

Poldent Limited

Poldent Dental Care

Inspection Report

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Overall summary

We carried out a follow-up inspection at Poldent Dental Care on 12 February 2018.

We had undertaken an announced comprehensive inspection of this service on the 1 and 11 December 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Poldent Dental Care on our website at www.cqc.org.uk.

We revisited Poldent Dental Care as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 12 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

• Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

We found that this practice was 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 ultrasound scans for pregnant women. 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 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.

Summary of findings

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.

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:

- Staff had completed infection prevention and control training. Improvements had been made to the processes for checking decontamination equipment.
- Staff had completed hands on medical emergency training. Appropriate medicines and life-saving equipment were available.
- A sharps risk assessment had been carried out. The outstanding actions from the fire risk assessment had been carried out.
- A system was in place for referring patients to their GP or hospital in the event of an abnormal ultrasound scan.
- Policies had been updated and the governance system was effective.
- Audits of infection prevention and control and radiographs had been completed.

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 well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Since the inspections on 1 and 11 December 2017 policies had been updated and procedures had been implemented to ensure the smooth running of the practice.

Risks associated with sharps and fire were well managed.

All staff had completed hands on medical emergency training and all medical emergency equipment and medicines were available as described in current guidance and staff were confident in their use.

Since the previous inspections, the service has ceased providing cervical screening tests.

Staff have completed chaperone training and a chaperone policy was in place. A process for referring patients with abnormal ultrasound scan results was in place.

Recruitment procedures were now in place which reflected the relevant legislation.

Clinical staff had completed infection prevention and control training and the regular testing of the ultrasonic bath and autoclave reflected current guidance.

Audits of infection prevention and control and radiographs had been carried out and action plans formulated.

No action



Are services well-led?

Our findings

Governance arrangements

Since the inspections on 1 and 11 December 2017 the registered manager had implemented governance systems to ensure the smooth running of the service. We saw policies relating to whistleblowing, recruitment and chaperoning. These reflected current guidance and legislation. A recruitment process was now in place to ensure the safe recruitment of staff. These included asking for photographic identification and seeking references.

We were shown the Control of Substance Hazardous to Health (COSHH) folder. This now contained a risk assessment and a safety data sheet for substances used in the practice.

The practice had improved its approach to managing risk. We saw a sharps risk assessment was in place. Actions from the fire risk assessment had been completed. A fire drill had been carried out and regular checking of the fire alarm system was being completed. The fire evacuation plan was now displayed throughout the practice.

Since the previous inspection the service had ceased to provide cervical screening tests. All patients were asked about the name of their GP and if they consented to the service sharing the results of the ultrasound scan. Any patients without a GP were encouraged to register with one. We saw a process was in place for referring patients with an abnormal ultrasound scan result, this covered patients who were registered with a GP, those not

registered with a GP and tourists. Staff had completed chaperone training and a policy was in place. There were notices in the waiting area and the medical treatment room offering a chaperone service.

Staff had completed infection prevention and control training. Regular validation of the ultrasonic bath and the autoclave were carried out and recorded. This reflected current guidance.

All staff had completed hands on medical emergency training. All medical emergency medicines and equipment were now available as described in current guidance and staff were confident in their use.

Dental care records contained details of the consent process. These included the different treatment options which had been presented to the patient. The dentist was aware of current guidance from the National Institute for Health and Care Excellence (NICE).

Learning and improvement

Audits of radiography and infection prevention and control had been completed. These both had action plans and learning outcomes. The registered manager was aware of the frequency of these audits and had set up a system to ensure they were completed regularly in future.

Staff had completed infection prevention and control, chaperone and medical emergency training since the last inspection. The registered manager was in the process of setting up a system to monitor staff training to ensure it is completed.