Compass Clinic Limited

Compass Clinic - Holt

Inspection Report

Old Nurses Home
Kelling Hospital
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High Kelling
Holt
Norfolk
NR256QA
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Overall summary

We carried out this announced inspection on 28 May 2019 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.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Compass Clinic- Holt provides NHS private treatment to approximately 5,500 patients of all ages. The practice is one of two owned by the company and has a sister practice in Wells-next- to the- Sea. The practice is based within the grounds of a local community hospital and rents the premises from the local health service trust.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. There is parking close by for people with mobility problems.

The dental team include two dentists, a part-time hygienist, three dental nurses, a practice manager and receptionist. There are three treatment rooms. The practice opens on Monday to Friday, from 9 am to 5pm.

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 eight CQC comment cards filled in by patients and spoke with two other patients. We spoke with both dentists, the dental hygienist, the practice manager, and two dental nurses.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared clean and well maintained and infection control procedures reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice took patients' complaints seriously and responded to them appropriately to improve the quality of care.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- The provider asked staff and patients for feedback about the services they provided.

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

- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to staff commencing employment at the practice.
- Review the practice's protocols for the use of dental dams for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols for ensuring that dental clinicians follow national best practice guidance in relation to antibiotic prescribing and managing gum disease.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competence guidelines to ensure they are aware of their responsibilities when treating younger patients and those that might not be able to understand their treatment.

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments,

The practice had suitable arrangements for dealing with medical and other emergencies.

However, recruitment procedures needed to be strengthened and the dentists did not follow national guidance in relation to dental dams.

No action ✓

Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found that the dentists did not always follow best practice guidance in relation to antibiotic prescribing or the management of patients' gum disease.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

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

No action ✓

Are services caring?

We found that this practice was providing a caring service in accordance with the relevant regulations

We received feedback about the practice from 11 patients. Patients were complimentary about all aspects of the service and spoke highly of the staff who delivered it. They described staff as welcoming, caring and understanding of their needs.

Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action ✓

Are services responsive to people's needs?

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

No action ✓

Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment easily if in pain.

Staff considered patients' different needs and provided facilities for disabled patients, including an accessible toilet and ground floor treatment rooms. Translation services were easily available.

The practice took patients' views seriously, responded to their concerns and discussed them with staff so that learning could be shared.

Are services well-led?

No action 

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and valued.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

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, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was a specific safeguarding folder which contained recent guidance in relation to the criminal exploitation of children and vulnerable people.

The practice manager had undertaken a level three child protection course and told us of an incident where concerns about a child's bruising were reported appropriately by staff. The receptionist had undertaken a course in domestic violence awareness to help them better understand and recognise patients who might be experiencing this.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns.

All clinical staff had Disclosure and Barring Service checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

We found that neither dentist routinely used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways. There was no explanation in the dental care records we viewed as to why a dam had not been used.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. However, documents we reviewed for two recently recruited staff members showed that the practice had not always obtained references at the point they were employed or photographic proof of their identity.

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

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

Fire alarms were tested every week and fire evacuations were held yearly which included patients. Fire extinguishers and emergency lighting were maintained and tested by staff from the neighbouring hospital.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Regular radiograph audits were completed by one of the nursed. Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A sharps risk assessment had been undertaken but had not covered all sharps in use at the practice such as matrix bands and scalpels. The practice followed relevant safety laws when using needles and staff were using the safest types. Sharps' bins, although not wall mounted, were sited safely, and their labels had been completed.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, although did not undertake regular simulations to keep their knowledge and skills up to date. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. However, these were not conducted as frequently as recommended by national guidance.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked both treatment rooms and surfaces including walls, floors

Are services safe?

and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered local anaesthetic cartridges in treatment rooms drawers, that risked aerosol contamination.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. However, one dentist wore the same trousers for both home and work, thereby compromising infection control.

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 and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits (although not as frequently as recommended) and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The practice's decontamination room was sited between the two treatment rooms, meaning that dirty instruments did not have to be transported through the practice. We noted some minor damage to the work surfaces on the decontamination room that compromised infection control.

Legionella risk within the building was managed by a company commissioned by the neighbouring community hospital, which rented its property to the practice. A legionella risk assessment had been completed in October 2017, but the practice manager was unaware if its recommendations had been implemented by the landlord. He assured us he would seek confirmation of this.

There was a Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

The practice used an appropriate contractor to remove dental waste. We noted that the large external clinical waste bin, although locked, had not been attached to a permanent structure for security.

Safe and appropriate use of medicines

The practice stored and kept records of NHS prescriptions as described in current guidance.

We found that the dentists were unaware of current guidance with regards to prescribing antibiotics and noted one instance where the incorrect dosage had been prescribed. No audits were undertaken to ensure the dentists were prescribing according to national guidance, and we had concerns about this, based on the dental records we viewed.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events.

There were systems for reviewing and investigating when things went wrong. We noted that untoward incidents were discussed at the regular practice meetings, although not all incidents recorded in the practice's accident book had been included.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were sent directly to the practice manager who actioned them, if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Our discussion with the dentists demonstrated that they were aware of guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Records we viewed detailed the dental assessments, treatments and advice given to patients.

Helping patients to live healthier lives

The practice was mostly 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. However, we noted the dentists did not always follow the guidance in relation to the management of patients' gum disease or fluoride applications for children.

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.

The practice had a small selection of dental products for sale and provided a good range of health promotion leaflets to help patients with their oral health. There was good information in the waiting areas in relation to mouth cancer awareness the sugar content in popular drinks.

Consent to care and treatment

Patients confirmed their dentists listened to them and gave them clear information about their treatment to help them make informed choices about their treatment.

The practice had a policy in relation to patient consent, but it did not include guidance about the Mental Capacity Act 2005 (MCA). We found staff had a limited understanding of the MCA, and Gillick competence guidelines and how these might impact on patients' treatment decisions.

Effective staffing

Staff told us there were enough of them to run the practice, cover each other's annual leave and meet patients' needs. However, locum staff had been used to cover staff recruitment challenges and the hygienist worked without chairside support. This had not been risk assessed.The head nurse told us that things had improved considerably with the recent employment of two new dental nurses and that staffing felt 'more stable'.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Co-ordinating care and treatment

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice actively monitored non-NHS referrals to ensure they had been received in a timely way.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring and respectful. One patient stated, 'As an exceptionally nervous patient with a strong gag reflex I greatly appreciate their friendly, relaxed and supportive approach'. Another commented, 'what a lovely dentist, so caring and professional'.

Staff gave us examples of where they had assisted patients such as escorting wheelchair users home.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff did not leave patients' personal information where other patients might see it and the computer screen was not overlooked. Staff password protected patients' electronic care records and backed these up to secure storage.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures. Vertical blinds covered windows for privacy.

Involving people in decisions about care and treatment

Patients confirmed that staff listened to them and discussed options for treatment with them. One patient commented, 'Follow up treatment and referrals always explained in terms I am able to understand'. Results from the practice's own survey based on 54 responses indicated that 100% of patients felt the dentists explained treatments well.

We noted information leaflets available in the waiting area on a range of dental health matters to help patients make informed choices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided plenty free parking and was accessible by bus. The waiting area provided good facilities for patients including magazines to keep them occupied whilst they waited and children's toys.

The practice had made reasonable adjustments for patients with disabilities. These included ground floor surgeries, an accessible toilet and a hearing loop. The practice provided its information leaflet in Polish and Chinese as they had patients who specifically spoke these languages. Information about accessing interpretation services was available, in different languages, at reception.

The practice had made reasonable adjustments for patients with disabilities including level access entry, an accessible toilet, and downstairs treatment rooms.

Timely access to services

The practice undertook its own patient survey in November 2018 and 90% of 54 respondents stated that staff's response to telephone calls was very good, and 10% stated it was good. !00% of patients felt that opening times were good. However just under 20% of patient felt that being seen on time could be improved.

The practice offered a text and email appointment reminder service and there were emergency appointment slots each day for patients experiencing dental pain. At the time of our inspection staff told us that waiting time for a regular check-up was about 10 days, and about three weeks for treatment if needed.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area, in the patient information leaflet and on the practice's website. Information from the local Healthwatch was also on display in relation to patients' concerns.

A specific complaints form had been introduced to record any patients' concerns and we viewed a formal complaints log which had been implemented to detail action taken in response to complaints and their outcome. We also viewed staff meeting minutes where patients' concerns had been discussed with all present, so that learning could be shared.

Are services well-led?

Our findings

Leadership capacity and capability

The Chief Executive Officer was also the practice manager and was responsible for the day-to-day running of both practices run by the company. He was assisted by a lead dental nurse who undertook a number of managerial tasks in the practice. The company's director visited the practice quarterly. Staff reported that they would value greater input from him, especially at practice meetings and inspections.

Staff told us the practice manager was approachable and responsive to their needs. They stated he was particularly supportive of their family commitments, allowing a good work/life balance.

Culture

Staff told us they enjoyed their job and felt supported, respected and valued in their work. They told us there was effective teamwork amongst the staff and communication systems were good.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had achieved an Investors in people's award between 2015 and 2018.

Communication across the practice was structured around quarterly practice meetings which staff described as useful.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

The practice used surveys and verbal comments to obtain views about the service. The practice had completed a patient survey in November 2018 completed by 54 patients. This indicated that patients were happy with the overall running of the service and its staff. As a result of this survey, the practice manager had contacted the landlords of the property to try and improve the condition of the car park surface that patients had raised as an issue.

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice manager responded to both positive and negative patient feedback left on the NHS Choices website. At the time of our inspection the practice had received three and half stars out of five based on seven patient reviews of the service.

Staff told us the practice manager listened to them and considered their ideas and suggestions. For example, their suggestions to display patient fail to attend figures and reduce the number of dental sundries sold had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, and infection prevention and control.

The provider paid for staff to receive training to help them keep their continuing professional development up to date.

Staff had received an appraisal which they found useful. This covered their job knowledge, ability to organise and punctuality amongst other things