Polmedics Ltd

Polmedics Limited - Wellingborough

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 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 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

Polmedics Limited – Wellingborough is a dental clinic that also has clinics for family planning, gynaecology and maternity situated in the centre of Wellingborough a town in Northamptonshire. The clinic caters mainly, but not exclusively, to the Polish community, and employs mainly Polish clinicians and staff.

We carried out a comprehensive inspection on the dental services provided by the clinic. On the day that we visited these were the only services being offered. The clinic provides private dental services.

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

The practice 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'.

Summary of findings

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.

We received feedback from patients we spoke with on the day of our visit. The feedback reflected positive comments about the staff and the services provided. A patient commented that explanations about their treatment were clear and that and all options were fully explained.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties.
- The practice seemed clean and clutter free.
- Patients commented that staff were kind and friendly, and we observed staff welcoming patients in a polite and caring fashion.
- The practice is open 7 days a week with late evening appointments so patients can be assured of getting an appointment at a time that suits them.
- The practice protocols for decontamination of dental instruments were in line with current national guidelines, with the exception of testing of one piece of equipment, which had subsequently been implemented.
- Staff recruitment checks had been carried out in accordance with schedule three of the Health and Social Care Act 2008. Disclosure and barring service checks had been carried out on all staff to ensure the practice employed fit and proper persons.
- Staff had a good understanding of how to raise a safeguarding concern, and when to do so. Contact numbers were readily available on the premises.

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

- Ensure audits of various aspects of the service, such as radiography and infection control are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure that clinicians are up to date with evidence based guidelines for care and treatment such as the National Institute for Health and Care Excellence guidelines, guidance from the Faculty of General Dental Practitioners and General Dental Council standards for the dental team.

You can see full details of the regulations not being met at the end of this report.

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

- Review the information documented in dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. Also recording in the patients' dental care records or elsewhere the reason for taking X-rays giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- 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 the practice's system for the recording, investigating and reviewing of incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- 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 the practice's protocols for the use of rubber dams for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

Summary of findings

- Review the necessity for a competent person to carry out a legionella risk assessment of the premises giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review the practice protocols and adopt an individual risk based approach to patient recalls giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.

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 providing safe care in accordance with the relevant regulations.

The practice had in place medicines to be used in the event of a medical emergency in line with the recommendations of the British National Formulary.

The practice had measures in place to safeguard children and vulnerable adults. Contact numbers to raise a concern were readily available on the premises, and staff we spoke with had a good understanding of how and when to raise a concern.

One X-ray machine on the premises had been recently tested, and was working within safe parameters; however there was no evidence that either X-ray machine had been serviced in accordance with the manufacturers' instructions.

Are services effective?

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

The practice used a comprehensive medical history form which asked questions in both Polish and English, and medical history was checked verbally at each appointment.

The dentists we spoke with had limited or no understanding of the national guidelines available to aid clinical practice such as the National Institute for Health and Care Excellence and the Faculty of General Dental Practitioners.

Staff were supported to undertake training, and the practice had subscribed to an online training programme so that staff were able to undertake training at a time that suited them.

Dental care records we were shown lacked detail, did not always note the presenting complaint or the options for treatment, although dentists said patients were given options, but this was not always recorded.

Are services caring?

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

We observed staff welcoming patients to the practice and dealing with their concerns in a kind and friendly manner.

Staff were aware of the importance of confidentiality, and were able to demonstrate how patients' details were kept private, and describe how they could have a private discussion with a patient away from the waiting area.

Are services responsive to people's needs?

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

The practice was equipped to carry out the dental services that it offered, and we saw evidence that ample time was allowed through the scheduling of appointments to allow for discussion of diagnosis and treatment.

The practice was open from 10am to 8pm Monday to Saturday, and from 10am to 6pm on a Sunday providing opportunities for patients to attend at a time that suited them.

The practice welcomed patients from all backgrounds and cultures, and was able to provide a translator for English speakers to see the Polish speaking clinicians.

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 at the end of this report).

The practice had policies in place to aid the smooth running of the service these were recently reviewed and were relevant, and available in hard copy form for staff to reference on the premises.

The practice had not undertaken any clinical audit to highlight areas of practice that could be improved. For example: Infection control and radiography (X-rays).

Systems and processes for monitoring and improving the service were not as robust as they could be. Recommended risk assessments were not completed, or were not comprehensive enough, there was no system in place to investigate and act upon incidents or near misses.

Polmedics Limited - Wellingborough

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 1 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor and a Polish interpreter. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members registrations with their professional body.

During the inspection, we spoke with the two dentists, a dental nurse, receptionist staff and the practice manager. We reviewed policies, procedures and other documents. We also obtained the views of two patients on the day of our visit.

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

The practice had policies in place to guide staff on how to report incidents and learn from them to prevent their reoccurrence. A clinical incident policy and adverse incident policy had both been reviewed within the last year, and contained details including how to assess the level of risk from an incident. However staff were not aware of these specific policies.

Staff indicated that they had not had any significant incidents, but if they did they would report them to the practice manager. The practice manager explained that she would log any incidents and they would be discussed at staff meetings. There were two accident books in the practice, neither of which had any entries.

The practice manager described a non-clinical situation that had happened recently; minutes of a practice meeting indicated that it had been discussed with the staff.

The practice manager was aware of the responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). They were able to describe the type of incident that would require reporting, and the method for making a report was detailed with the policy.

The practice was not receiving alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). This is a government agency that produces alerts and recalls of medicines and healthcare equipment. The practice would not be reliably informed of concerns which may pertain to medicines and equipment at use in the practice.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding vulnerable adults. These were available in hard copy form in the policies cupboard along with body map diagrams for both adults and children, to document any physical injury. In addition a notice with relevant contact numbers was displayed in each treatment room, as well as the reception area and staff room. This included the numbers for the local safeguarding teams for both children and vulnerable adults.

Staff were able to describe how they would raise a concern should they suspect abuse, and most staff had undertaken safeguarding training appropriate to their role. The practice manager was aware of those staff that had yet to complete training, and had arranged an online course for them to complete.

We discussed the use of rubber dam with two dentists at the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment; it prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment.

We found that rubber dam was not used routinely for all root canal treatments, and dentists described basic measures for isolating the tooth instead. The practice used a system of rotary instruments in a dental hand piece, instead of hand files to shape the root canal of the tooth, which would help to reduce the risk of dropping the small instruments during this procedure. However a strong disinfectant was used to clean the root canals which should be isolated from the soft tissues of the mouth as it could cause severe burns.

There was no policy or risk assessment regarding the use of sharps (needles and sharp objects) on the premises. The practice were using a device to safely re-sheathe dental needles prior to their disposal, but although the practice manager told us that dentists dispose of all the needles at the point of use, this was not corroborated by clinical staff, and dental nurses regularly dealt with the sharps. This would put them at a higher risk of having a sharps injury.

There was no written protocol regarding the immediate action required following a sharps injury, although the practice manager was able to describe in detail the steps to take, including referral to hospital for follow up treatment. Following our inspection we received confirmation the practice had implemented a sharps policy which detailed the immediate actions following sharps injury, and listed relevant contact details.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 11 December 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Are services safe?

Medical emergencies

The practice had emergency medicines and equipment in place to deal with medical emergencies which may arise. Emergency medicines were available in line with the recommendations of the British National Formulary, and were in date. A dental nurse was responsible for checking the emergency medicines and keeping a log of the checks, we reviewed this log which indicated a variable length of time between checks, from weekly to three weekly. In addition, although we were told that the emergency oxygen was checked alongside the other medicines this was not noted on the log. The emergency oxygen was overdue for service and re-filling.

The Resuscitation Council UK provides a list of emergency equipment that it recommends all dental practices carry in the event of a medical emergency. We found the practice had these in place with the exception of a portable suction unit, which clears the mouth and airway of vomit and secretions to assist breathing, 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. Staff had not undertaken and documented a risk assessment of not having access to an AED. Following our visit the practice told us they had acquired an AED.

Staff said that they had undertaken basic life support training in the practice in April 2015, however as this was prior to the new practice manager starting they was no documentary evidence of this having taken place. Staff were able to describe the actions they would take in the event of a medical emergency, and were able to indicate which emergency medicine they would require for specific emergencies.

Staff recruitment

The practice had a recruitment policy in place which detailed the pre-employment checks that needed to be carried out for every new starter. This had been updated in October 2015.

We looked at the staff recruitment files for three staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice recruitment policy detailed that all staff would have a DBS check performed.

We found that the recruitment procedures had been followed in accordance with schedule 3 of the Health and Social Care Act, although certain documents such as references were not held on the premises, but at the company head office. DBS checks had been carried out on all members of staff in accordance with the recruitment procedure.

The practice had an induction policy which had been reviewed in October 2015. This detailed a three month probationary period for new starters.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice.

A health and safety policy was in place at the practice which had been updated in May 2015. This detailed the responsibilities of members of staff, as well as having sections about health and safety in the workplace, personal protective equipment and fire equipment.

A health and safety at work poster was displayed in the hallway of the premises, but had not been updated with the new practice manager's details, following our inspection this was amended.

A fire risk assessment had been carried out twice in the last year, most recently in December 2015, actions had been highlighted and recorded in an action plan, however they had not been implemented at the time of our inspection.

Staff we spoke with had a mixed knowledge of the actions to take in the event of a fire, there was good understanding about evacuation procedures, and taking the reception book to indicate exactly who was in the building at the time, and although some were able to indicate the external muster point following evacuations, others were not sure.

There were some arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH)

regulations. There was a folder of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors. However this was not comprehensive, and did not have details for all the substances used on site.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' Published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

We observed the staff undertaking the decontamination process in their designated decontamination room. Instruments were cleaned manually, rinsed and inspected for debris or defects under an illuminated magnifier. This was in line with HTM 01-05.

Small pieces of equipment such as the drill attachments for the dental hand piece were cleaned in an ultrasonic bath prior to sterilisation. An ultrasonic bath utilises ultrasonic waves through a liquid to clean the dental instruments.

The instruments were sterilised in an autoclave before being placed in pouches and dated a year from decontamination.

Staff showed us the checks that were in place to ensure the process was effective. This included a test strip being placed in the autoclave with every new load to pass through. This changes colour when the appropriate temperature and pressure is reached, and so effective sterilisation could be assured over time.

The practice were not performing tests recommended to ensure the effective cleaning of the instruments in the ultrasonic bath. We raised this with the practice manager, who told us they would immediately implement the recommended tests.

The practice had not allocated a cross infection lead to have the training and oversight of the cross infection procedures in the practice. A dental stool in the second dental treatment room had a cover that was ripped and very worn.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice were checking the mains water temperatures, flushing and disinfecting the water lines, and had recently started sending samples of water for testing. An assessment of risk had been carried out internally, however an external assessment by a qualified assessor had not been completed.

The practice had robust cleaning schedules in place for each area of the premises, and the staff, who were responsible for the cleaning, signed each sheet to indicate that it had been carried out. Cleaning equipment for each area was available and stored appropriately according to national guidance.

The practice had sought information on the Hepatitis B immunity status of all clinical staff. Staff who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive vaccinations to minimise the risk of contracting this blood borne infection.

The practice had not undertaken an audit on infection control, although HTM 01-05 indicates that this should be undertaken every six months. Following the inspection we have received evidence that an audit on cross infection has been carried out with documented action points to improve the overall effectiveness of the procedures in place, including reference to repair or replace the worn dental stool.

Equipment and medicines

We saw that the practice had equipment to enable them to carry out a range of dental procedures.

Testing of electrical equipment had been carried out in November 2015. During the inspection we saw evidence that the autoclave had been serviced in November 2015, but we were not shown servicing records pertaining to the compressor (the motor that runs the dental drills) Following the inspection we received information that the compressor had been repaired and serviced in August 2015. Fire extinguishers had been serviced in January 2016.

Evidence was seen in the dental care records that expiry dates and batch numbers of local anaesthetic were checked at the chairside, and logged.

The practice had stored a medicine in the fridge, but was not monitoring the temperature range, just a daily

temperature of the fridge. When we raised this with the practice manager they took immediate corrective action to store the medicine appropriately and amend the expiry date to reflect the change in storage.

Radiography (X-rays)

The practice had two X-ray machines, one in each of the dental treatment rooms. The practice kept a radiation protection file which detailed those individuals responsible for the X-ray equipment and the local rules of each machine. The Health and Safety executive had been informed of the use of Ionising Radiation on the premises in May 2015, and the machine in the downstairs treatment room had a recent critical examination test. This was all in accordance with the Ionising Radiation Regulations 1999.

However, we were not shown evidence that either X-ray machine had been serviced recently, and the machine in the upstairs treatment room was awaiting results of testing (although the practice manager assured us that the machine was currently out of use). The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is serviced at least once every three years. Following our visit we were told that servicing of both X-ray machines had been arranged.

Dental care records that we were shown did not indicate a justification for taking an X-ray, or a report of the findings of the X-ray, although the staff were documenting a quality grade for each X-ray in a separate file. Clinical audit had not been carried out on the quality of X-rays taken as required by the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

The General Dental Council also requires that all clinicians taking X-rays have undergone five hours of specific IR(ME)R training every five years, only one dentist had undergone this training. Following our inspection all the dentists have completed or are undertaking appropriate training courses in the UK.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions. We spoke with two dentists who had qualified in Poland.

A comprehensive medical history form with questions in Polish and English was completed by patients and checked verbally at every appointment. There was some confusion about how often patients would be asked to re-sign or repeat the form, some staff said every year, others every two years.

The practice used a template for clinical examinations which included checking the soft tissues of the mouth, checking for lumps in the neck and conducting a basic periodontal examination (BPE). BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to patients' gums. The results were recorded and dentists explained how higher scores were acted upon.

The dentists that we spoke with had limited knowledge of the national guidelines available to aid diagnosis and treatment.

Dentists we spoke with were not aware of guidance issued by the faculty of general dental practitioners regarding dental X-rays, although we were told that they make a decision on whether an X-ray is necessary or not based on individual need. They were also unaware of guidance issued by the British Endodontic Society or British Periodontal Society.

Dental care records which were shown to us lacked detail, and frequently gave no indication as to the reasons for treatment, any discussion that had taken place regarding the options for treatment or costs and no documented justification or reporting of an X-ray.

Health promotion & prevention

Medical history forms that were completed by all patients' detailed nicotine and alcohol use, dentists we spoke with described giving oral hygiene and general health advice to patients, although they were not aware of any specific local smoking cessation service.

A patient we spoke with on the day confirmed that gum health and oral hygiene were discussed with the dentist during their appointment.

Staffing

The practice had four dentists, three dental hygienists (who sometimes worked as dental nurses) two further dental nurses a trainee dental nurse, receptionist and practice manager. Prior to the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC, with one staff member having a temporary registration with the GDC.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians.

Staff records indicated that most staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding adults and children.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment. We spoke with the practice manager about how they ensured the timeliness of urgent referrals, the practice sent urgent referrals by special delivery thus ensuring that it would arrive in a timely fashion, and they followed up urgent referrals with a phone call to the service to ensure that the referral had been received.

Consent to care and treatment

Dentists that we spoke with described the processes that they undertook in gaining consent for treatment. They explained that they always gave a full description of the procedure, and would draw diagrams to explain more fully to the patients. Options for treatment were given to the patient and the practice had pre-formed consent forms for patients to sign once they were happy to go ahead. A patient we spoke with during our visit explained that the options for treatment were explained to him.

Are services effective?

(for example, treatment is effective)

However, despite the dental care records containing signed consent forms there was little or no detail recorded regarding options for treatment, risks or benefits explained. Patients did not receive a written treatment plan for them to take away and consider.

The practice had a series of pre-printed leaflets in Polish and English that explained different treatment in detail, including root canal treatment, tooth whitening and prosthodontics (the design and fitting of artificial teeth). However the dentists we spoke with did not report that these were being regularly used, and there was no references made to them in the dental care records we were shown.

The Mental Capacity Act 2005 (MCA) 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. The practice had implemented a programme of online learning on the MCA. Some staff had recently undertaken this, and the practice manager was aware of those staff that had yet to complete this.

Staff we spoke with had a limited knowledge of the concept of Gillick competence. This is where a child under the age of 16 is deemed to have adequate understanding of the treatment, risks and benefits that they are able to consent for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients we spoke with commented that the staff were kind and friendly. A comments and compliments book was available on the reception desk for patients to write in, and there were positive comments noted. We observed staff talking to patients in a polite and friendly manner.

Staff described how they kept patient details private. The computer was situated below the height of the counter at the desk, and was not visible to any patient standing at the desk, patient records were kept in locked cabinets. Reception staff described how that would take a patient from the reception area to a free consultation room to discuss any private matters.

These measures were underpinned by a privacy and dignity policy, an information security policy and a data protection policy which were readily available for staff to reference.

Involvement in decisions about care and treatment

Conversations between patients and clinicians were not documented in the dental care records we were shown. However, staff described outlining options to the patients, and a patient we spoke with confirmed that they had felt involved in his treatment and an outline of costs had been given to them.

Patients did not receive an individual written treatment plan or written estimate of costs but a folder in the waiting area gave comprehensive details of costs in Polish and English.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs. Staff we spoke with explained that appointment times could be extended to meet patients' individual needs. Patients were reminded of all appointments by text message.

We toured the premises and found that they met the needs of the services offered.

Although the practice catered primarily to Polish speaking patients, all the documentation was available in Polish and English.

The practice opening hours demonstrated their commitment to meeting patients' needs. The practice was open from 10am to 8pm Monday to Saturday, and 10am to 6pm on Sunday. The practice manager also explained that if a patient requested an early morning appointment they would endeavour to make that possible.

Out of hours arrangements were detailed on the answerphone and involved using the NHS 111 service.

Tackling inequity and promoting equality

The practice told us they welcomed patients from all cultures and backgrounds, and treated everyone according to their needs. This was underpinned by a policy regarding patients with special needs, this detailed support numbers that the practice could contact for information so that they could best meet patients' individual needs.

Staff described how appointments were arranged so that patients with limited mobility were seen in the downstairs treatment room so that they did not have to climb the stairs.

We asked how the practice dealt with the communication difficulties between an English speaking patient and Polish speaking clinician. With the patients' consent, the practice manager would act as interpreter in those situations.

Access to the service

The practice had wheelchair access through the front door, and to the downstairs treatment room. Cars could be parked directly in front of the premises, so that patients with limited mobility would not have far to walk.

Emergency appointments were not set aside daily, but emergency patients could easily be fitted in around the booked patients. Routine appointments could be booked online via the practice website.

Concerns & complaints

The practice had a policy regarding the complaints process and handling of complaints This was reviewed in May 2015 and was available for staff to reference in hard copy form. A template letter was available to patients who wished to use it, and the complaints policy was displayed on the noticeboard in the waiting area.

We saw evidence that apologies were issued to patients in a timely manner where appropriate and complaints were investigated and responded to in line with policy.

Are services well-led?

Our findings

Governance arrangements

The practice manager (as the registered manager) took over in September 2015 and was responsible for the day to day running of the practice. They were supported offsite by the directors of the company.

The practice had policies and procedures to support the management of the service, and these were readily available in hard copy form for the staff to reference. These included a complaints policy, safeguarding, and infection control policies, as well a health and safety policy, and business continuity plan to allow the continuation of the service in adverse circumstances.

The practice did not have adequate systems in place to assess and monitor the service in order to continuously improve, and mitigate risks to patients, staff and visitors. The practice did not have a schedule in place for required clinical audit.

Some risk assessments were in place to minimise risks to staff, patients and visitors to the practice, these included fire safety and a health and safety risk assessment which had been carried out on 15 December 2015. Although this highlighted some areas of concern, it did not have any documented actions to address these concerns.

An external Legionella risk assessment had not been carried out to establish the level of risk, and establish an action plan to monitor and mitigate the risk. A sharps risk assessment had not been carried out to highlight areas of concern, and plan to mitigate those risks as far as possible.

Dental care records we were shown were lacking in detail, in some instances were difficult to read and gave no indications of discussions having taken place between clinicians and patients.

Some service records were held on site, and some at head office which meant that the practice manager did not have oversight of all equipment servicing, and could not be assured that this was up to date for all equipment.

Leadership, openness and transparency

Staff reported a culture of honesty, where opinions of staff are sought and acted upon, and staff feel comfortable to approach the practice manager with any concerns that they had.

The practice had a whistleblowing policy that directed staff on how to report co-worker whose actions or behaviours were of concern.

Learning and improvement

The practice manager had implemented training sessions for the whole practice team, we saw that training had been carried out in November 2015 on infection control; this covered the decontamination process and was signed by all the staff present. In addition the practice had recently subscribed to an online learning programme where staff can access required training modules at a time that suits them.

In this way staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD) underpinned by the practice's training and development policy. We saw evidence that most of the clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice manager had collated all the training certificates for staff since she started working at the premises with the intention of auditing them once a year so that she retains oversight of the training carried out by all staff and can highlight when recommended training is due.

The practice had not carried out any clinical audits. Infection control audits should be carried out every six months to highlight any areas in the infection control process that could be improved. Similarly, although the practice was grading individual X-rays for quality as they were taken, they had not carried out an audit to establish whether the grading was accurate and whether any improvements could be made to the taking or developing of X-rays.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. There was a comments box, and a patient feedback form for patients to fill in.

The practice had been collecting feedback forms for the two months prior to our visit and intended to collate the results shortly following our inspection.

Are services well-led?

The practice held monthly staff meetings and the minutes listed those staff that had attended the meeting. Regular topics of discussion at the meeting included the general running of the practice, as well as complaints and infection control.

Staff told us that their opinions were valued and gave examples of changes that have been implemented as a result of their raising it with the management team. For example reception now used a communication book to highlight and pass messages and ensure smooth running of the service.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: · The provider did not have systems and processes such as regular audits of the service to assess, monitor and improve the quality and safety of the service. · Clinicians were not aware of relevant nationally recognised guidance in the care and treatment of patients. **Regulation 17(1) (2) (a)**