Vital Europe UK Ltd

Vitaleurope UK Limited

Inspection Report

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Overall summary

We carried out this announced inspection on 26 April 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 who was supported by a specialist dental adviser. There was also remote support from the CQC medicines team.

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 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

Vitaleurope UK Limited is in Westminster and provides private treatment to adult patients. The main business of the practice is proving dental implants.

The dental team includes 12 dentists, three dental nurses, one dental hygienist and four receptionists. The practice has two treatment rooms.

The practice is owned by Vital Europe UK Ltd 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

Summary of findings

for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Vitaleurope UK Limited was the providers Managing Director.

On the day of inspection we collected 12 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, two receptionists, a practice manager and the managing director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open 9.00 to 6.00pm Monday to Friday and 10.00 to 3.00pm on Saturday's.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice had recorded some feedback from patients.
- The practice dealt with complaints positively and efficiently.
- The practice had some systems to help them manage risks and improvements were required.
- Not all practice staff we spoke with had a good understanding of safeguarding issues and not all staff had completed training in safeguarding of children and vulnerable adults.
- The practice lacked robust staff recruitment procedures.

We identified regulations the provider was not meeting. They must:

- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated. Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review staff training to ensure all staff are trained to an appropriate level for their role and are aware of their responsibilities as regards safeguarding of children and vulnerable adults.
- Review the systems for checking and monitoring equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review the practice's responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Although staff had some understanding of how to recognise the signs of abuse. Staff had not received training in safeguarding and not all staff had an understanding of their roles in regards to safeguarding.

Staff were qualified for their roles. The practice completed some recruitment checks but improvements were required as important recruitment checks such as the Disclosure and Barring Service (DBS) checks had not been undertaken for key clinical staff.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentists assessed patients' needs but improvements were required to ensure they provided care and treatment in line with recognized guidance, particularly in relation to records being kept in English. Patients described the treatment they received as professional and friendly. 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 supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 15 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were

Summary of findings

friendly, caring and attentive. They said that they were given a considerate and understanding service, 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.

Are services responsive to people's needs?

No action

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. This included making access arrangements for disabled patients. The practice had access to interpreter services.

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

Are services well-led?

Requirements notice 

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).

Practice had a management structure and staff felt supported and appreciated.The practice had some arrangements to ensure the smooth running of the service.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

Risks such as those associated with safe recruitment hadnt 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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw that this issue had been discussed during an April 2017 meeting, though arrangements were yet to be made for the practice to sign up for alerts.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

While staff had a general understanding of safeguarding issues, improvements were required. For example the named safeguarding lead did not know they held this position. None of the staff had undertaken safeguarding training.

The practice did not have a whistleblowing policy but staff told us they felt confident they could raise concerns without fear of recrimination.

We pointed these shortcomings out to the providers managing director and they told us arrangements would be made to ensure staff attended safeguarding training. Following the inspection the provider advised us arrangements had been made for staff to undertake safeguarding training.

We looked at the practice's arrangements for safe dental care and treatment. These included, for example, checks for the prevention of removal of the wrong tooth as well as having posters and staff training related to the use of sharps.

Improvements though were required in regards to safe systems of dental care treatment, for example, we did not find any sharps risks assessments or risk assessments for individual patients. The practice did not follow current guidance when using needles and other sharp dental items. The dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and a risk assessment had not been carried out in regards to the practice not using rubber dams.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

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

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. However, improvements could be made to the recruitment process. We looked at six staff recruitment files; only one file contained a DBS check and none of the files contained references. We were told by the provider that they had recently made arrangements for all staff to undertake DBS checks. They also told us that verbal references had been taken for staff but not recorded. References for the dentists had been taken by the provider at their sister practice in Hungary but the records were not available at this practice.

Following the inspection the provider confirmed that DBS checks had been applied for.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had some systems in place to monitor health and safety. For example a fire risk assessment had been undertaken.

A Legionella risk assessment had been undertaken in February 2017.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

Dental nurse worked with the dentists. Dental hygienists worked alone but only worked when there were dental nurses available in the practice to support them if such support was required.

We noted that were gaps in the practice's approach to monitoring and responding to risk for example there was no risk assessment in regards to general workplace such as use of equipment and the practice environment.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

The practice had not carried out an infection prevention and control audit. We spoke with the provider about this and they told us steps would be taken to ensure one was carried out. Following the inspection the provider sent us conformation that an audit had been arranged.

Equipment and medicines

The provider produced documentation for servicing for some of the equipment used at the practice. The documentation was in Hungarian. We asked the provider to obtain evidence in English from the company that serviced the equipment.

Following the inspection this information was provided to us though they were unable to provide evidence of servicing for one of the X-ray machines used in the practice. The provider assured us they would stop using the machine immediately until the machine was serviced.

The practice had systems in place for prescribing, dispensing and storing medicines. The provider had recently started ordering medicines from a specialist dental medicines company. All medicines found on the day on the inspection had been ordered from this company and had the appropriate product licence number for medicines licenced in the UK.

Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment. Including appropriate training for staff and a radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays and clinical staff completed continuous professional development in respect of dental radiography.

However there were some gaps. For example they had not acted upon guidance given to them by their Radiation Protection Advisor to stop using one of their X-ray machines. Following the inspection the provider assured us that they had stopped using this machine.

The practice had not carried out X-ray audits in line with current guidance and legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice specialised in dental implant surgery. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We noted that while treatment plans were in English, some of the dental notes were not.

We were therefore unable to assess if patients' treatment needs were assessed in line with recognised guidance. We spoke to the provider about this and they told us they would review this situation and ensure that note taking was in line with current guidance in the future, including ensuring notes were kept in English.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

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 staff team had some understanding about their responsibilities under the Mental Capacity act 2005 (MCA). Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. However none of the staff had received MCA training. We spoke to the provider about this and they advised us MCA training would be arranged for staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were respectful and friendly. We saw that staff treated patients, appropriately and kindly and were helpful towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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 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.

Music was played in the waiting area and there were magazines in the waiting room. The practice provided drinking water, tea and coffee.

Patient comment and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

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.

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

The practice's website provided patients with information about treatments available at the practice.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

Staff said most of the initial contact to the service came via the providers' customer service centre that had staff that could speak a number of languages. Staff at the practice also spoke other languages. They had never had to use and interpreter or translation service but would do so if required.

Access to the service

The practice provided dental implant service that was accessed by appointments booked through the provider's customer services team.

We noted that the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and were usually able to see emergency patients on the same day.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last twelve months. There had been one complaint during this period that was still being investigated.

Are services well-led?

Our findings

Governance arrangements

The managing director had overall responsibility for the management and clinical leadership of the practice. 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 and procedures and some risk assessments to support the management of the service and to protect patients and staff. The practice had some information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

We noted there were gaps in regards to the risk assessments that had been undertaken. For example the provider had not undertaken a risk assessment of the practice environment, use of equipment or general health and safety risk assessment. We spoke to the provider about this and following the inspection we saw the provider had started making arrangements to undertake risk assessment.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said they were encouraged to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. For example we saw that a review of medicine management and safeguarding training were discussed at an April 2017 meeting.

Learning and improvement

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. For example the provider had not undertaken any quality auditssuch as related to infection control, radiation or accessibility in line with the Equality Act 2010.

Typically infection control audits are completed every six months and radiation audits every year in order to monitor the effectiveness of protocols with a view to keeping staff and patients safe. We spoke with the provider about this and following the inspection we were provided with evidence that the practice had started to undertake audits.

The managing director showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice received patient feedbackthat were displayed in the waiting area. This was mainly through cards and letters patients had sent the practice. The feedback was very positive. The practice though did not have a system in place to actively obtain staff and patients' views about the service. Staff told us they had a system to do this at their sister practice in Budapest but none for the London office. Staff told us they would review this situation and make arrangements to put one in place.

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 The registered person did not have effective systems in place to ensure that the regulated activities at Vital Europe UK Ltd were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. This was in relation to: Lack of audits related to infection control, radiation or accessibility in line with the Equality Act 2010. The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. This was in relation to: • Lack of robust recruitment processes. **Regulation 17(1)**