager told us staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. However there were no cleaning schedules and infection control daily checks in place for the dental treatment room to support staff in maintaining infection control standards. The sharps bin was appropriately located on the work surface and not overfilled. However, the bin used for hazardous waste was not foot operated or sensor controlled to support the safe handling of waste.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection. However there was no clear zoning of dirty to clean areas in the decontamination room to reduce the risk of cross contamination. The work surfaces in the

decontamination room showed signs of wear and tear including damage to the surface and joints which were difficult to clean. The manager told us that the service was undergoing a refurbishment programme, however no plan was in place to provide assurance that work was being planned and carried out in a timely manner.

Re-useable instruments were cleaned manually and then rinsed. The manager told us separate bowls were used for cleaning and rinsing; however these were not clearly marked. The service's decontamination procedures stated that heavy duty gloves should be used when carrying out manual cleaning. However, the manager confirmed these were not available for staff.

The service's decontamination procedures directed staff to inspect all instruments under an illuminated magnifier to check for debris or damage. This equipment was available to support staff to complete the inspection effectively.

Two electric pressure steam sterilisers (pressure cooker type) were used for the decontamination of re-useable dental instruments. HTM 01-05 guidance indicates that services should ensure they have procedures which are in line with the safety requirements of the manufacturer and that sterilising equipment is installed, commissioned, validated, maintained and operated in accordance with the manufacturer's instructions; to ensure instruments are effectively sterilised and safe to use. For example, instruments should only be pre-wrapped prior to sterilisation in an autoclave when recommended by the manufacturer or if the autoclave is vacuum assisted. However, we found the service did not have an operating manual in place to ensure the manufacturer's requirements were being followed. Although the manager told us the autoclave was not vacuum assisted, instruments were being pre-wrapped prior to sterilisation. We found the label on the autoclave indicated the maximum temperature achieved during the cycle was 120 degrees celsius, however guidelines state that sterilisation parameters should be 134-137 degrees celsius for three minutes. The manager told us a temperature of 134 degrees celsius was achieved for 12 minutes during the sterilisation cycle. However, without the manufacturers operating instructions it was unclear if this could be consistently achieved.

Quality testing of the decontamination equipment took place with every sterilisation cycle completed and was recorded in a log book with the use of an indicator strip to provide assurance that the sterilisation process had been

Are services safe?

effective. (The strip turned black if the required temperature was reached). Records confirmed these had taken place however they were incomplete and did not provide adequate assurance. For example, they did not contain details of the pressure or temperature reached in the autoclave during the sterilisation cycle, the time of the check and the name of the person carrying out the quality check.

Following discussion, the registered manager confirmed they would obtain, as a matter of urgency, a set of manufacturer's guidelines for the type of autoclave being used. They confirmed they would then determine if their the sterilisation equipment and procedures were safe and effective for the decontamination of instruments used in dental treatments.

The registered manager showed us records confirming monthly maintenance checks were carried out on the autoclaves by an external engineer. However, there was no formal contract in place specifying what checks were carried out each month and the manager was unsure if the engineer had access to the manufacturer's guidelines for the autoclaves.

There was no system in place for ensuring the quality of the water supply used in dental treatment and the manager confirmed they had not completed a risk assessment for Legionella (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensures the risks of Legionella bacteria developing in water systems within the premises are identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. Control measure such as running the water lines in the treatment rooms at the beginning of each session and between patients, water testing weekly and monitoring cold and hot water temperatures each month were not formally identified in a written protocol and not monitored.

There was no evidence that the service helped to ensure staff had the right knowledge and skills to maintain hygiene standards by providing ongoing infection control training. The registered manager told us all staff had attended

infection control training in their work for the NHS in England or their practice in Poland. However there were no systems or records to provide assurance that infection control training was up to date.

The practice used hazardous products and disinfectants as part of their cleaning and sterilisation procedures. However they did not maintain a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations to support staff use them safely and effectively.

The practice did not carry out any audits regarding infection prevention and control such as the self-assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

We observed waste was separated into safe containers for disposal by a registered waste carrier. The registered manager confirmed they arranged for sharps to be collected approximately every four months and other hazardous waste every month. We looked at the waste consignment notes which showed collections had been made in August, September and November 2015, however the previous consignment note was dated June 2014. The manager told us they only provided dental treatment at weekends and that this schedule of waste collection was adequate for the amount of waste produced; however this resulted in waste materials being stored for excessive periods of time on the premises.

We looked at the area at the rear of the premises where waste materials were stored. There were two yellow hazardous waste bins, however only one was locked. The bins were not stored securely in a fenced off area or chained to the wall and there was easy access to the rear of the premises in line with fire regulations. Three other bins contained general waste, however they were overflowing and there was considerable debris in the storage area. The manager agreed that the area was insecure and was unacceptably untidy.

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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The practice did not have effective systems in place to: Ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for use and is used in a safe way. Assess the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. Regulation 12(1) (2)(e)(h)