Polmedics Ltd

Polmedics Limited - Bristol

Inspection report

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Ratings

Overall rating for this service

Are services safe?	
Are services well-led?	

Overall summary

We carried out an unannounced focused inspection on 10 February of Polmedics Limited - Bristol. We carried out this inspection because the provider confirmed to the Commission that this location re-commenced the provision of dental services only to patients as from 7 February 2017 following previous actions taken by the provider to voluntarily suspend all services on 19 December 2016 provided across all Polmedics Ltd locations until 31 January 2017 including Polmedics Limited – Bristol. The provider had taken this course of action following serious concerns raised following a series of inspections carried out at Polmedics Limited - Allison Street, Birmingham on 9 & 30 November 2016, Polmedics Limited - West Bromwich on 16 December 2016 and Polmedics Limited - Rugby on 17 December 2016 identifying serious concerns linked to the provider's lack of governance and infrastructure arrangements.

This inspection was carried out at the same time as an announced inspection of Polmedics Ltd (the provider) at their administrative head office located at 36 Regent Place, Rugby CV21 2PN to assess their governance, infrastructure and leadership arrangements. During the inspection which had taken place at the administrative head office, we were informed by the provider that Polmedics Limited – Bristol was closed to patients on 10 February 2017. However, we found evidence that this location was open to patients from midday and patient appointments had been pre-booked for the day of our inspection. We therefore commenced our inspection from midday.

Our findings were:

Are services safe?

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

Summary of findings

Are services well-led?

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

Background

Polmedics Limited - Bristol is an independent provider of dental and gynaecology services and is located the in Staple Hill area of Bristol, Avon. Services are provided mainly, but not exclusively, to the Polish community who reside in the United Kingdom (UK) and employs mainly Polish clinicians and staff. Services are available to people on a pre-bookable appointment basis. At the time of our inspection, the provider had voluntarily suspended all services with the exception of dentistry as a result of concerns found during previous inspections carried out by the Commission at three other locations during November and December 2016.

The practice holds a list of registered patients and offers services to patients who reside in Bristol and surrounding areas but also to patients who live in other areas of the UK who require their services. The provider provides regulated activities from seven different locations. We were informed by the provider that there are approximately 33,000 registered patients across all Polmedics Ltd locations.

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures and surgical procedures.

The practice has one dental surgery, a gynaecology room, a kitchen area with a physiotherapy room (separated by a curtain) a waiting area and a reception area. All of the facilities are on the ground floor of the premises along with toilet facilities.

At the time of our inspection, the practice employed four dentists, one trainee dental nurse and a practice manager. A previously employed practice manager is still currently the registered manager. This manager is no longer employed to work at this location and does not have day to day contact with the practice or the provider. The new practice manager had submitted an application to be the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The provider is not required to offer an out of hours service. Patients who need emergency medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency.

Our key findings were:

- The practice had limited formal governance arrangements in place. Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement. For example, there was no evidence of an x-ray audit being completed.
- Arrangements to safeguard children and vulnerable adults from abuse did not reflect relevant legislation and local requirements. The practice manager was unaware who the safeguarding lead was at the practice.
- The practice did not follow guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.
- The provider had not ensured that a registered manager was in place. It is a requirement of registration with the Care Quality Commission where regulated activities are provided to have a registered manager in place. The person that was named as the registered manager was no longer at this practice.
- Risks associated with the carrying on of the regulated activities were not well managed.
- The practice held medicines and life-saving equipment for dealing with medical emergencies in a primary care setting, although there were some gaps with respect to the recommended emergency medicines and equipment.
- The practice had a number of policies and procedures in place to govern activity, but some of these required updating and some policies did not reflect what we found on the day.

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

Summary of findings

- Ensure audits of radiography are undertaken at regular intervals to help improve the quality of service.
- Ensure effective systems and processes are in place for identifying, assessing and monitoring risks and the quality of the service provision.
- Ensure arrangements to safeguard children and vulnerable adults from abuse reflect relevant legislation and local requirements.
- Ensure effective processes for timely reporting, recording, acting on and monitoring of significant events, incidents and near misses are in place.
- Ensure there is effective clinical leadership in place and a system of clinical supervision/mentorship for all clinical staff including trainee dental nurses.
- Ensure that patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) are received by the practice, and then actioned if relevant. Put systems in place to ensure all doctors are kept up to date with national guidance and guidelines.
- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control, Hepatitis B and other immunisations, emergency situations, decontamination of dental equipment, and legionella. Review procedures to ensure compliance with the practice annual statement in relation to infection prevention control required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

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

- Ensure a system of appraisals is in place to ensure all members of staff receive an appraisal at least annually.
- Ensure appropriate policies and procedures are implemented, relevant to the practice ensuring all staff are aware of and understand them.

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.

- Arrangements to safeguard children and vulnerable adults from abuse did not reflect relevant legislation and local requirements. Staff were unaware who the safeguarding lead was at the practice.
- The practice held evidence of Hepatitis B status and other immunisation records for some clinical staff members but not all who had direct contact with patients' blood for example through use of sharps. There was no process in place to ensure all clinical members of staff Hepatitis B status and other immunisations were checked or immunisation arrangements for staff were in place.
- Staff were unaware of the process to report incidents, near misses and significant events.
- Infection control procedures did not follow guidance from HTM 01-05. Staff did not change out of clothes which had been worn outside the practice when in the clinical environment which posed an infection control risk.
- The risks associated with the use of sharps had not been adequately managed.
- There was a rubber dam kit available however, there was no rubber dam in the kit.
- The practice held medicines and life-saving equipment for dealing with medical emergencies in a primary care setting, although there were some gaps.
- The Legionella risk assessment had been completed by the practice manager. The practice manager had not completed any training to indicate they were a competent person to do so.
- There was no evidence a critical examination had been carried out on the x-ray machine.

Are services well-led?

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

- The provider had not ensured that a registered manager was in place. It is a requirement of registration with the Care Quality Commission where regulated activities are provided to have a registered manager in place. The person that was named as the registered manager was no longer at this practice.
- Quality assurance was not embedded within the culture of the practice. For example, there was no evidence of an x-ray audit being completed.
- The practice did not have an effective, overarching governance framework in place to support the delivery of the strategy and good quality care. There was a lack of effective systems and processes in place for assessing and monitoring risks and the quality of the service provision.
- The practice had a number of policies and procedures in place to govern activity, but some of these required updating and some policies were not reflective of current practice.

Polmedics Limited - Bristol

Detailed findings

Background to this inspection

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

The inspection was carried out on 10 February 2017 of dental services only. Our inspection team was led by a CQC Lead Inspector and included two CQC Inspectors and a Dental Specialist Advisor. The team was also supported by a Polish translator.

During our visit we:

- We conducted a tour of the practice. We were shown the decontamination procedures for dental instruments and the system that supported the patient dental care records.
- Spoke with a dentist, a dental nurse and the practice manager.
- Reviewed the personal care or treatment records of patients.
- We looked at clinical equipment used by this service.
- We reviewed a range of information which included policies and procedures and patient care records.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was not an effective system in place for reporting and recording significant events.

- During our inspection, we were told that there was a system in place to enable staff to report incidents, near misses or significant events. We were shown an accident book where incidents or accidents were recorded. There were no entries in the accident book.
- We found incident reporting forms within the policy folders however, staff were not aware of these forms.

Reliable safety systems and processes (including safeguarding)

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, for example:

- Arrangements to safeguard children and vulnerable adults from abuse did not reflect relevant legislation and local requirements. We saw that a policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations.
- During our inspection we asked the staff who was the lead for safeguarding. Staff were unaware who the safeguarding lead was.
- Staff had completed safeguarding training to the appropriate levels.
- A rubber dam kit was available. There was however no rubber dam in this kit. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided.

Medical emergencies

The practice did not have adequate arrangements in place to respond to emergencies and major incidents. For example:

- We observed the emergency resuscitation equipment and found that it was not in line with the Resuscitation Council UK guidelines. There was no self-inflating bag, no portable suction device and no oropharyngeal airways were available.

Staffing

There was no process in place to ensure the trainee dental nurse received regular clinical supervision. We did not see written records of clinical supervision which may have taken place.

Monitoring health & safety and responding to risks

Risks to patients were not assessed and well managed.

- All electrical equipment was checked to ensure the equipment was safe to use.
- A Legionella risk assessment had been carried out internally by the practice manager. The practice manager had not attended a course to enable them to carry out such a risk assessment. A soft drink bottle was used to contain water for the dental unit. This could potentially split under the pressures needed for the dental unit water lines. Staff were unsure how to manage the dental unit water lines with regards to regular flushing.
- We spoke to staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A risk assessment had not been completed to indicate why the practice was not complying with these regulations. The dentist told us they would use a one handed technique to re-sheath needles. The practice's infection control policy stated that "needles should be re-sheathed only using the re-sheathing device provided". Staff were unable to locate a re-sheathing device.
- The sharps injury procedure did not have a local contact for an occupational health unit. It stated to contact Hammersmith occupational health department which is in London and was not the correct contact details for this practice.

Infection control

There was inconsistency in relation to infection control processes in the practice. For example:

Are services safe?

- We saw staff were wearing clothes which had been worn outside the practice when in the clinical environment which posed an infection control risk.
- We identified a half used cartridge of local anaesthetic in the container which had unused cartridges in it. Staff were unsure how this had got there.
- The infection control policy was not detailed and did not include any details of the daily, weekly and monthly tests required to be carried out.
- It was not clear who was the infection prevention and control lead within the practice. Staff we spoke with were unable to tell us who the infection control lead was.
- The autoclave had a data logger in place. This was not used and there was no evidence any data had been downloaded.
- The infection control policy stated that 'all staff must be immunised against hepatitis B and record of their hepatitis B seroconvert held by the practice manager'. There was no evidence of hepatitis B seroconvert for two members of clinical staff.

Equipment and medicines

During our inspection we conducted a tour of the premises which included a gynaecology room, dental treatment room, decontamination room and patient areas. We observed areas of concern. For example:

- X-ray equipment was located in the dental treatment room. We were told that a critical examination and acceptance test had been carried out on this machine. There was no evidence of this report on the day of inspection.
- The local rules relating to the x-ray machine had not been updated to reflect the new dentist who had started. They also stated that an automated x-ray developer should be used. There was not an automated x-ray developer on the site and they were using self-developing x-rays.

Safe and effective use of medicines

During our inspection we looked at the systems in place for managing medicines.

We noted that the practice did not have a system in place to receive national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). At the time of our inspection, there was no evidence of alerts received that were pertinent to dentistry that had been issued by MHRA so that they could be discussed by members of the medical or dental team.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Governance arrangements

During our inspection, we found major flaws in the leadership and governance of this practice. The practice did not have an effective, overarching governance framework in place to support the delivery of the strategy and good quality care. There was a lack of effective systems and processes in place for assessing and monitoring risks and the quality of the service provision. For example:

- Patient care records were in written format only.
- Dental care records we looked at which were completed were inconsistent. We looked at five dental patient records selected at random. We found that medical history questionnaires were not always completed or not detailed. There was no periodontal charting in four of the five records.
- The dentist we spoke with did not understand the concept of Gillick competency. We gave an example of a situation where this concept could be applied and they told us that dental matters would not be life threatening therefore would never complete any treatment on a child under 16 without parental consent.
- Practice specific policies were implemented and were available to all staff. We looked at various policies during our inspection which included infection control and decontamination policies. Not all policies we looked at had been reviewed and updated. Some policies referred to lead staff members that had since left the practice.
- The provider had not ensured that a registered manager was in place. It is a requirement of registration with the Care Quality Commission where regulated activities are provided to have a registered manager in place.

Learning and improvement

Quality assurance was not embedded within the culture of the practice. For example:

- An x-ray audit had not been completed.
- An IPS audit had been completed in January 2017. This did not have an action plan and it did not reflect issues which we identified on the day of inspection.
- A hand hygiene audit had been partially completed. This did not reflect issues we found on the day of inspection.

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 **How the regulation was not being met:** The practice did not have systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control, Hepatitis B, legionella and decontamination equipment. The practice did not ensure arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. Staff were not aware of who the safeguarding lead was. There was no evidence of a system being in place for dissemination, reviewing and actioning NICE and MHRA alerts or evidence of any actions taken. The practice did not ensure a system of clinical supervision/mentorship for all clinical staff including trainee dental nurses. There was no process in place for acting on and monitoring significant events, incidents and near misses. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

The practice had limited formal governance arrangements in place and did not have a programme of regular audit including x-ray audits or quality improvement methods to assess, monitor and improve the quality and safety of the services provided.

The provider had not ensured that a registered manager was in place.

The practice had a lack of effective management and clinical oversight in place on a daily basis.

Policies and procedures were not effective or consistently implemented and followed across the practice.

Not all members of staff had received an appraisal within the last 12 months.

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