

Polmedics Ltd

Polmedics Limited - Wellingborough

Inspection Report

18a Oxford Street
Wellingborough
Northamptonshire
NN8 4HY
Tel: 01933 440064
Website: www.polmedics.co.uk

Date of inspection visit: 8 September 2016
Date of publication: 14/11/2016

Overall summary

We carried out an announced comprehensive inspection of this practice on 1 March 2016. Breaches of legal requirement were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Polmedics Limited - Wellingborough on our website at www.cqc.org.uk

Our findings were:

Are services well-led?

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

Background

Polmedics Limited – Wellingborough is a dental clinic that also has clinics for family planning, gynaecology and

maternity situated in the centre of Wellingborough a town in Northamptonshire. The clinic caters mainly, but not exclusively, to the Polish community, and employs mainly Polish clinicians and staff.

This follow up inspection focused solely upon the dental services provided by the clinic. On the day that we visited these were the only services being offered. The clinic provides private dental services.

The practice is situated in a converted Victorian property. On the ground floor there is a waiting room with reception, the main dental treatment room and a decontamination room. In the basement there is a staff room, and storage areas. On the first floor are the second dental treatment room as well as a consulting room and a gynaecology treatment room. Toilets for staff and patients are on the first floor.

Since our last visit the registered manager has left the service, and the new practice manager had applied to be 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

Summary of findings

'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.

Following our visit we were informed that this practice manager had also left the service, and another application would be made to appoint a registered manager.

Our key findings were

- The practice had an automated external defibrillator for use in a medical emergency. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.
- A legionella risk assessment had been completed by an external contractor, and the practice were complying with the requirements of the assessment. Legionella is a bacterium found in the environment which can contaminate water systems in buildings.
- Audits of the service had been completed to highlight and improve quality.

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

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 well-led?

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

The practice had made changes to the governance arrangements and taken steps to ensure that all dentists were aware of current national guidance in the care and treatment of patients.

Changes had been made to the testing schedule of the ultrasonic cleaner, although the time between testing was variable. The practice manager assured us that this would be rectified immediately.

The practice were using clinical audit to assess and improve the quality of clinical care received by the patients. Audits in infection control, X-rays and record keeping were completed since our initial inspection.

No action



Polmedics Limited - Wellingborough

Detailed findings

Background to this inspection

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Polmedics Limited - Wellingborough on 8 September 2016. This inspection was

carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 1 March 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service Well-led. This is because the service was not meeting some legal requirements.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Are services well-led?

Our findings

Governance arrangements

Following our comprehensive inspection the practice had made several changes in their systems and protocols.

The practice had an Automated External Defibrillator. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. This was stored with the other equipment and medicines to manage a medical emergency and was checked regularly.

Changes had been implemented to the testing regime of the ultrasonic bath. This is a piece of equipment designed to clean dental instruments by passing ultrasonic waves through a liquid. We were shown record indicating the testing was being carried out, but this was not always at the appropriate time intervals. We raised this with the practice manager who assured us this would be further addressed.

A risk assessment for legionella had been completed by an external contractor on 17 March 2016. The practice were complying with the actions highlighted in the assessment.

The practice had addressed the actions highlighted in the fire risk assessment; this included providing basic fire training for all staff.

The practice had only one X-ray machine in use. At the time of the inspection the servicing documents for this machine could not be located: we received confirmation that servicing was carried out following the inspection.

We discussed the measures that the practice had put into place to ensure that dentists were up to date with relevant national guidance in the care and treatment of patients. The practice had put together a folder of such guidance and all dentists were required to read it and sign that they had done so, and understood the contents. This was then discussed with a dentist who was able to describe how the principles of the guidance were applied to their clinical practise.

The practice was receiving alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice and printed. The practice manager took responsibility for auctioning and/ or disseminating relevant alerts to the staff.

A policy and protocol to be followed in the event of an injury with a contaminated sharp had been implemented. A flow chart directed staff on the action to take and relevant contact numbers were listed to get advice or treatment.

Learning and improvement

The practice had undertaken clinical audit to highlight areas for improvement and effect those improvements.

An infection control audit was completed in March 2016 and had an action plan for improvement. We saw that these actions had been address for example: a stool which had a ripped cover had been replaced. After our visit we were sent the follow up audit which confirmed that standards in infection control were being met.

An audit of X-ray quality was being carried out monthly, but although data was being collected and analysed no actions had been put into place to effect an improvement in standards. Following our inspection the data was re-analysed into an operator specific audit which highlighted where improvements needed to be made with specific operators. An action plan was drawn up to address the concerns, and a timeframe for re-audit identified.

A record keeping audit was carried out following our initial inspection, this had highlighted areas where clinical record keeping was not as comprehensive as it should be. During our follow up inspection we were shown dental care records which demonstrated an improvement in standards, but the quality of notes was variable. A follow up audit was planned by the practice to assess any further improvements required.