Victoria Dental & Healthcare Limited

Victoria Dental & Healthcare

Inspection Report

109 Corporation Street
Manchester
M4 4DX
Tel: 0161 8324153
Website:http://victoriaclinicmanchester.uk/home/

Date of inspection visit: 26 October 2017
Date of publication: 21/12/2017

Overall summary

We carried out an announced inspection on 26 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check on concerns we had received and whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

This was a joint dental and medical inspection of an independent healthcare service. This report relates to the medical service only. A separate report has been written for the dental service provided by the clinic. You can read the dental report by selecting the 'all reports' link for Victoria Dental & Healthcare on our website at www.cqc.org.uk.

Our findings were:

Are services safe?

We found that this service was not providing safe 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 and enforcement actions sections at the end of this report).

Are services effective?

We found that this service was not providing effective 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 and enforcement actions sections at the end of this report).

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was 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 and enforcement actions sections at the end of this report).

Background

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 on concerns we had received and whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Victoria Dental & Healthcare (which operates as Victoria Clinic) is registered with the Care Quality Commission (CQC) as an independent provider of dental and medical services and treats both adults and children at one location in Manchester. The clinic is registered with the CQC to provide the following regulated activities:

Summary of findings

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

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

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

The nominated individual of the service is also the registered manager. A nominated individual has responsibility for supervising the way in which regulated activities are managed. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The healthcare team consists of:

- Five dentists (including the registered manager)
- One dental hygienist
- Three dental nurses (two of whom are trainees)
- One head nurse (also a trainee dental nurse)
- Seven doctors (including an internal medical specialist, gynaecologists, dermatologist, orthopaedist, psychiatrist and aesthetics specialist)
- A psychotherapist
- An orthopaedic technician
- Four non-clinical members of staff including a practice manager and receptionists

All of the doctors and dentists are appropriately registered with either the General Medical Council (GMC) or the General Dental Council (GDC).

Victoria Clinic is open from 11am until 6pm on a Monday and Tuesday; 11am to 10pm on a Wednesday, Friday and Sunday; 11am to 9pm on a Thursday and 9am to 10pm on a Saturday. The provider is not required to offer an out of hour's service or emergency care. Patients who require emergency medical assistance or out of hours services are requested to contact the NHS 111 service or attend the local accident and emergency department.

Our key findings were:

- The registered manager had not considered what oversight or governance of clinical practice was required when expanding the service despite being responsible and accountable for quality and safety.
- Patients' medical records that we viewed were handwritten and did not always contain sufficient detail. For example some of the records we viewed did not include a diagnosis or record the batch number of injections.
- Not all doctors had completed safeguarding training to the appropriate level.
- The system for recording and sharing learning from significant events was not effective. The provider did not have a significant event policy or procedure.
- The system for communicating and acting on patient safety alerts was not effective.
- The doctors employed by the service did not attend any team meetings and there was no formal route for sharing relevant information with them. The doctors were not involved in the clinical governance of the practice.
- Staff were not supported by the provider in their clinical professional development.
- We did not see any evidence of clinical supervision.
- Information about services, fees and how to complain was available.
- Infection control arrangements were good. The premises were clean, tidy and fit for purpose.
- Medicines and equipment for dealing with medical emergencies were available and an effective system was in place to monitor their use and expiration dates.
- There was no system in place to ensure that there was appropriate follow up for abnormal blood and other test results.
- There were limited formal governance arrangements in respect of the medical service offered by the provider.
- There was a broad range of policies and procedures, but individual documents were not always signed nor dated by the reviewer.

Summary of findings

- The practice was dispensing medicines brought to the UK from Poland which were not licenced for use in the UK. These medicines were not always appropriately labelled when dispensed.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

There were areas where the provider should make improvements:

- Replace the self-inflating oxygen mask and purchase a paediatric oxygen mask.
- Update the clinic complaints policy to reflect appropriate route of escalation for health care related complaints
- Review staff awareness of Gillick competency and ensure they are aware of their responsibilities in relation to this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- The clinic had systems and processes to keep patients safe. However, these were not always effective. For example, not all doctors had been trained to the appropriate level in respect of child safeguarding.
- The provider did not have an incident reporting policy and there was no formal process in place to report, record or learn from incidents or significant events
- Prescription forms were securely stored and a system was in place to track their use.
- Medical records did not always conform to the 'Records Management Code of Practice for Health and Social Care 2016'.
- The clinic had good arrangements in place to respond to emergencies. All staff had received basic life support training and some had undertaken additional immediate life support training.
- There was no system to ensure appropriate action had been taken in relation to abnormal blood and other test results.
- There was no process in place to ensure that appropriate action was taken in relation to patient safety and other alerts.
- Staff who acted as chaperones had not received training to enable them to carry out the role safely and effectively.
- Infection control arrangements were good. The premises were clean, tidy and fit for purpose.
- The provider had not given consideration to what medicines could be prescribed if a patient refused to give consent to sharing this information with their NHS GP. The provider did not have a prescribing protocol.
- One of the clinicians was dispensing medicines that they had brought into the UK from Poland which were not licenced for use in the UK. When these medicines were dispensed they were not appropriately labelled.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

- There was no evidence that staff were aware of current evidence based guidance.
- Recruitment and induction processes were in place. An appraisal process was in place for non-clinical and dental staff.
- Staff had received training appropriate to their roles, including training in relation to the Mental Capacity Act 2005 and consent. However not all of the clinicians had undertaken child safeguarding level three training.
- We did not see any evidence of clinical audit or quality improvement activity
- There was no evidence of formal clinical supervision, mentorship or support.
- We did not see evidence that the provider supported doctors in their continuing professional development.
- The provider did not carry out any checks to verify a patient's identity nor to establish parental responsibility if the patient was a child.

Are services caring?

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

Summary of findings

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- A private room was available if patients wanted to discuss sensitive issues or appeared distressed.

Are services responsive to people's needs?

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

- Information about the services and how to complain was available and we saw that complaints were dealt with in a timely way. However, the complaints policy contained the incorrect route of escalation for health care related complaints.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Access to the premises was suitable for patients with disabilities.
- The clinic was open seven days per week and night time appointments up to 10pm were available.
- Patient information, including cost of the treatments available, was provided in Polish and English and was available in the practice information leaflet and on their website.
- All practice staff spoke Polish and English. Some staff spoke additional languages.

Are services well-led?

We found that this service 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 and Enforcement section at the end of this report).

- The was no evidence of effective oversight or governance of clinical practice. The registered manager was not being proactive in ensuring clinical quality and safety. Governance arrangements were in place, but there was no evidence of a programme of continuous clinical audit or quality improvement activity.
- Team meetings were held but there was no opportunity for the doctors to attend and no system in place to ensure they were involved in clinical governance arrangements or evidence of a formal route of sharing information with them.
- There was no clinical leadership in place to drive quality improvement or ensure adherence to any relevant best practice guidance.
- There was no evidence of clinical supervision, mentorship, peer review or support for the doctors.
- The handwritten patient medical records were of an inconsistent standard and some did not meet the requirements set out in General Medical Council (GMC) guidance.
- There was a broad range of policies and procedures, but individual documents were not always signed nor dated by the reviewer.
- There were arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions.
- There was no evidence of the provider seeking feedback from medical patients.

Victoria Dental & Healthcare

Detailed findings

Background to this inspection

We carried out an announced inspection on 26 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check on concerns that we had received and whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

Our inspection team was led by a CQC Lead Inspector and included two dental inspectors, a GP specialist advisor and a CQC pharmacy specialist.

During our inspection we spoke with the registered manager, two specialist doctors, two dentists, three dental nurses (including the head nurse), the dental hygienist, two receptionists and the practice manager. We also viewed personnel files, training records, practice policies and procedures and other records about how the service is managed. We reviewed the treatment records of 25 patients.

The inspection was announced at short notice, so the service was not provided with CQC comment cards prior to our inspection. We were unable to speak to any patients during the inspection.

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

We found that this service was not providing safe care in accordance with the relevant regulations.

Reporting, learning and improvement from incidents

- The provider did not have an incident reporting policy and there was no formal process in place to report, record or learn from incidents or significant events. Staff we spoke with told us that they would refer any incidents to the registered manager for action. The registered manager told us that any significant events would be appropriately investigated and the outcome shared with staff at team meetings. We did see evidence of a significant event, in relation to clinical waste being disposed of inappropriately, being discussed at a team meeting. An accident book was in operation and this had been used to record a recent sharp's injury. However, there was no record of action taken.
- A system was in place to receive national patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). However the process in place for disseminating these to staff did not include arrangements for ensuring that any relevant action had been taken.
- The registered manager assured us that a significant event policy and procedure as well as an improved process for dealing with patient safety alerts would be implemented without delay.

Reliable safety systems and processes (including safeguarding)

The service had systems, processes and practices in place to minimise risks to patient safety, but they were not always fully implemented to ensure patient safety was maintained.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies did not clearly outline who to contact for further guidance if staff had concerns about a patient's welfare. However, staff we spoke with were able to demonstrate how they were able to access this information on the intranet and how they could make an online referral to their local authority safeguarding hub. The registered manager was the lead member of staff for safeguarding.
- Staff we spoke with demonstrated that they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults. All staff were trained to child protection or child safeguarding level two. Only one of the doctors had been trained to child protection level three. However, it is a requirement set out in the Intercollegiate Guidelines (ICG) for all clinical staff working with children to be trained to child protection level three.
- The practice had a whistleblowing policy and staff told us that they would feel confident in raising concerns with the registered manager or external organisations without fear of recrimination.
- The service had a chaperone policy and we saw records of patients being offered a chaperone during consultations including intimate examinations. However, there was no evidence of staff who acted as a chaperone receiving training to assist them in carrying out this role. All staff had undertaken Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was no system of reconciliation for pathology results. Blood and urine samples were sent to an external laboratory for analysis. Interpretation of test results was an additional service and patients could choose whether to have their results interpreted by the clinic or elsewhere. There was no procedure to check whether the results had been received or by whom or whether any follow up treatment was required.

Medical emergencies

The clinic had some arrangements in place to respond to emergencies and major incidents.

- The clinic had a defibrillator available on the premises and oxygen with adult masks. However, the self-inflating oxygen mask needed replacing and a paediatric mask was not available. The registered manager told us they would ensure these items were ordered. A first aid kit and accident book were available.
- All staff received annual basic life support training and several members of staff had undertaken additional training in immediate life support to support the clinic dental sedation service and doctors.

Are services safe?

- Emergency medicines were easily available to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were stored securely and a system was in place to ensure that they did not pass their expiration date.
- The clinic did not have a business continuity plan. There were no written arrangements in place for major incidents such as power failure or building damage.

Staffing

The practice had a staff recruitment policy and procedure to help ensure they employed suitably qualified and experienced staff. We looked at all of the staff recruitment files and found the clinic had followed their recruitment procedure.

The doctors and dentists employed by the provider were registered with either the General Medical Council (GMC) or General Dental Council (GDC). Appropriate medical indemnity insurance was in place for all clinical staff.

Four of the doctors providing specialist care were on the UK specialist register to provide this. All of the doctors had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). All of the doctors were following the required appraisal and revalidation processes.

Monitoring health & safety and responding to risks

The clinic's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace more specific topics such as dental procedures. A fire risk assessment had been carried out and we saw evidence that recommendations had been acted upon. Staff carried out regular checks of the fire alarm system and emergency evacuation drills.

Information on the Control of Substances Hazardous to Health (COSHH) was available and COSHH risk assessments had been carried out.

Infection control

- We observed the premises to be visibly clean and tidy and a cleaning schedule was in place. Cleaning equipment was stored appropriately.
- Infection control policies and appropriate arrangements regarding the storage and removal of clinical waste were in place.
- The clinic carried out infection prevention and control audits twice a year. The latest audit showed the clinic was meeting the required standards.
- The clinic had procedures to reduce the possibility of Legionella or other bacteria developing in their water systems. A legionella risk assessment was in place and we saw evidence of staff carrying out monthly water temperature testing and regular water quality testing.
- The staff records we reviewed provided evidence of staff receiving appropriate inoculations and having adequate protection against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of acquiring a blood borne infection.
- All instruments used for medical treatment were single use.

Premises and equipment

- All electrical and clinical equipment was checked and calibrated to ensure that it was safe to use and was in good working order.
- Testing of portable electrical appliances was up to date.

Safe and effective use of medicines

We checked the arrangements for the management of medicines at the clinic. Medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements in place for the removal of pharmaceutical waste.

We checked the arrangements for dealing with medical emergencies. The clinic held adequate stocks of emergency medicines, oxygen, and a defibrillator. Staff carried out regular checks to ensure these were fit for use. However, the box containing the emergency medicines was not tamper-evident as recommended in national guidance.

The clinic did not have a prescribing protocol and we did not see any audits of medicines to monitor the quality of the prescribing.

The clinic issued private prescriptions to some patients. Prescriptions were stored securely and there was a system in place to track their use.

Are services safe?

Patients completed a medical history form before seeing the doctor which included consent to share details of their treatment with their registered GP. However, we found this was not always completed. The registered manager told us the clinic did not routinely share information with the patient's registered GP unless the patient specifically asked them to do so. When the doctor decided it was safe to prescribe without informing the registered GP following an episode of care, this was not clearly documented in the patient's notes, together with any advice, monitoring arrangements or follow-up required. This was not in accordance with GMC guidance on information sharing [Good Practice in Prescribing and Managing Medicines and Devices, 2013]. In addition, we found medical notes did not always contain the required information as set out in GMC guidance [Paragraph 21, Good Medical Practice, 2013].

The clinic held a small stock of medicines which had been brought into England from Poland by one of the doctors working there. These medicines were not licensed for use in the UK. The Medicines and Healthcare products Regulatory Agency (MHRA) grants medicines a license for use in the UK after trials have shown they are safe and effective for treating a particular disease. Unlicensed medicines for use in the UK should only be obtained from a licensed wholesale dealer in the UK. In addition, when these medicines were issued to patients, they were not labelled in accordance with the Human Medicines Regulations 2012. We raised these concerns with the registered manager during our inspection who assured us this practice would be stopped immediately. We have subsequently received confirmation post inspection that this practice has ceased and appropriate action has been taken with regards to the medical practitioner bringing the particular medicines into the UK.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective services in accordance with the relevant regulations.

Assessment and treatment

- The clinic was unable to provide evidence of assessing needs and delivering care in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) best practice guidelines for care and treatment provided.
- We did not see any evidence of any clinical audit or clinical quality improvement activity in relation to the medical side of the operation. The clinic did have a clinical audit policy butn only dental staff were carrying out audit and quality improvement activity.
- There was no evidence of formal clinical supervision, mentorship or support.

Staff training and experience

- The clinic had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals. All staff had received an appraisal in the last 12 months.
- We did not see any evidence of the medical staff being supported in their continuous professional development.
- Staff received training that included: safeguarding, basic life support, fire safety awareness, the Mental Capacity Act 2005, consent, confidentiality and equality and diversity.
- The clinic could demonstrate role-specific training and updates for relevant staff.

Working with other services

- The registration form gave patients the choice of whether they would like copies of notes concerning their consultation and treatment forwarding to their NHS doctor.
- We were told that patient information was only shared on request. Letters for the patient's NHS GP were given to the patient. The provider had not given any consideration to what medicines would be prescribed if a patients failed to give consent to this information being shared with their NHS GP.
- The doctors told us that they referred patients to a range of specialists in primary and secondary care if they needed treatment that the practice did not provide.

Consent to care and treatment

- The clinic had a consent policy and staff understood the importance of obtaining and recording patients' consent to treatment. Bespoke consent forms had been developed for the different treatment available.
- The consent policy included information about the Mental Capacity Act 2005. All staff members had received training on their responsibilities under the Act when treating adults who may not be able to make informed decisions. However, the policy did not make reference to Gillick competence (Gillick competence is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The registered manager gave their assurance that the policy would be updated and staff educated on their roles and responsibilities in relation to treating young people under the age of 16.
- There was no evidence of identity checks being undertaken for any patient or to check for parental responsibility when treating a child.
- We were told that any treatment including fees was explained to the patient prior to the procedure and that people then made informed decisions about their care. The schedule of fees was displayed on the service website.

Are services caring?

Our findings

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

Respect, dignity, compassion & empathy

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- All staff spoke English and Polish. Some members of staff were also able to speak additional languages, including Russian. The clinic provided information in English and Polish.
- We noted that staff treated patients respectfully, appropriately and kindly and were friendly towards patients over the telephone.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- A private room was available if patients wanted to discuss sensitive issues or appeared distressed.
- Patients' medical records were stored in locked cabinets located in a secure area to maintain confidentiality.

Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices including information on the website. The information included details of the specialist doctors, the scope of services offered and the schedule of fees.
- Patients were also able to access information and patient feedback on a social media site.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting patients' needs

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

Tackling inequity and promoting equality

- The clinic offered appointments primarily to Polish patients who lived in the area (and had viable finance available) and did not discriminate against any nationality.
- The clinic's website was available in both Polish and English languages. All practice staff spoke Polish and English and several spoke other languages.
- The clinic regularly contributed health information to local Polish newspapers and publications.

Access to the service

- The clinic displayed its opening hours in the premises, their information leaflet and on their website.
- The service was open from 11am until 6pm on a Monday and Tuesday; 11am to 10pm on a Wednesday, Friday and Sunday; 11am to 9pm on a Thursday and 9am to 10pm on a Saturday.
- Appointments were available on a pre bookable basis. Urgent medical appointments were not provided.

Concerns & complaints

There was a system for handling complaints and concerns.

The clinic had a complaints policy, a copy of which was available in the patient information booklet which was available in the waiting room. However, the policy gave the incorrect route of escalation for health care related complaints. The registered manager was the designated responsible person who handled all complaints in the service. We saw evidence of complaints being actioned appropriately and outcomes discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

Governance arrangements

There were significant shortfalls in the governance framework which did not support the delivery of consistent good care.

- The registered manager had not considered what oversight or governance of clinical practice was required when expanding the service despite being responsible and accountable for quality and safety.
- Clinic specific policies were implemented and were available to all staff. However, individual policies were neither dated nor signed.
- The provider did not have an incident reporting or significant event policy and there was no formal process in place to report, record or learn from incidents or significant events
- The registered manager held monthly team meetings. Staff were able to agenda items for discussion and minutes for meetings were retained for future reference. However, these meetings did not include the doctors and there was no evidence of them being involved in any clinical governance arrangements or of a formal process of sharing information with them. We were told that it was impractical to hold full team meetings, because doctors worked on a sessional basis. It was not clear how staff who could not attend these meetings were informed of discussions or decisions.
- There was no evidence of a quality improvement programme or continuous clinical and internal audit in place to monitor quality and to drive improvements. We did not see any clinical audits to monitor the quality of prescribing.
- Patients' medical records were handwritten. We reviewed 25 patients' medical records and found no concerns with the majority but some were below the expected standard and did not always contain the required information as set out in GMC guidance [Paragraph 21, Good Medical Practice, 2013]; for example, details of diagnosis or treatment given. Patients' medical records were stored in locked cabinets located in a secure area of the clinic.
- There was as a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were appropriate arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions. For example, health and safety risk assessments had been completed.

Leadership, openness and transparency

- There was no formal clinical leadership or oversight of the medical side of the service. The registered manager was a qualified dentist but did not have a medical background. We saw no evidence that clinical leadership was provided or expertise sought to drive quality improvement. The doctors provided a wide variety of specialist services on a sessional basis, which made it difficult for them to work as a team.
- Staff told us that there was an open culture within the clinic and that they felt that they could raise any issues with the registered manager.

Learning and improvement

- There was evidence of support for continuing professional development.
- Staff were given the opportunity of an annual appraisal where learning needs, general wellbeing and future professional development were discussed.
- There was no evidence of formal clinical supervision, mentorship, peer review or support for the doctors employed by the practice.
- The practice had a business plan which documented issues such as staffing, premises, finances and plans for service development.

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

- The practice had not carried out any surveys to gain patient feedback from their medical patients. They had surveyed their dental patients and intended to extend this survey to their medical patients in the near future. There was evidence of suggestions from dental patients being considered and acted upon.
- Patients were able to view patient feedback on the provider's website and social media page.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** Assessments of the risks to the health and safety of patients receiving care and treatment were not being carried out. In particular; • The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. • Management of medicines was not always safe. The practice was dispensing medicines brought into the UK from Poland which were not licences for use in the UK. The medicines were not always appropriately labelled when dispensed. • The provider had not given any consideration to the risk of not sharing information with a patient's own GP when the patient refused to give consent. • Not all clinical staff had undertaken safeguarding training at a level appropriate to their role. • The provider was not taking any steps to verify patient identity nor to establish parental responsibility if the patient was a child. These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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:** • The registered person had systems and processes that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. There was no programme of clinical audit or quality improvement activity. There were no medicine audits to monitor the quality of prescribing. There was no effective system for the reconciliation of pathology test results. There was no effective system for communicating or sharing learning from patient safety alerts, significant events, or complaints. Individual policies were not dated or signed. • The registered person had not ensured that systems were in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. • The registered person had not ensured that management and clinical oversight arrangements were in place on a daily basis. • There was little clinical input into the running or the development of the service.

This section is primarily information for the provider

Enforcement actions

These matters are in breach of regulation 17(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.