Poldent Limited

Poldent Dental Care

Inspection Report

6 Rishworth Street
Wakefield
West Yorkshire
WF1 3BY
Tel: 01924 387792
Website: www.poldent.co.uk

Date of inspection visit: 1 and 11 December 2017
Date of publication: 09/02/2018

Overall summary

We carried out this announced inspection on 1 and 11 December 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 inspections were led by a CQC inspector who was supported by a second GP inspector and a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was 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

Poldent Dental Care is in Wakefield and provides private dental treatment to adults and children. They also provide gynaecological services. Services are provided primarily to Polish patients who reside in the United Kingdom (UK).

Car parking spaces are available near the practice.

The practice is not accessible for wheelchair users.

The team includes four dentists, one consultant gynaecologist, one trainee dental nurse, one dental

Summary of findings

hygienist (who also works as a dental nurse when required), an assistant practice manager and a practice manager. The practice has two dental treatment rooms and a room for medical treatments.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Poldent Dental Care was the practice manager.

On the day of inspection we collected five CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, the trainee dental nurse, the assistant manager, the practice manager and the company secretary. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9:30am to 5:30pm

Tuesday to Thursday from 1:00pm to 9:00pm

Friday from 9:30am to 9:00pm (times may vary)

Saturday from 9:00am to 5:00pm

Sunday from 8:00am to 5:00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had suitable infection control procedures. Improvements could be made to some processes surrounding testing the equipment involved in decontamination.
- The practice did not have access to an automated external defibrillator (AED) and some emergency equipment and medicines were not in line with recognised guidance. We were later sent evidence that an AED had been ordered and the missing medicines and equipment had been ordered.
- Staff had not completed hands on medical emergency and life support training since November 2014.
- Risk was not being effectively managed. For example, the risks associated with fire and sharps.
- There was not an effective system in place to refer patients with abnormal cervical screening test results back to their GP.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Dental care records lacked detail especially with regards to consent.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Governance procedures were not all effective, for example, the practice did not have a recruitment policy or effective recruitment procedures.
- The practice asked patients for feedback about the services they provided.
- The practice had a complaints policy in place. We noted that complaints were not always thoroughly documented.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the practice's infection control procedures and protocols taking into account 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 the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and a report of the X-ray in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000.
- Review the practice's protocols for completion of dental records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed some essential recruitment checks. There were no references or photographic identification for many staff.

Premises and equipment were clean and properly maintained. Improvements could be made to the system for sterilising used instruments to bring it in line with national guidance. Not all staff had completed infection control training.

The practice did not have access to an automated external defibrillator (AED) or a risk assessment to mitigate its absence. The practice did not have buccal midazolam. After the inspection we were sent evidence an AED and buccal midazolam had been ordered. Staff had not completed hands on medical emergency training since November 2014.

X-rays were not justified or reported on in the dental care records.

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 and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good and reliable. The dentist discussed treatment with patients so they could give informed consent. Details of the consent process were not documented in dental care records.

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

There was not an effective system to refer patients to their GP or secondary care in the event of abnormal cervical screening test results. We were later told by the provider that they had ceased providing cervical screening tests to patients.

The practice did not have an effective system in place to monitor staff training.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from five people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, warm and respectful. They said that their dentist listened to them.

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 if in pain.

Due to the nature of the premises access for wheelchair users or those with restricted mobility would not be possible. We were told that patients who could not access the premises would be signposted to a fully accessible practice. All members of the team spoke Polish and many also spoke other languages including Russian and Latvian.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Documentation of complaints could be improved.

Are services well-led?

Enforcement action 

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/Enforcement section at the end of this report).

Governance arrangements were not all operating effectively and could be improved. For example, there was no whistleblowing policy, recruitment policy or chaperoning for medical procedures to guide staff.

The practice's systems to manage risk could be improved. For example, the risks associated with the absence of an automated external defibrillator had not been appropriately assessed. The sharps risk assessment lacked detail and actions identified in the fire risk assessment had not been completed. No staff had been trained as chaperones and this service was not offered to patients whilst undergoing gynaecological procedures.

The practice did not have effective systems in place to liaise with patients' GPs in the event of an abnormal cervical screening test result. In addition, there was no follow up system in place for patients who had an abnormal cervical screening test and did not have their own GP.

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

Quality assurance was not embedded within the culture of the practice to help them improve and learn. For example, no audits of X-rays, infection control or dental care records had been carried out.

Summary of findings

After the inspection the provider voluntarily suspended all gynaecological services until such time as effective systems and processes were in place to manage these services. Following the inspection the provider provided written confirmation that they had ceased providing cervical screening tests to patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond to 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.

On the day of inspection the practice did not have a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Agency. We saw on the day a system was set up to receive these and historical alerts were checked.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies to provide staff with information about identifying, reporting and dealing with suspected abuse. On the day of inspection we noted the telephone number for the local safeguarding team was incorrect. This was updated on the day. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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

We looked at the practice's arrangements for safe dental care and treatment. The sharps risk assessment did not address how the practice aimed to reduce the likelihood of staff sustaining a sharps injury.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff had not completed hands on training in emergency resuscitation and basic life support since November 2014.

The practice did not have an automated external defibrillator, (AED). We were told they would use the AED which was located at the nearby police station. When we checked this the AED had been removed. Staff at the practice were unaware of this. Staff were unaware of any other way of accessing an AED in the event of an emergency. We were later sent evidence an AED had been ordered.

There was no child sized self-inflating bag. Some oxygen masks had passed their marked expiry dates. The practice did not have buccal midazolam in the emergency drug kit. The practice had intravenous midazolam which was not the recommended preparation for emergency use of midazolam. We were later sent evidence these items had been ordered.

Staff recruitment

The practice did not have a staff recruitment policy or procedures. We looked at nine staff recruitment files. There were no references for any staff and photographic identification for only one staff member. There was also no evidence of Hepatitis B immunity for two clinical staff.

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 a health and safety policy and risk assessments. These covered general workplace and specific dental topics. The practice had current employer's liability insurance.

A fire risk assessment had been completed in July 2017. This had recommended carrying out fixed wire testing in the premises. Staff were unsure if this had been done. There was no fire evacuation plan displayed in the premises. We were shown one which was kept in a folder but this had not been displayed. No fire drills had been carried out.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Not all staff had completed infection prevention and control training.

Are services safe?

We found staff were not following some aspects of the guidance. There was no protein residue test carried out to test the proper functioning of the ultrasonic bath. There was no log of temperature for the solution used for manual scrubbing of the used instruments. The results of the steam penetration test on the vacuum autoclave were not kept.

We noted there was only one sink in the upstairs surgery. We were told this was the handwashing sink. Staff told us this sink was also used for rinsing dental impressions after they had been in a patient's mouth.

The decontamination room door opened directly onto where a staff member carried out manual scrubbing of used instruments. We observed that sudden opening of the door could knock the staff member and potentially cause a sharps injury. The practice had not considered this risk.

No infection prevention and control audits had been carried out.

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

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

Equipment and medicines

We saw servicing documentation for the equipment used in the practice.

The practice had suitable systems for prescribing, dispensing and storing medicines. Antibiotics were stored securely and a log was maintained of prescriptions issued.

Radiography (X-rays)

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

The dentists did not routinely justify or report on the X-rays they took. Audits of X-rays were not done.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records were paper based. Consultations were recorded on several different documents and it was not easy to follow how treatment plans had been derived.

The dentist was not fully aware of National Institute for Health and Care Excellence (NICE) guidance relating to recall intervals or wisdom teeth extraction.

Health promotion & prevention

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. When asked about fluoride varnish we were told most children had it in Poland and did not need any more.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. Oral hygiene advice was not recorded in dental care records.

Staffing

We were told staff new to the practice had a period of induction. We were unable to check what was included as induction records were not completed as part of the process. Staff who were registered with the General Dental Council were not all up to date with their continuing professional development. For example, only one member of staff had completed infection prevention and control training within the last year and there was no evidence any had completed hands on medical emergency training since November 2014.

The dental nurse and receptionist had annual appraisals. We saw evidence of completed appraisals.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. 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 had a system in place for sending and receiving back cervical screening test results. We were shown the online system which was used for monitoring these results. Samples were sent for analysis to Poland and when the report was ready it was checked by the gynaecologist to see if any further treatment was needed. If the cervical screening test result came back with any abnormalities then the patient was contacted to book a further appointment.

The practice did not have an effective system to refer patients to their GP or hospital services in the event of an abnormal cervical screening test result. We were told patients were given a letter to take to their doctor explaining the results. These letters were not posted to the patient's doctor.

The practice did not have a system in place to follow up patients who did not have their own GP. Staff were unsure as where to refer such patients in the event of an abnormal cervical screening test result.

We were later told by the provider that they had ceased providing cervical screening tests to patients.

Consent to care and treatment

The practice team understood the importance of obtaining consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We noted consent was not fully documented in the dental care records. For example, we saw the risks of endodontic treatment were recorded and a copy of a consent form was provided to patients. There was no evidence in the dental care records of any other options which had been discussed such as extraction.

The practice had a consent policy. The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

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 professional, warm and respectful. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some 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. The room for medical treatments had a privacy curtain so patients could undress prior to any gynaecological examination.

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

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 the range of treatments available at the practice. These included endodontics, dental implants and orthodontics.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed treatment options.

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 they aimed to see patients who requested an urgent appointment the same day. If they were fully booked the reception staff would keep a list of patients requesting an emergency appointment. If there were any cancellations then they would contact a patient on the list and offer them the appointment.

Appointment reminders were sent to patients by text message prior to their appointments.

Promoting equality

Due to the nature of the premises access for wheelchair users or those with limited mobility was restricted. Patients who could not access the premises would be signposted to accessible local services for treatment.

All staff spoke Polish and English. We were told that approximately 90% of patients were Polish and the remaining 10% were English. One of the dentists also spoke Russian and Latvian. Information leaflets were available in English. We were told these could be translated into Polish if required.

Access to the service

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

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

The practice aimed to see patients experiencing pain on the same day. We observed no dedicated emergency appointments were available. Instead a list was held by the receptionist of patients requiring emergency appointments. These patients were contacted if an appointment became available. The practice's information leaflet provided telephone numbers for patients requesting emergency dental treatment during the working day and when the practice was not open.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The 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 complaints the practice received in the last 12 months. We were told the patients were invited in to discuss their complaint and they had been resolved. There was no documentation of these meetings.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had some policies to support the management of the service. We observed that the governance arrangements did not cover all aspects of the service. For example, we noted there were no policies relating to recruitment, whistleblowing or chaperoning for medical procedures. We were told the safeguarding policy had been updated but the contact numbers were incorrect. The presence of a policy relating to recruitment would have provided staff with guidance about the requirements of the safe recruitment of staff. The issues relating to staff recruitment could have been prevented with such a policy.

The practice had not carried out COSHH risk assessments for all substances in the practice. We saw six safety data sheets on a computer system relating to COSHH.

We observed that some of the practice's systems to help manage risk were not effective. A fire risk assessment had been carried out in July 2017. Not all the recommended actions had been completed, for example, the risk assessment had recommended carrying out a fixed wiring test of the premises. No fire evacuation plan was displayed in the premises. No fire drills or equipment checks had been carried out. The sharps risk assessment did not state how the practice aimed to reduce the likelihood of staff sustaining a sharps injury.

The practice did not have effective systems in place to liaise with patient's GPs in the event of an abnormal cervical screening test result. We were told patients were given a letter to take to their doctor explaining the results. These letters were not posted to the patient's doctor.

The practice did not have a system in place to follow up patients who did not have their own GP. Staff were unsure as where to refer such patients in the event of an abnormal cervical screening test result. The lack of these processes could lead to a delayed referral of patients to secondary care who had abnormal cervical screening test results.

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

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 the practice manager encouraged them 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.

Learning and improvement

Quality assurance processes were not embedded within the culture of the practice to help them learn and improve. No radiology audits or infection prevention and control audits or inadequate cervical screening test results had been completed. The lack of a robust approach towards audit indicates the practice does not have an effective system to identify where quality and safety of treatment could be compromised. For example, the issues identified with regards to the practice's infection control procedures could have been identified if infection prevention and control audits had been carried out.

The registered manager valued the contributions made to the team by individual members of staff. The dental nurse and receptionist 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.

There was no system in place to ensure staff were appropriately trained to carry out their role. Only two members of staff had completed infection control training. Staff had not completed hands on medical emergency training since November 2014.

Are services well-led?

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

The practice used patient surveys to obtain patients' views about the service. The practice also used social media to source feedback about the service being provided. We were told as a result of patient feedback they were updating the magazines in the waiting room more frequently.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • The registered provider did not ensure satisfactory references were sought from previous employers. • The registered provider did not ensure photographic identification was recorded for all new members of staff.

This section is primarily information for the provider

Enforcement actions

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 **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **How the regulation was not being met** • There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The registered provider did not carry out audits of infection control, X-rays or abnormal cervical screening test results had been carried out. • The registered provider did not have systems in place to ensure patients' GPs were informed of abnormal cervical screening test results. • The registered provider did not have a system in place to ensure patients without a GP who had an abnormal cervical screening test were referred to an appropriate service. • The registered provider did not have systems in place to monitor staff training. **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:** • Fire drills were not carried out. • Checks on fire equipment were not carried out.

This section is primarily information for the provider

Enforcement actions

- A fire evacuation plan was not displayed in the premises.
- A fixed wiring test had not been carried out.

There was additional evidence of poor governance. In particular:

- There were no policies relating to whistleblowing, chaperoning or recruitment.
- There was no system in place for monitoring staff training.
- There were a limited number of COSHH risk assessments.
- The sharps risk assessment was not practice specific.
- There were no staff trained to act as chaperones.