

Vital Europe UK Ltd

Vitaleurope UK Limited

Inspection Report

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Overall summary

We carried out this announced focused inspection on 13 September 2017 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.

This followed an inspection on 26 April 2017 that had been carried out as part of our regulatory functions where breaches of legal requirements were found.

Our findings were:

Are services well-led?

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

During the last inspection we found that this practice was not providing well-led care in accordance with the relevant regulations. This was because risks such as those associated with safe recruitment hadn't been identified and mitigated. The practice did not have appropriate systems to monitor clinical and non-clinical areas of their work to help them improve and learn.

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided, manage and mitigate risk, and monitor areas of work to improve learning.

No action



Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. This included having appropriate checks in place to mitigate the risks associated with recruitment. There were also arrangements to monitor the quality of the service and make improvements.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography and infection prevention and control. However improvements were required to some of the audits undertaken. For example a radiographic audit had taken place in April 2017. Justifications for radiographshad been collected but there was no conclusion or clear records of the results of these audits or resulting action plans and improvements.

We spoke to the provider about this and following the inspection they provided us with evidence that improvements had been made to the audit process.