

Luxmedica Limited

# Luxmedica Ealing

## Inspection Report

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### Overall summary

We carried out this announced inspection on 28 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 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.

##### **Background**

Luxmedica Ealing is an independent clinic in the London Borough of Ealing and provides private primary medical and dental healthcare services. Services are available to any feepaying patient. The dental care services are provided only to adult patients. The service-users at Luxmedica Ealing are predominantly Polish patients.

The dental team includes four dentists, two dental nurses and four receptionists. There were also two owners, a registered manager and an operation manager that oversee the running of the medical and dental services.

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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Luxmedica Ealing is the practice manager.

On the day of inspection, we collected 13 CQC comment cards filled in by patients. All of the comment cards we received were positive about the service. Patients said they were satisfied with the standard of care received and said the staff was approachable, committed and caring.

During the inspection we spoke with the two owners, the registered manager, one dentist, one dental nurse and one of the receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Saturday 9am to 9pm
- Sundays 10am to 5pm

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff were aware of infection control procedures which reflected published guidance.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The appointment system generally met patients' needs.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice asked patients for feedback about the services they provided.
- The practice's systems to help them manage risk required improvements.

- The practice was providing preventive care and supporting patients to ensure better oral health.
- Staff felt involved and supported and worked well as a team.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. All staff except one of the dentists had completed medical emergencies training.
- The practice had a suitable safeguarding policy. All staff except one of the dentists had received up to date safeguarding training.
- The practice had staff recruitment procedures in place, though improvements were required to ensure recruitment records were maintained suitably.
- Risks associated with recruitment of staff, Legionella infection, and medical emergencies and safeguarding training had not been suitably identified and mitigated.

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 responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- 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.

# 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 impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). 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. Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

All dental staff apart from one dentist had completed annual medical emergencies training. Another dentist we spoke with, who had completed medical emergency training, was not sure on how they would respond to certain medical emergency scenarios.

We were shown evidence that the provider had organised further training to take place at the practice for all staff to complete.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. This included regular flushing of waterlines, monthly water temperature checks and a Legionella risk assessment. Improvements were required so that any outstanding recommendations in the Legionella risk assessment were completed. The provider sent us evidence to show that an external company had been booked to carry out the outstanding recommendations.

We saw evidence that all dental staff apart from one dentist had received safeguarding training. The said dentist knew how to recognise the signs of abuse and how to report concerns. They were however not familiar as to whether a safeguarding policy or reporting form was available at the practice.

We were shown evidence that safeguarding training had already been booked prior to the inspection for all staff to complete and safeguarding policies and reporting forms were now available for staff use.

Staff were qualified for their roles. The practice management told us they completed essential recruitment checks before employing staff. They, however did not have all relevant documentation to confirm this in all instances.

### Requirements notice



# Summary of findings

## 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 professional and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice's consent policy included information about the Mental Capacity Act 2005. One of the dentist did not understand 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. One of the dentist was not aware of the competency test. We were told by the provider that the service was set up only for adult patients and no children under the age of 16 received dental care treatment at the location.

No action



## Are services caring?

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

We received feedback about the practice from 13 people. All patients were positive about all aspects of the service the practice provided.

They said that they were made to feel relaxed and safe. Staff gave them helpful 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.

Staff considered patients' different needs. Facilities for disabled patients using a wheelchair were not available, as all surgeries were located on the second floor, however patient were signposted to other similar services with wheelchair access. This information was available in the practice leaflet or discussed if a patient contacted them. The service had not carried out the Disabled Access Audit.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



# Summary of findings

## 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).

Risks associated with recruitment, Legionella infection and medical emergencies and safeguarding training had not been suitably identified and mitigated.

The practice had arrangements to ensure the smooth running of the dental service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice team kept complete patient dental care records that were stored securely.

The dental aspect of the service monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients.

## Requirements notice



# Are services safe?

## Our findings

### **Safety systems and processes including staff recruitment, Equipment & premises and Radiography (X-rays)**

Policies were regularly reviewed and were accessible. We saw evidence that all dental staff apart from one dentist were up to date with training in safeguarding of children and vulnerable adults. The dentist we spoke with had previously received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. They were however not familiar as to whether a safeguarding policy or reporting form was available at the practice.

We were shown evidence that safeguarding training had been booked prior to the inspection for all staff to complete and safeguarding policies and reporting forms were now available.

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 staff recruitment policy and procedure to help them employ suitable staff. The practice did not use locum or agency staff.

The recruitment policy reflected the relevant legislation.

We looked at ten staff recruitment records across the service. These showed the practice were not following their recruitment procedures or relevant legislation. Documents such as evidence of satisfactory conduct in previous employment and contracts were missing from some staff records. The registered manager managed to locate some during the inspection. However, the records in general were not ordered in a way whereby documents could be located efficiently. They could not provide us with assurance that all relevant checks had been undertaken.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw records confirming the servicing, maintenance and regular checks of these appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

On the day of the inspection, the provider was unable to provide documentary evidence that 10 clinical staff across the service had received fire safety training. All administrative staff had received fire safety training.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out annual radiography audits in line with current guidance.

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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. The practice had an up to date sharps risk assessment; one of the dentist though was unaware of how to report a sharps injury.

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.

# Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of the checks to make sure these were available, within their expiry date, and in working order.

All dental staff apart from one dentist had completed annual medical emergencies training. Another dentist we spoke with, who had completed medical emergency training, was not sure on how they would respond to certain medical emergency scenarios.

We were shown evidence on the day that the provider had organised and set up training to take place at the practice, for all staff to complete.

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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was 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. This included records of water testing and dental unit water line management. A Legionella risk assessment had been carried out. Improvements were required so that all outstanding recommendations in the Legionella risk assessment were completed.

The provider sent us evidence to show that an external company had been booked to carry out the outstanding recommendations

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## **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 individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The practice stored and kept records of prescriptions as described in current guidance.

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

## **Track record on safety**

The practice monitored and reviewed safety incidents. All incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. This helped it to understand risks that would lead to safety improvements.

On the day of the inspection, the provider was unable to provide documentary evidence that 10 staff had completed health and safety training.

# Are services safe?

## **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. There was an accident book and a general incident reporting form available at the reception. We reviewed the record of a significant event

that had occurred during the last 12 months. We noted that the provider had also submitted a statutory notification to the CQC for the event. Improvements could be made to suitably record such events and share information with relevant staff.

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 saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with Guidance.

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

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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. 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. One of the dentist was unsure of 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. One of the dentist was not aware of the competency test. We were told by the provider that the service was set up only for adult patients and no children under the age of 16 received dental care treatment at the location.

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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Effective staffing

The registered manager showed us evidence that all new staff had a period of induction based on a structured induction programme. They told us staff had completed the continuing professional development required for their registration with the General Dental Council. Improvements were needed as one of the dentists had not completed medical emergency and safeguarding training. We were shown evidence on the day that the provided had already organised and set up training to take place at the practice for all staff to complete the required mandatory training.

Some staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for dental nurses 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.

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

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.

The practice monitored all referrals to make sure they were dealt with promptly.

# 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 and gentle. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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

### **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 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. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care:

- Most of the patients seen at the practice were Polish. Online interpretation services were available for patients who did not have Polish or English as a first language.
- Staff communicated with patients in a way that they could understand; communication aids and easy read materials were available.

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 website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist we spoke with described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, 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.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Which included providing patients that could no longer use the stairs details of another nearby practice that could accommodate them.

A Disability Access audit had not been completed to assess the suitability of the premises for access to people with disability.

### Timely access to services

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

The practice displayed its opening hours in the premises and on their website.

Patients could make appointments by telephone or in person.

The practice had an 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.

The practice website 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 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 registered manager told us they were responsible for dealing with complaints.

They told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. We looked at comments and complaints the practice received. We saw that these had been handled in line with their policy.

Improvements were required to ensure information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The service was run by two directors, supported by a medical advisor, an operation manager and a CQC registered manager. Staff we spoke with told us that the leaders were visible and approachable. They told us they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The registered manager told us they were responsible for updating and organising staff recruitment details and monitoring training. The systems and processes for carrying out these roles needed improvement. The registered manager acknowledged that there were shortfalls and said they were very new to the role and were in the process of implementing the changes needed. We did not see evidence of the registered manager delegating roles to other team members.

### Vision and strategy

The provider had a clear vision to provide a high-quality and effective healthcare service.

### Culture

The provider encouraged a culture of openness and honesty.

The practice had a culture of high-quality care, which focused on the needs of patients.

Staff stated they felt supported and valued. They were happy and proud to work in the practice.

The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

The provider was aware of and complied with the requirements of the Duty of Candour.

### Governance and management

The systems for responsibilities, role and accountability needed improvement to support good governance and management. Some staff were unclear about their own roles or of other key staff members. One of the dentists was not aware of protocols that were in place at the practice.

The two owners had overall responsibility for the management and clinical leadership of the practice and the registered manager was responsible for the day to day running of the service.

Risks associated with recruitment of staff, Legionella and staff training in medical emergencies and safeguarding of children and vulnerable adults had not been suitably identified and mitigated.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Dental care records were available in paper format and also recorded on a secure electronic system.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The service was registered with the Information Commissioners Office (ICO).

### Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients and staff.

The practice used patient surveys to obtain patients' views about the service. Comments and feedback were encouraged and reviewed. The service had carried out patients' survey in August 2017 and staff survey in May 2017. This was highly positive about the quality of service patients received and staff satisfaction levels.

Staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The service had initiated an online networking tool to communicate quickly with staff members. This networking platform was used to share information, staffing matters and monitor the resources.

## Are services well-led?

Staff meetings were held regularly which provided an opportunity for staff to learn about the performance of the service.

The service was transparent, collaborative and open with stakeholders about performance.

The provider had a whistleblowing policy in place. (A whistle-blower is someone who can raise concerns about practice or staff within the organisation.)

### **Continuous improvement and innovation**

The practice undertook audits of dental care records, radiographs and infection prevention and control. They had records of the results of these audits and the resulting

action plans and improvements. The infection control audit had identified that hand cream was not available for staff to use after following the hand washing protocol. This was rectified and hand cream was now available

The registered manager carried out annual appraisals of dental nurses. We saw evidence of completed appraisals in the staff folders. Annual appraisals for four of the receptionists wasn't due to taken place until January 2019.

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><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular this was in relation to:</p> <p>Systems were not in place for maintaining staff recruitment documents at the location</p> <p>Staff training details were not maintained and the provider did not have complete records to evidence training they told us some staff had completed.</p> <p>There was additional evidence of poor governance. In particular:</p> <p>There was no comprehensive or orderly system in place for staff awareness of policies and other key documents for running the service, as not all staff were aware of where policies and documents were stored.</p> <p>The practice Legionella risk assessment had recommendations that had not been actioned.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>In particular:</p>

This section is primarily information for the provider

## Requirement notices

Systems were not in place for all staff to be offered an annual appraisal

**Regulation 17(1)**