

Polmedics Ltd

Polmedics Limited - London

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 23 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was not 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.

Polmedics is a dental practice located in the London Borough of Ealing. The practice is on the second floor and comprises of one surgery and a decontamination room. There is also a reception and waiting area. Toilet facilities for patients were also available.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice comprises of two directors, two dentists, an area manager, a trainee dental nurse and a receptionist. The practice was open Tuesdays and Fridays from 12-8pm.

The area manager 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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received feedback from four patients. The feedback from the patients was positive in relation to the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Summary of findings

Our key findings were:

- The practice had policies and procedures in place for child protection and safeguarding adults.
- There were arrangements in place to deal with foreseeable emergencies
- There was a complaints procedure available for patients.
- There were systems in place to reduce the risk and spread of infection. Staff had access to an automated external defibrillator (AED) and other equipment and medicines to manage medical emergencies in line with current guidance
- Patients' needs were assessed and care was planned.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice did not have systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA).
- There was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored. All staff had not undertaken training in key areas such as safeguarding children and adults, infection control and radiography.
- Equipment, such as the air compressor and autoclave (steriliser), were overdue for a service to check their effectiveness.
- The practice had a clear management structure but there were limited governance arrangements in place for the smooth running of the practice.
- Risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity had not been fully identified and mitigated.

We identified regulations that were not being met and the provider must:

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure suitable governance arrangements are in place and an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review its audit protocols to ensure infection control audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

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 not providing safe care in accordance with the relevant regulations.

The practice had some systems in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness.

Recruitment checks had not been undertaken suitably and all staff, where relevant had not had a check with the Disclosure and Barring Service.

The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography. Improvements could be made to the process of receiving alerts from relevant external agencies and in relation to the availability of equipment for managing medical emergencies and documenting checks as regards their suitability for use.

Are services effective?

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

The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. The practice worked well with other providers and made referrals where appropriate.

However, staff records were incomplete in relation to continuous professional development (CPD) and the practice was unable to fully demonstrate staff, where applicable, were meeting all the training requirements of the General Dental Council (GDC).

Are services caring?

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

We received feedback from patients on the day of inspection. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The practice had a complaints policy and procedure in place. The practice however, did not have a system in place to routinely collect feedback from patients.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the area manager. We were told staff meetings took place but were not documented.

Summary of findings

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records. The infection control audit had been completed however this was one for general practice instead of dentistry.

Limited governance arrangements were in place to guide the management of the practice. We noted that the practice did not have an infection control policy and risk assessments were overdue for a review. There was no evidence that staff were up to date with the CPD as recommended by the GDC and where relevant had not had a check with the Disclosure and Barring service.

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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 carried out an announced, comprehensive inspection on 23 March 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit, we reviewed policy documents. We spoke with three members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency

medicines and equipment. We observed a trainee dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area.

We received feedback from four patients. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from incidents. We were told that there had been no incidents in the past year. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The area manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff did understand the process for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was no system in place for recording such injuries. However, we were told that there had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. One of the principal dentist was the lead in managing safeguarding issues. We saw evidence that two members of staff had completed safeguarding training in the past 12 months. The staff we spoke with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had not been any safeguarding issues that had required to be reported to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the area manager.

The practice had carried out some risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had a health and safety policy and had carried out risk assessments relating to fire safety and Legionella. We found that the fire risk assessment was overdue for a review and that there was no risk assessment in place for sharp instruments.

We were told that the dentists used rubber dam for root canal treatments in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used

in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured). However, we found that the practice did not have a complete rubber dam kit.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. There was a practice protocol for responding to an emergency.

The practice had most of the emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary. This included emergency medicines, oxygen and an automated external defibrillator (AED). (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). We were told that the emergency equipment was checked regularly and we saw evidence of this.

We found that there was no spacer device for treating patients with asthma and no portable suction. Portable suction is used to clear the airway during a medical emergency.

We looked at three staff records. We were unable to find evidence that two members of clinical staff had received training in emergency resuscitation and basic life support.

Staff recruitment

There was a recruitment policy in place. We reviewed the recruitment records of the three clinical staff members employed at the practice and saw that the practice carried out some checks to ensure that the person being recruited was suitable and competent for the role. This included obtaining proof of identification and history of past employment. However, we did not find evidence in two clinical staff records looked at, that checks with the Disclosure and Barring Service (DBS) had been carried out. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We were told that one member of staff lived abroad and this was the reason a DBS

Are services safe?

check had not been undertaken in this country. There was a lack of assurance that an equivalent check had been undertaken to check the person's history in their home country. There was also no evidence that references had been obtained for staff and that the practice had checked that staff (where relevant) were registered with the General Dental Council. There was a copy of staff immunisation status for Hepatitis B in two of the staff records looked at.

The area manager assured us and undertook to obtain this information.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place and fire safety checks and drills were carried out.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were assessments where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks. However, we were told that the practice did not have systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA).

Infection control

There were systems in place to reduce the risk and spread of infection. The trainee dental nurse was unable to find the infection control policy, however we did see a written protocol for the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. There was no evidence that all staff members had attended a training course in infection control in the past year.

The practice had followed guidance on 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)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment room and the decontamination room which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. A trainee dental nurse showed us how they used the room, and we noted that they wore appropriate protective equipment, such as heavy duty gloves and eye protection. The water temperature was checked at the beginning of the procedure for cleaning instruments manually. A magnifier was used to check for any debris during the cleaning stages, however, an appropriate instrument cleaning detergent and instrument cleaning brush was not in use in accordance with HTM 01-05 guidance and the practice's own infection control policy.

Items were placed in an autoclave (steriliser) after cleaning. They were then placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclave was checked daily for its performance; however, the test carried out was not in accordance with HTM 01-05 guidance; for example, temperature and pressure check was not documented and a daily steam penetration test was not being carried out.

We were told regular infection control audits were carried out by the practice; the last one was carried out in March 2016; however the audit tool in use was for general practice rather than dental practice.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated prior to disposal; Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in September 2015. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There were good supplies of personal protective equipment including gloves, masks, eye protection and aprons for patients and staff members. There were hand washing facilities in the decontamination room, treatment room and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. We saw evidence of this in two of the staff records looked at.

Equipment and medicines

Are services safe?

We found that most of the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the X-ray and fire fighting equipment had all been inspected and serviced in the past year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety. However, there was no evidence that the air compressor and autoclave had been serviced since August 2014.

We noted dental materials were stored in a fridge as per manufacturer's guidance and that temperature checks were being carried out to ensure that items were being stored at the correct temperature.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. The local rules relating to the equipment were held.

There were suitable arrangements in place to ensure the safety of the equipment. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. Following an acceptance test being carried out on the X-ray machine recommendations had been made by the RPA in relation to the dose of X-rays used. It was unclear whether the dentists had taken action to address this recommendation. The area manager undertook to confirm that with one of the dentists.

One of the principal dentists was the radiation protection supervisor (RPS). There was no evidence that they had completed the necessary radiation training. The area manager told us that one of the principal dentists lived abroad and had completed training in their home country. No documentation was available to provide assurance that this had been undertaken. The last X-ray audit was carried out in March 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with the area manager. We found that the dentists regularly assessed patients' gum health and soft tissues (including lips, tongue and palate). The dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentist to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentists always checked people's medical history and medicines they were on prior to initiating treatment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentist identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. The dentist also carried out examinations to check for the early signs of oral cancer.

We observed there were limited health promotion materials in the reception area and improvements could be made to provide a wider range of leaflets.

Staffing

Staff told us they received professional development and training. We reviewed three staff training records and saw that one member of staff had completed continuing professional development (CPD) in responding to medical

emergencies, which is one of the subjects recommended by the General Dental Council; another member of staff had attended radiation training but there were no records that two members of staff had received this training. There was no evidence that one member of staff had attended safeguarding children and adults at risk training.

There was a system in place to cover staff absenteeism. There was no evidence that staff were engaged in an appraisal process whereby their training needs were identified and performance evaluated.

Working with other services

We were told that the practice referred patients who needed periodontal (gum) treatment to a periodontist and that patients were given a copy of the referral letter. We were also told that when the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our check of the dental care records found that these discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff were not aware of the Mental Capacity Act (MCA) 2005. They could not accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. (The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). We were told that staff had received training in this area however; there was no evidence of this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback received from patients who completed the CQC comment cards was positive. They mentioned staff's caring and helpful attitude.

We observed staff were welcoming and helpful when patients arrived to book an appointment. The receptionist spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment room. Patients indicated to us in their feedback that they were treated with dignity and respect at all times.

Dental care records were stored in paper format. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained.

The computer screen at reception was positioned in such a way that patient confidentiality was well maintained and confidential patient information could not be seen by others across the reception desk. Staff also told us that people could request to have confidential discussions in the treatment room, if necessary.

Involvement in decisions about care and treatment

Details of private dental charges and fees were on the practice website. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. Patient's confirmed that they felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. The practice was on the second floor; patients in wheelchairs could gain access to the surgery using a lift. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that a hearing loop was not available for patients who had hearing difficulties.

Access to the service

The practice was open Tuesdays and Fridays from 12-8pm.

Patients could book an appointment in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentists.

We asked the area manager about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. Staff told us that the patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients and there was information for patients about how to make a complaint in the waiting area. We were told there had been no complaints in the past year.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and relevant policies and procedures were in place; however the governance arrangements were limited. Risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity had not been fully identified and mitigated.

There was limited information available to assure us that staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council. There was no evidence that all staff had attended recommended training such as in safeguarding vulnerable adults and children at risk, medical emergencies, infection control and radiation training. There was also no evidence that necessary recruitment checks had been undertaken.

We saw a risk assessment in place for fire safety and a Legionella risk assessment had been undertaken and acted upon to minimise risks. There was no risk assessment for sharps and the other risk assessments were overdue for review.

We were told practice meetings took place, however these were informal and not documented therefore there was no evidence of this.

Leadership, openness and transparency

The staff we spoke with told us that they enjoyed their work and had enough time to do their job.

We found staff to be caring and committed and overall there was a sense that staff worked together as a team. Staff had a good, open working relationship with the principal dentists and area manager. There was however no system of undertaking staff appraisals to support staff in carrying out their roles to a high standard and staff had a good, open working relationship with the principal dentists.

Learning and improvement

We saw limited evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records. An infection control audit had been completed however this was one for general practice instead of dentistry

Practice seeks and acts on feedback from its patients, the public and staff

Staff said they could approach the area manager with feedback at any time, and we found the area manager was open to feedback on improving the quality of the service. Improvements could however be made to routinely gather feedback from patients and formally from staff.

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 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to:</p> <ul style="list-style-type: none">• assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity <p>Regulation 17 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not always ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties.• Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and training, learning and development needs had not been suitably identified, planned for and supported.

This section is primarily information for the provider

Requirement notices

- The provider had not made sure that staff were able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development.

Regulation 18 (2) (a) (c)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1), (2), (3)