

Polmedics Ltd

# Polmedics Limited - Wellingborough

## 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 2017 of Polmedics Limited - Wellingborough. 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 – Wellingborough. 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 – Wellingborough was closed to patients on 10 February 2017. However, we found

# Summary of findings

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 service was not providing safe 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.

## **Background**

Polmedics Limited – Wellingborough is an independent provider of dental and gynaecology services. The practice is located within the town centre of Wellingborough, Northamptonshire. Services are provided primarily to polish patients who reside in the United Kingdom (UK). 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.

This inspection focused solely upon the dental services provided by the clinic. On the day that we visited we found these were the only services being offered.

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

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; family planning, maternity and midwifery services and surgical procedures.

The practice holds a list of registered patients and offers services to patients who reside in Wellingborough 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 does not currently have a 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 lead was at the practice.
- The dentist had been told in December 2016 not to take any x-rays until training was completed. However, we saw in patient records that x-rays had been taken in December 2016 and on 4 February 2017. We spoke with the practice manager who confirmed that the dentist should not be taking x-rays at present.
- Not all risks to patients were assessed and well managed. The practice was using easy cleaning solution for metal and jewellery in the ultrasonic cleaner. There were no soil tests completed and there was no lid for the ultrasonic cleaner. Instruments were found in autoclave from the previous day that had not been processed.
- The provider had not ensured that a registered manager was in place. It is a requirement of

# Summary of findings

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.

- 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 was only allowing patients to pay in cash for services at the time of our inspection.
- 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.
- Information about how to complain was available and easy to understand however, the practice manager did not know who was responsible for dealing with complaints in the practice or at the head office.
- There was no system in place to ensure that an accurate, complete and contemporaneous record was maintained for every patient.

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

- Ensure dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice and the General Dental Council regarding clinical examinations and record keeping.
- 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.
- Review complaints processes to ensure staff and patients understand the complaints system.
- 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, 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:

- Review processes for ensuring fees are explained to patients prior to the procedure to enable patients to make informed decisions about their care.
- 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. The practice manager was unaware who the safeguarding lead was at the practice.
- We spoke with a dentist on the day of the inspection who said that they had been told not to take x-rays since December 2016 until training was completed and when new policies were in place. We saw in the notes of one patient record that on 4 February 2017 an x-ray had been taken by this dentist although the x-ray had not been reported on. We spoke with the practice manager who confirmed that the dentist should not be taking x-rays at present.
- There were no local rules in surgery and no x-ray developing equipment available.
- No evidence of rubber dam used on patients when providing root canal treatment although they did have them available in the practice.
- Not all risks to patients were assessed and well managed. The practice was using easy cleaning solution for metal and jewellery in the ultrasonic cleaner. There were no soil tests completed and there was no lid for the ultrasonic cleaner. Instruments were found in the autoclave from the previous day that had not been processed.

### **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.
- The practice had limited formal governance arrangements in place. The practice did not have an effective, documented business plan in place. Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement. Audit was not embedded within 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 was only allowing patients to pay in cash at the time of our inspection.
- 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.
- Information about how to complain was available and easy to understand however the practice manager did not know who was responsible for dealing with complaints in the practice or at the head office.

# Polmedics Limited – Wellingborough

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor 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, a receptionist, and a 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 observed that there was not an effective system in place to enable staff to report incidents, near misses or significant events. We were told that there was a system in place to enable staff to report incidents, near misses or significant events however, there had been no incidents or significant events reported within the last 12 months. Staff were able to explain how to report an incident and that they would complete accidents in the accident book.

### 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 staff we spoke with were unable to tell us who was the lead for safeguarding. Staff we spoke with said that they would liaise with the practice manager. However, the practice manager did not know who the lead was for safeguarding in the practice. Formal meetings were not held and recorded to discuss and document safeguarding concerns which may have arisen.

### Medical emergencies

The practice had adequate arrangements in place to respond to emergencies and major incidents. For example:

- The practice had in place emergency medicines as set out in the British National Formulary and Resuscitation Council (UK) guidance for dealing with common medical emergencies in a dental practice.

- A first aid kit was located in the reception area and an accident book was available.

### Staffing

There was no process in place to ensure trainee dental nurses or other nursing staff received regular clinical supervision during planned, face to face sessions. 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 assessed and well managed.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A Legionella risk assessment had been carried out in March 2016. This assessment advised that monthly water temperatures should be recorded at the sentinel outlets. This was being done by the practice.

### Infection control

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

- We saw that the dental treatment rooms, patient waiting area, reception area and patient toilets were visibly clean.
- The practice had daily cleaning schedules in place which were on display in each area of the practice. However, the upstairs treatment room schedule indicated that it had last been cleaned on 18 November 2016.
- The dentist and the nurse that we spoke with were unaware who the infection control lead was in the practice.
- An infection prevention and control audit had been completed in March 2016. There was no evidence of a more recent infection control audit being carried out, despite the action plan that the practice had submitted to the Commission confirming that they had completed one in January 2017. The practice manager did not know if this had been completed or not.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.

# Are services safe?

- We spoke with staff and reviewed records relating to the validation and testing of the equipment used in the decontamination and sterilisation of used instruments. There was a checklist available however, these were not completed correctly. For example, there was no practice, name, location of the autoclave, there was no make and model of the autoclave, no serial number and there was no start date recorded.
- The practice was using easy cleaning solution for metal and jewellery in the ultrasonic cleaner. This was not intended for use in the ultrasonic bath. There were no soil tests completed and there was no lid for the ultrasonic cleaner. Instruments were found in autoclave from the previous day that had not been processed.

## Premises and equipment

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

- X-ray equipment was located in one of the dental treatment rooms. We spoke with the dentist on the day of the inspection who said that they had been told not to take x-rays since December 2016 until training was completed and that new policies were in place. We saw

in the notes of one patient record that on 4 February 2017 an x-ray had been taken by this dentist although this x-ray had also not been justified or reported on. We spoke with the practice manager who confirmed that the dentist should not be taking x-rays at present.

- There were no local rules in surgery and no x-ray developing equipment available.

## 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 or general medicine that had been issued by MHRA so that they could be discussed by members of the medical or dental team. The practice manager told us that they were received via email however, we were unable to see any evidence of these been received and actioned.
- The practice did not carry out audits of medicines or prescribing.



# Are services well-led?

## 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.
- Medical records we looked at which were completed by dentists were inconsistent. We looked at five dental patient records selected at random. We observed x-rays had been completed on 23 November 2016 and 5 December 2016 but there was no report completed. There was no evidence of rubber dam being used in the patient records. We found that medical history questionnaires were not always completed. There was no assessment or charting, no periodontal charting, no mucous membrane assessment, no lymph node assessment and no soft tissue assessment in some of the records. X-ray reports were not written up and a justification for x-ray was not reported. We saw that on one of these records the cost of the work was signed by the dentist but not the patient.
- We looked at five examples of these records during our inspection and found concerns in relation these records. Four out of the five records that we viewed were incomplete.

- Dental care records we looked at showed that dentists did not understand the principle of informed consent. Records indicated that individual treatment options, risks, benefits and costs were not always documented in a written treatment plan.
- The practice had a consent policy in place. Patients were required to sign a written consent form which detailed the fees required. However, in the records that we reviewed this had not always been completed.
- Practice specific policies were implemented and were available to all staff. We were able to see evidence that staff had read and understood some of these policies. 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.
- We spoke with the practice manager about who was responsible for dealing with complaints in the practice. The practice manager was not aware of who was responsible or if they were dealt in practice or at head office.
- There was no formal process in place to ensure all members of staff received an appraisal.
- 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

Audit and quality assurance was not embedded in the practice. There had not been an audit of the quality of x-rays nor had there been an infection control audit completed since March 2016.



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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control, legionella and decontamination equipment.</p> <p>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.</p> <p>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.</p> <p>The practice did not ensure a system of clinical supervision/mentorship for all clinical staff including trainee dental nurses.</p> <p>There was no process in place for acting on and monitoring significant events, incidents and near misses.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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.</b></p> <p><b>How the regulation was not being met:</b></p>

## 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 practice did not ensure patient care records were factually accurate, legible and represented the actual care and treatment of patients.

Members of staff were unaware of the complaints process.

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.

The practice did not ensure that an accurate, complete and contemporaneous record is maintained for every patient.

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.