Victoria Dental & Healthcare Limited

Victoria Dental & Healthcare

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 2 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

The CQC previously inspected Victoria Dental & Healthcare Limited (known as Victoria Clinic) on 26 October 2017 and asked the provider to make improvements of the medical service. The registered provider had failed to ensure safe services were delivered, systems to monitor and support medical doctors were not established and effective systems of governance were not in place. We issued one warning notice in respect of Good governance; Regulation 17 HSCA (RA) Regulations 2014 and one requirement notice in respect of Safe care and treatment; Regulation 12 HSCA (RA) Regulations 2014.

The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Victoria Dental & Healthcare Limited on our website at www.cqc.org.uk

The inspection of the dental service, was undertaken at the same time on 26 October 2017, and we found it to be meeting the regulations.

We carried out this follow up comprehensive inspection to the medical service on 2 August 2018 to confirm that the registered provider had carried out their plan to meet the legal requirements in relation to the breach in

Summary of findings

regulations that we identified in our previous inspection of 26 October 2017. This inspection visit identified improvements had been made in service delivery for key questions Safe, Effective and Well Led.

Our key findings were:

- Since the last inspection the registered manager had taken action and implemented governance systems to monitor and review clinical practice. This included clinical support and staff development.
- Action had been taken to improve the quality of handwritten patients' medical records.
- Training certificates demonstrated doctors were trained to the appropriate children's safeguarding level.
- The system for recording and sharing learning from significant events was established and this was supported by a significant event policy and procedure.
- The system for communicating and acting on patient safety alerts was established and action taken as required.
- Meeting minutes showed the doctors employed by the service had attended team meetings. The minutes showed these meeting to be a forum to share learning.
- The registered manager obtained advice and support from clinicians to improve clinical governance of the service.
- Information about services, fees and how to complain was available.
- Infection control arrangements were good. The premises were clean, tidy and fit for purpose.
- Medicines and equipment for dealing with medical emergencies were available and an effective system was in place to monitor their use and expiration dates.
- Systems to ensure appropriate follow up for abnormal blood and other test results were in place but these required strengthening.
- The registered manager had implemented systems to ensure doctors did not dispense medicines brought from outside the UK.

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

- Review and develop the procedure to provide a safe and consistent framework for doctors to respond to a patient's refusal for further tests and investigations.
- Review the system of responding to abnormal test results by consistently recording the date feedback was provided to the patient.
- Review the policy for notifying the patient's GP of treatment, changing the options to an automatic opt in agreement unless specifically requested to the contrary by the patient.
- Review and develop further, a programme of continuous quality improvement activity.
- Review, formalise and record systems of patient identification including parental responsibility.

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 service was providing safe care in accordance with the relevant regulations.

Since the previous inspection in October 2017 the service had taken action to improve the safety of the service provided.

- An incident policy and procedure was now in place and this was used to review significant incidents. Learning was shared with the staff team from incident investigations.
- Action was taken as appropriate in response to patient safety alerts.
- Staff were appropriately trained in safeguarding children and adults. Doctors were trained to safeguarding level 3.
- Designated staff acted as chaperones and they had received training for this role.
- A medicine management protocol was in place including a prescribing protocol.
- Prescription forms were securely stored and a system was in place to track their use.
- Following the last inspection, the administration of medicines brought into the country from Poland by a doctor was stopped immediately.
- An audit of medical records had been undertaken and improvements made in the quality of record keeping.
- The service was equipped and staff were trained to respond to emergencies. All staff had received twice yearly basic life support training.
- Infection control arrangements were good. The premises were clean, tidy and fit for purpose.

We found areas where improvements should be made relating to the safe provision of treatment. These included:

- Systems had improved to ensure abnormal test results were reviewed and responded to. The provider should improve this further by consistently recording the date of feedback provided to patients.
- The provider should implement a procedure to provide a safe and consistent framework for doctors to respond to a patient's refusal for further tests and investigations.
- The service respected patient choice regarding contact with their GP. However, the provider should review the emphasis of the policy regarding consent to notify the patient GP so that this automatically opted the patient into this agreement unless specifically requested by the patient to opt out.

Are services effective?

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

Since the previous inspection in October 2017 the service had taken action to improve the effectiveness of the service provided.

- Recruitment and induction processes were in place.
- Records of staff training, including training certificates were available for all staff, including medical doctors.
- Training certificates demonstrated doctors were appropriately trained in safeguarding.
- Staff had received training appropriate to their roles, including training in relation to the Mental Capacity Act 2005 and consent.
- The service had undertaken some clinical audit since the last inspection including an antibiotic prescribing audit and audit of the quality of recording in medical records.

Summary of findings

- Staff meetings were held regularly and since the last inspection meetings had been undertaken with the medical doctors. Minutes from these meetings showed learning was shared and that clinical case reviews were undertaken alongside national best practice guidance.
- Records showed that clinical peer support and mentorship had been undertaken.

We found one area where further improvements should be made relating to the provision of treatment. This included:

- If the patient was a child informal checks to verify their identity and establish parental responsibility had been implemented since the last inspection. However, systems should be improved to formalise and record patient identification including parental responsibility for children.

Are services caring?

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- CQC comment cards received provided complimentary feedback regarding the service they received.
- Consulting rooms were designed to maintain patients' privacy and dignity and screens were provided during examinations, investigations and treatments.
- A private room was available if patients wanted to discuss sensitive issues or appeared distressed.

Are services responsive to people's needs?

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

- Information about the services and how to complain was available. Since the previous inspection the service had not received any complaints.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Access to the premises was suitable for patients with disabilities.
- The service was open seven days per week and night time appointments up to 10pm were available.
- Patient information, including cost of the treatments available, was provided in Polish and English and was available in the service information leaflet and on their website.
- All service staff spoke Polish and English. Some staff spoke additional languages.

Are services well-led?

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

Since the previous inspection in October 2017 the service had taken action to improve the leadership and governance of the medical service provided.

- This inspection identified evidence of quality improvement activities including clinical audit.
- Doctors had attended clinical team meetings where information sharing including learning from significant events was communicated.
- Meeting minutes also demonstrated clinical case reviews and best practice guidance were discussed.
- The registered manager was seeking additional support to provide clinical leadership.
- An audit of handwritten patient medical records had been undertaken and action implemented where improvement was identified.
- A range of policies and procedures were available and these were accessible to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Summary of findings

- The registered manager had extended the patient feedback service to include patients seeing the doctors. The sample of patient feedback forms we viewed had rated the service as either good or very good.

We found one area where improvements should be made

- Since the last inspection clinical audits had been undertaken. However, a programme continuous quality improvement activity would further support the governance arrangements of the service.

Victoria Dental & Healthcare

Detailed findings

Background to this inspection

Victoria Dental & Healthcare (which operates as Victoria Clinic), 109 Corporation Street, Manchester M4 4DX is registered with the Care Quality Commission (CQC) as an independent provider of dental and medical services and treats both adults and children at one location in Manchester. The web address for the service is: victoriaclinicmanchester.uk/home

The service is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder and injury
- Maternity and midwifery services.

Services are provided primarily to Polish people who live in the United Kingdom with English as a second language and are available on a pre-bookable appointment basis.

This is not a GP service. The service employs doctors on a sessional basis who are working within their specialised field of either gynaecology, internal medicine, dermatology, orthopaedics or psychiatry. Medical consultations and diagnostic tests are provided by the service. No surgical procedures are carried out.

All the doctors are appropriately registered with the General Medical Council (GMC)

Victoria Clinic is open from 11am until 10pm seven days per week. The provider is not required to offer an out of hour's service or emergency care. Patients who require emergency medical assistance or out of hours services are requested to contact the NHS 111 service or attend the local accident and emergency department.

A CQC lead inspector supported by a medical specialist advisor undertook this follow up comprehensive inspection on 2 August 2018.

During our inspection we spoke with the registered manager, the head nurse and two receptionists. We also viewed personnel files, training records, service policies and procedures and other records about how the service is managed. We reviewed the treatment records of 12 patients. We received 10 patient comments cards and these all contained positive comments.

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

At our previous inspection on 26 October 2017, we saw that the service was not providing safe care in respect of safeguarding; patient records and some aspects of medicines management. These arrangements had improved when we undertook a follow up inspection on 2 August 2018.

Safety systems and processes

The service had improved its systems to keep people safe.

- Safeguarding policies and procedures with contact numbers for the local adult and children's safeguarding team were available. Training records demonstrated all staff were trained to the appropriate safeguarding level. Training certificates for the medical doctors for children's safeguarding level 3 were now available. Staff spoken with had a good understanding of safeguarding children and adults.
- The service now had designated team members who were trained to provide a chaperone service when required.
- The sample of recruitment records (three doctors, one nurse and one receptionist) we viewed showed appropriate staff checks had been undertaken at the time of recruitment. This included evidence of DBS checks. (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).
- Doctors were appropriately registered with the General Medical Council (GMC) and revalidated in accordance with legislation. Appropriate indemnity insurance was in place.
- The premises were clean and tidy and a cleaning schedule was in place for the different areas and treatment rooms. Regular cleaning audits were completed.
- Infection prevention and control audits were undertaken and supported with daily checks and monitoring of the service and treatment rooms. Staff had completed infection prevention control training.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order. This included fire safety and electrical and calibration checks on equipment.
- The service had procedures to reduce the possibility of Legionella or other bacteria developing in their water systems. A legionella risk assessment was in place and we saw evidence of staff carrying out monthly water temperature testing and regular water quality testing.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Arrangements were in place to respond to emergencies and major incidents.

- The service had a defibrillator and oxygen available on the premises. Action had been taken since the last inspection to ensure oxygen masks for both adult and children were available. Regular maintenance and checks were undertaken to ensure these were in good working order and had not passed their expiration date.
- A first aid kit and accident book were available.
- All staff received twice yearly basic life support training.
- Emergency medicines were easily available to staff in a secure area of the service and all staff knew of their location.
- All the medicines we checked were stored securely and a system was in place to ensure they remained in date and fit for use.
- Appropriate medical indemnity insurance was in place for all clinical staff.

Information to deliver safe care and treatment

At the previous inspection in October 2017, we noted that patient records did not always record the required information as detailed in the GMC guidance (Paragraph 21, Good Medical Practice, 2013). We reviewed a sample of twelve patients records and identified that these provided evidence of comprehensive clinical assessment.

- Patient records were stored securely and staff had received training in the new data protection legislation, General Data Protection Regulation (GDPR).
- The quality of recording in patient records had improved since the last inspection and these were all recorded in English. However, we noted these could be further improved. For example, patient records did not always record vital observations (temperature, pulse, blood pressure and weight). The registered manager confirmed that the nurse would undertake these for each patient prior to the medical consultation.

Are services safe?

- Systems to ensure pathology results were received and responded to were now in place, although written records did not always detail the date feedback was provided to patients.
- Records showed doctors emphasised the importance of essential tests and investigations to patients who required these, but also respected a patient's decision not to proceed with these, advising them to visit their GP. A standard operating procedure to provide a safe and consistent framework for doctors to respond to a patient's refusal for further tests and investigations was not in place.
- The last inspection identified the service did not routinely share information with the patients' GP. The service had tried and continued to try to implement sharing of information with patient GPs. The service's medicine management policy stated that that a patient's GP should be informed about any medicines prescribed to the patient. However, we heard that some patients refused permission for their GP to be contacted and other patients were not registered with a GP.
- The registered manager confirmed they were reviewing IT systems that had the facility to record both dental and medical records.

Safe and appropriate use of medicines

- Medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements in place for the removal of pharmaceutical waste.
- At our previous inspection in October 2017 we noted the service did not have a prescribing protocol and audits to monitor the quality of the prescribing had not been undertaken. A medicine management policy was available at this inspection and this was supported by an antimicrobial prescribing policy and a children's prescribing policy.
- The service had also undertaken an audit of antibiotic prescribing which reviewed the reason for the prescription, compliance with the antimicrobial policy and comparison with NHS prescribing.
- The service issued private prescriptions to some patients. Prescriptions were stored securely and there was a system in place to track their use.
- The last inspection identified concerns relating to medicines brought into the country from Poland, which were not licensed for use in England. The registered manager stopped this practice immediately and implemented a significant event investigation into this to learn lessons and prevent reoccurrence.

Track record on safety

At the last inspection an incident reporting policy was not in place and there was no formal process in place to report, record or learn from incidents or significant events.

- A significant events policy was available at this inspection and staff meeting minutes showed that incidents and learning from these were shared with the team. Staff we spoke with were aware of the incident reporting procedure.
- The doctors employed at the service worked on a sessional basis, usually at weekends. This presented a challenge to ensure they were updated in relation to significant events and patient safety alerts. Emails and doctors meeting minutes were available that demonstrated shared learning from significant incidents.
- Examples of improvement because of significant events included the opening of mail addressed to a doctor to ensure timely action, and the development of protocols for responding to blood test results.
- A system was in place to receive national patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 26 October 2017, we saw that the service was not providing effective care in respect following current evidence based guidance, implementing systems of clinical support and evidence of quality improvement activity. These arrangements had improved when we undertook a follow up inspection on 2 August 2018.

Effective needs assessment, care and treatment

The inspection in October 2017 identified a lack of evidence to demonstrate the service was providing care and treatment in line with best practice guidance and standards. This inspection identified that the registered manager and doctors working at the service discussed National Institute for Health and Care Excellence (NICE) best practice guidelines. Meeting minutes showed for example NICE guidance for antimicrobial prescribing were discussed in June 2018.

Minutes of doctor's meetings also demonstrated patient case reviews were undertaken which reviewed care and treatment alongside NICE guidance.

Monitoring care and treatment

This inspection also identified clinical quality improvement activities had been undertaken. These included a clinical audit of antibiotic prescribing and an audit of the quality of doctors' medical notes recording. Doctor meeting minutes also showed that group supervision and shared learning was undertaken and this was linked with NICE guidance.

Effective staffing

- The service had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals. All staff had received an appraisal in the last 12 months.
- Evidence was available that showed clinical support was provided to doctors.
- All staff had received training that included: safeguarding, basic life support, fire safety awareness, the Mental Capacity Act 2005, consent, confidentiality and equality and diversity. Role-specific training and updates was also provided for staff.

Coordinating patient care and information sharing

- Examination of a sample of patient records identified that patient GPs were notified of the outcomes of the consultation and this included test results and prescribed medicines. However, there were exceptions. For example, one set of records noted the patient refusal to notify their GP despite clear warnings regarding the importance of this. Another set of patient records indicated the patient did not have a GP and a third set of patient records noted that a letter for the patient's GP was provided to the patient.
- Records indicated that doctors referred patients to a range of specialists in primary and secondary care if they needed treatment that the service did not provide.
- Since the last inspection the service had improved their system for responding to pathology test results. This ensured all medical tests were logged and results were reviewed quickly and responded to as appropriate. We noted the log of results could be further improved by recording feedback from doctors once reviewed.

Supporting patients to live healthier lives

The registered manager told us patient education regarding the person's individual health and wellbeing was undertaken by the clinician during the patient consultation. The registered manager said the doctors used computer simulation programmes to explain the importance of healthy lifestyles and different disease processes.

Consent to care and treatment

- The service had a consent policy and staff understood the importance of obtaining and recording patients' consent to treatment. Bespoke consent forms had been developed for the different treatment available. The patient records we reviewed all contained signed consent forms.
- The consent policy included information about the Mental Capacity Act 2005. All staff members had received training on their responsibilities under the Act when treating adults who may not be able to make informed decisions.
- The consent policy had been updated since the last inspection and now contained reference to Gillick competence (Gillick competence is used to decide

Are services effective?

(for example, treatment is effective)

whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff spoken with had a good understanding of Gillick competence.

- Staff spoken with were aware of checking identity of patients including those with parental responsibility.

However, this was undertaken informally through conversation with the child and adults. A formalised recorded process would provide additional safeguards for the service and the patients.

Are services caring?

Our findings

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

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was positive about the way staff treat people. Ten CQC comment cards were received and these all contained complimentary feedback about the service they received and the staff working at the service.
- Staff understood patients' personal, cultural, social and religious needs. Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

- Staff helped patients to be involved in decisions about care and treatment.
- All staff spoke English and Polish. Some members of staff were also able to speak additional languages, including Russian. The service provided information in English and Polish.
- The service gave patients clear information to help them make informed choices including information on the website. The information included details of the specialist doctors, the scope of services offered and the schedule of fees.
- Patients were also able to access information and patient feedback on a social media site.

Privacy and Dignity

- The service respected patients' privacy and dignity.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The service made reasonable adjustments for patients with disabilities. This included a lift to access the facilities, an accessible toilet with hand rails and an assistance call bell.
- Baby changing facilities were available and there were play tables for children in the reception area.
- Staff told us that most patients attending the service were either Polish or English speaking. Translation services were therefore not necessary as staff spoke both Polish and English.
- An information booklet explaining the service provided was available in the waiting room. This included arrangements for dealing with complaints, arrangements for respecting privacy and dignity.
- All patients attending the medical service referred themselves for treatment; none were referred from NHS services. Medical records we viewed showed that doctors referred patients to NHS services when appropriate.

Timely access to the service

- The service displayed its opening hours in the premises, within their information leaflet and on their website.
- The service operated seven days each week between the hours of 11am and 10pm.
- Appointments were available on a pre-bookable basis.
- Urgent medical appointments were not provided.

Listening and learning from concerns and complaints

- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. However, since our inspection in October 2017 the service had not received any additional complaints. Records were available from that time which showed complaints were responded to quickly and action taken to improve services.
- Information about how to make a complaint or raise concerns was readily available in the service information leaflet and on the service website.
- The complaint policy and procedures had been reviewed and updated since our last inspection.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

At our previous inspection on 26 October 2017, we saw that the service was not providing a well led service. Governance arrangements including clinical oversight required improvement. These arrangements had improved when we undertook a follow up inspection on 2 August 2018.

Leadership capacity and capability;

- The nominated individual of the service was also the registered manager. (A nominated individual has responsibility for supervising the way in which regulated activities are managed. A registered manager is a person who is registered with the CQC to manage the service). They were knowledgeable about issues and priorities relating to the quality and future of services.
- Following the inspection in October 2017 the registered manager implemented action to improve the quality and safety of the medical services division of Victoria Clinic.
- The service had a small stable team of staff. Staff confirmed the registered manager and the practice manager were visible and approachable. They confirmed they could discuss issues and concerns with leaders openly and were confident that these would be responded to appropriately.
- Records showed that staff were supported with team meetings, training and appraisal.
- Systems to support doctors had improved and we saw evidence that showed clinical peer review and support was implemented.

Vision and strategy

- The registered manager had a clear vision and set of values to deliver high quality care.
- The staff team we spoke with demonstrated commitment to this vision and were working with registered manager to achieve the best service for their patients.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work for the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, significant event and complaints records showed the service acknowledged and responded openly when things went wrong and provided full explanations and apologies to patients and customers in accordance with the Duty of Candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so.

Governance arrangements

Since the last inspection the registered manager had reviewed the governance arrangements of the medical service and had acted to improve this. For example:

- A significant event policy and procedure was now in place and recorded evidence of incident investigation was available. Meeting minutes and emails sent to staff demonstrated learning from these was shared with the whole staff team.
- Minutes from two team meetings with the medical doctors had been undertaken since the previous inspection. These provided evidence of clinical peer review and discussion about specific medical cases, NICE guidance and learning from incidents.
- Monthly team meetings were held, minutes from which showed areas of discussion included issues and concerns, best practice guidance and shared learning.
- A range of practice and clinical policies and procedures were available in paper format. These were accessible to all staff. The sample of policies we saw had been reviewed and updated.
- The registered provider had implemented some quality improvement activities. This included clinical audits of medicine prescribing and audits on the quality of recording of medical records. A recorded programme of continuous clinical quality improvement was not available. This would support the service governance arrangements.

Managing risks, issues and performance

The registered manager had acted to improve the service delivery and minimise potential risks to patients and staff. For example:

- A business continuity plan with key contact numbers for staff in the event of interruption to the service was now in place.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The registered manager was working with a medical clinician to put processes in place to provide clinical

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

oversight and support to doctors who provided a wide variety of services on a sessional basis. The manager also encouraged doctors to provide clinical input into the development of the services.
- The registered manager was seeking ways to provide additional clinical leadership and expertise to drive quality improvement.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place and these were reviewed regularly. These included health and safety, fire safety and infection control risk assessments.

Appropriate and accurate information

- Patients' medical records were stored in locked cabinets located in a secure area of the service.
- The registered manager was aware that an electronic programme to record medical patient records would improve record keeping and was researching available IT systems that supported both dental and medical patient recording.
- An audit of medical records had been introduced to make sure the information provided met best practice guidance and standards.
- There were arrangements in place, in line with data security standards, for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Staff had received training on the new General Data Protection legislation (GDPR).

Engagement with patients, the public, staff and external partners

Since the last inspection the registered manager had extended the patient survey they undertook with dental patients to include patients seeing the medical doctors.

- We reviewed a sample of 11 patient feedback responses for three different doctors completed between April and July 2018. These all rated different aspects of the service received either as good or very good.
- Patients could post and view patient feedback on the provider's website and social media page.
- The ten CQC feedback comment cards received all recorded positive feedback about the services provided at Victoria Clinic.

Continuous improvement and innovation

The registered manager was committed to providing a safe, quality service to the patients attending the Victoria Clinic.

- They had acted in response to the previous inspection findings and intended to continue with improvements. This included encouraging clinical input and support from the medical doctors working at the service.
- The stable staff team demonstrated a commitment to deliver a safe, quality service
- Planned expansion of services and refurbishment of treatment rooms had taken place.