Compass Clinic Limited

Compass Clinic - Wells-next-the-Sea

Inspection Report

Compass Clinic
Wells Community Hospital
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Norfolk
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Website:

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Overall summary

We carried out this announced inspection on 23 May 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. We had also received a number of complaints about the practice. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Compass Clinic provides both NHS and private treatment to patients of all ages. The practice opens on Monday to Friday, from 9 am to 5pm. The practice is one of two owned by the company, and is based in the local community hospital and shares many of its facilities.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs.

The permanent dental team includes one dentist, one dental nurse and one reception staff. Due to recruitment difficulties, locum staff are also employed. A hygienist works two afternoons a month. The practice has two treatment rooms.

As a condition of registration, the practice 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 is the company's chief executive officer, who also acts as the practice manager.

On the day of inspection, we collected seven CQC comment cards filled in by patients and spoke with two other patients.

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

Our key findings were:

- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice provided preventive care and support to patients to ensure better oral health.
- Patients received their care and treatment from staff who enjoyed their work.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks had not been completed.
- The provider had failed to address issues we had raised in our previous inspection such as the state of surgery flooring and confidentiality between the two surgeries.
- Complaints were not recorded adequately and there was no evidence to show they were used to improve the service.
- We received a number of complaints from patients about the practice who expressed concerns about the turnover of dentists and the cancellation of their appointments.
- There was no portable hearing loop to assist those who wore hearing aids. Information about the practice and patients' medical histories was not available in any other languages, or formats such as large print. The practice did have access to translation services, but this was not well advertised to patients.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Establish and operate an accessible system for identifying, receiving, recording and responding to patients' complaints

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the management of sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review protocols for the use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

No action

We found this practice was providing safe care in accordance with the relevant regulations.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice had suitable arrangements for dealing with medical and other emergencies, although did not have all the required equipment.

Untoward events were not always reported appropriately and learning from them was not shared across the staff team.

Clinicians did not follow national guidance in relation to the management of sharps and the use of rubber dams.

Are services effective?

No action

We found this practice was providing effective care in accordance with the relevant regulations.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. Dentists mostly used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice,

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

Are services caring?

No action

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

We received feedback about the practice from seven patients. Patients spoke positively of the dental treatment they received and of the caring of the practice's staff. Patients said staff treated them with dignity and respect. Staff gave us specific examples of where they had gone out their way to support patients.

We saw that the layout of the practice's two surgeries seriously compromised patients' privacy and confidentiality, something we had raised at our previous inspection in 2015 but no action had been taken to address it.

Summary of findings

Are services responsive to people's needs?

Requirements notice 

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

Most patients were happy with availability of appointments and appreciated the text and email reminders for them. We received a number of complaints from patients about the practice who expressed concerns about the turnover of dentists and the cancellation of their appointments. Recruitment problems had meant that some clinics had not been able to run and patients' appointments cancelled at short notice as a result.

The practice had made some reasonable adjustments to accommodate patients with disabilities including level access, downstairs treatment rooms and an accessible toilet. It did not provide a hearing loop to assist those patients with hearing aids and information was not available in any other languages or formats such as large print.

We found that the complaints policy was not effective. Complaints were not managed effectively and learning from them was not shared across the staff team.

Are services well-led?

Requirements notice 

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

The staff told us they enjoyed their work and felt supported by the director and practice manager.

We found several shortfalls indicating that the practice's governance procedures needed to be improved. This included the analyses of untoward events, recruitment procedures, the management of complaints, auditing procedures and the availability of emergency equipment.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children and vulnerable adults and had received appropriate training for their role. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information about local protection agencies was on display in the reception area. The practice manager told us that one dentist had contacted a patient's GP as they were concerned they might be subject to domestic violence, demonstrating they took safeguarding concerns seriously.

The dentist did not use rubber dams routinely in line with guidance from the British Endodontic Society when providing root canal treatment to fully protect patients' airways.

The practice had a business continuity plan describing how it would deal with events that could disrupt the normal running. We noted this had not been reviewed since 2013 and was not fit for purpose.

The practice had a staff recruitment policy and procedures to help them employ suitable staff. We looked at recruitment records for recently employed staff. Suitable references had been obtained but we found that DBS checks had not been undertaken at the point of their employment to ensure they were suitable to work with vulnerable adults and children

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff told us they had the equipment needed for their work and repairs were managed effectively. A new washer disinfector had recently been purchased. The practice ensured facilities and equipment were safe and that most equipment was maintained according to manufacturers' instructions. Portable appliance testing was undertaken by the practice manager who had received certified training in how to do this.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place.

Due to the practice's location, fire alarm and extinguisher testing was undertaken by hospital staff. Fire evacuation drills were completed every six months with hospital staff, and included patients. Both the practice manager and receptionist had received fire marshal training.

The practice had arrangements to ensure the safety of the X-ray equipment. We found that information in the practice's radiation protection file needed to be reviewed and updated. We were not provided with evidence to demonstrate that annual mechanical and electrical testing had been completed for one X-ray unit and rectangular collimation was not used on X-ray units to reduce radiation dosage to patients.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. We noted radiograph audits were not undertaken as recommended by current guidance and legislation.

Risks to patients

We looked at the practice arrangements for safe dental care and treatment. A specific sharps risk assessment had not been undertaken in line with recommended guidance and dental clinicians did not follow the relevant safety regulation when using needles and other sharp dental items. Staff were not aware of recent changes in EU regulations regarding the use of amalgam.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked.

Staff knew what to do in a medical emergency and had completed training in resuscitation and basic life support. They did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. The practice did not have its own AED, but one was available on site at the neighbouring renal unit. Most emergency equipment and medicines were available as described in recognised guidance, although there was no child's bag valve mask a size 0 airway and clear face masks.

Are services safe?

These items were ordered following out inspection. Staff were undertaking checks of the equipment but not as frequently as recommended by national guidance. Staff had access to a first aid and bodily fluid spillage kits, but not an eyewash kit.

The provider had suitable risk assessments to minimise risk that can be caused from substances that are hazardous to health (COSHH).

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. There was a lead for infection control based at the sister practice, who visited regularly to oversee and support staff.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. Staff conducted infection prevention and control audits, but not as frequently as recommended by guidance. Results from the latest audit indicated that the practice met essential quality requirements.

We noted that most areas of the practice were visibly clean and hygienic including the waiting area, toilet and corridors. We noted that skirting boards in treatment rooms were chipped and dusty, and flooring was worn and ripped, making it difficult to clean effectively. This was something we noted in our previous inspection in June 2015 but no action had been taken to address it. We also noted some loose and uncovered items in drawers that risked becoming contaminated over time. Cleaning equipment was colour coded. It was not stored in line with national guidance.

The practice's arrangements for segregating, storing and disposing of dental waste mostly reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice, which was stored securely.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, and legible. They were kept securely and complied with data protection requirements.

The practice manager was aware of new European directives regarding data protection requirements and we saw this had been discussed with staff at their meeting of 24 January 2018 to ensure they understood their obligations to protect patient information.

Safe and appropriate use of medicines

The practice had a specific fridge for medicines. We noted that Glucagon medicine was stored in the practice's food fridge. The temperature of this fridge was not monitored to ensure it operated effectively.

The practice had a hygienist who could be accessed without the need for a referral from a dentist. Antimicrobial audits were not conducted regularly to ensure dentists were following current prescribing guidelines.

Prescription pads were held securely and there was a tracking system in place to monitor their use and identify any loss or theft.

Lessons learned and improvements –

The practice had a significant events' policy. This was dated 2013 and there was no evidence to show it had been updated or reviewed since this time. There was no other guidance for staff on how to manage other types of events**.** We found that staff had a limited understanding of what might constitute an untoward event and they were not recording all incidents to support future learning. For example, we were told of several untoward incidents including a patient who had an allergic reaction to a medicine, a needle stick injury and the closure of clinics due to staff shortages. The practice manager told us that unusual events were regularly discussed at staff meetings, but minutes we viewed for the previous year showed no evidence of this.

Are services safe?

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were monitored by the practice manager who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received seven comments cards that had been completed by patients prior to our inspection. The comments received reflected that patients were mostly satisfied with the quality of their dental treatment and the staff who provided it. We also received feedback that indicated that some patients had concerns about the turnover of dentists and lack of continuity of care as a result.

Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Records we viewed were comprehensive and clearly detailed the dental assessments, treatments and advice given to patients.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One dental nurse was undertaking a course in oral health education. We viewed a poster display in the waiting room about chronic gingivitis that they had produced. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. The staff member told us the dentists regularly used dental models, information leaflets and diagrams of periodontal disease to help patients better understand their oral health.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment. The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. One dental nurse had undertaken a course in dementia to help better understand the needs of patients living with the disease.

We found that clinicians did not always check if the person accompanying a child had parental responsibility for them.

Effective staffing

The practice had struggled to recruit staff in the previous three years, and had only managed to employ one full time permanent dentist and one permanent part-time nurse in the previous 18 months. Staffing issues had clearly affected patients' continuity of care and the availability of appointments. Staffing issues had led to the complete closure of some clinics on occasion. A staff member told us they did not have sufficient time to undertake a range of non-clinical tasks, as much of their time was spent supporting agency nurses who were used to cover vacant shifts. The practice manager told us that a locum dentist had just been employed for one day a week, and a new trainee dental nurse had started to help improve the number of appointments available to patients.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored all referrals to make sure they were dealt with promptly. We noted that patients were not routinely offered a copy of their referral for their information.

Are services caring?

Our findings

Kindness, respect and compassion

We received positive comments from patients about the caring nature of the practice's staff. Staff gave us examples of where they had assisted patients such as looking after small children to allow their parent to go into surgery, calling taxis for patients and collecting dentures form the lab to avoid patients waiting longer. Patients commented that the receptionist was welcoming and friendly.

Privacy and dignity

All consultations were carried out in the privacy of treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. There was a prefabricated wall between the two treatment rooms, with a large gap at the end, abutting onto a shared window, which seriously compromised patient confidentiality as conversations could be easily overheard. This was something we noted at our previous inspection in 2015 but no action had been taken to address the issue. There were no signs informing patients that their privacy was compromised.

The reception computer screens were not easily visible to patients and staff did not leave patients' personal information where others might see it. Radio music was played to distract patients from overhearing conversations at the reception desk.

Involving people in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dental records we reviewed showed that treatment options had been discussed with patients.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had made some adjustments for patients with disabilities. There was level access to the building, ground floor treatment rooms and a fully accessible toilet. We noted there was no portable hearing loop to assist those who wore hearing aids. Information about the practice and patients' medical histories was not available in any other languages, or formats such as large print. The practice did have access to translation services, but this was not well advertised to patients.

Despite significant staff recruitment problems, the practice was meeting its NHS contracted units of dental activity for patients.

Timely access to services

At the time of our inspection, the practice was not taking on any new NHS patients.

The practice offered a text and email appointment reminder service for patients. Specific slots were held each day for those patients needing emergency treatment and the practice offered a sit and wait service if those slots became fully booked.

Reception staff told us that the dentist occasionally ran over time but that patients were understanding of this.

Listening and learning from concerns and complaints

The practice did not have an effective policy detailing how it would manage patients' complaints. The policy had last been reviewed in 2012 and included information about health organisations that no longer existed. It did not include any information about other organisations that patients could complain to, such as NHS England or the Dental Complaints Service.

There was information about how to raise concerns in the waiting area but it was not easily visible to patients. The receptionist showed a good knowledge about how to deal with patients' complaints and a form was available for them to complete.

The practice manager told us there had been four complaints in the previous year. We were not able to assess how the practice handled these complaints, as paperwork was not adequate to determine the timescales in which they had been responded to, the quality of the investigation or the complaints' outcome. There was no evidence to show how learning from them had been implemented to improve the service. Patients verbal complaints were not recorded and therefore could not be monitored to identify common themes.

Are services well-led?

Our findings

Leadership capacity and capability

The company's director visited the practice quarterly, although they had not attended any practice meetings in the last year. The Chief Executive Officer was also the practice manager and had responsibility for the day-to-day running of both practices run by the company. Although primarily based at the sister practice, they visited the site every day. They were assisted by the permanent dental nurse who undertook a number of managerial tasks in the practice.

Staff told us that both the practice manager and director were approachable and responsive.

Vision and strategy

A list of the practice's core values and business plan objectives were on display in the reception area, along with its mission statement. Its aims and objectives were also set out on the website, making them accessible to patients.

The practice manager told us his main priority was to establish a stable staff team and ensure better continuity of care for patients. The practice had just been awarded a new contract from NHS England, allowing them to plan for the future and receive funding to purchase new equipment.

Culture

Staff told us they enjoyed their job and felt supported, respected and valued in their work. They told us there was good teamwork amongst the staff. A staff member told us they were able to telephone staff at the company's sister practice to seek helpful advice and guidance. Staff reported that they were able to raise concerns had confidence that senior staff would address them.

It was clear that staff's suggestions were listened to and acted upon. For example, their suggestions to install a mirror in reception to help observe patients and to move the reception desk had been implemented.

Governance and management

We identified a number of shortfalls in the practice's governance arrangements including the analysis of untoward events, the safe recruitment of staff, complaints' handling and audit systems. Many of the practice's policies had not been reviewed in a number of years so it was not clear if they were up to date and still relevant.

At our previous inspection in 2015 we noted that treatment room flooring was ripped and there was no confidentiality between the two surgeries. No action had been taken since then to resolve these issues.

There was no system in place to ensure fitness to practice checks were undertaken for clinical staff.

Engagement with patients, the public and external partners.

The practice had previously used patient surveys to gather feedback about its service. Results of this survey conducted in 2013 were available on the practice's website, but were no longer relevant given the passage of time. The practice now relied on the Friends and Family Test (FFT) to seek patients' views. Recent results based on 50 responses, showed that 47 patients (94%) would recommend the practice and 6% would not.

The practice manager responded to both positive and negative patient feedback left on the NHS Choices website.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

The practice undertook some audits to help them improve their service. However, infection control audits were not undertaken as frequently as recommended, and results of dental care records audits were not discussed with individual clinicians. No radiograph or antibiotic prescribing audits had been undertaken.

Most staff had received an appraisal which they found useful. This covered their job knowledge, ability to organise and punctuality amongst other things. We noted the dentist had not received any appraisal so it was not clear how their performance was managed.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints There was not an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. Regulation 16(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (1) Good Governance** The registered person did not have effective systems in place to ensure that the regulated activities at The Compass Clinic were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example: · There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence. · Clinicians were not following national guidance in relation to sharps' management and the use of rubber dams. • The provider did not have robust recruitment systems in place to ensure that only fit and proper staff were employed by the practice.

This section is primarily information for the provider

Requirement notices

· Information in the practice's radiation protection file was not up to date and one X-ray unit had not received appropriate servicing.

· Audits of radiography, and infection prevention and control were not undertaken at recommended intervals.

· Shortfalls identified at our previous inspection had not been addressed such as ensuring patients' confidentiality and repairing ripped flooring.

· The practice's policies and procedures were not reviewed and kept up to date.

Regulation 17 (1)