

Compass Clinic Limited

Compass Clinic - Wells-next-the-Sea

Inspection Report

Compass Clinic
Wells Community Hospital
Mill road
Well-next-the Sea
Norfolk
NR231RF

Tel: 01328710999
Website:

Date of inspection visit: 18 March 2019
Date of publication: 02/04/2019

Overall summary

We undertook a focused inspection of the Compass Clinic on 18 March 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of the practice on 24 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Compass Clinic on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Background

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

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

The permanent dental team includes one dentist, one dental nurse a practice manager and reception staff. 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

Summary of findings

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.

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

Our findings were:

Are services Well-led?

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

Key findings

The provider had made satisfactory improvements to put right many of the shortfalls we found at our inspection on 24 May 2018. However, there remained areas where the provider could make improvements. They should:

- Review the practice's recruitment procedures to ensure that appropriate DBS checks are completed prior to new staff commencing employment at the practice.
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review the practice's staffing levels and ensure the practice can provide routine appointments in a timely manner to its patients.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

We noted some improvements had been implemented since our previous inspection. Rubber dams were now used to protect patients' airways, safer sharps were being used and radiology protection systems were more robust. Ripped flooring had been replaced and confidentiality between the two treatment rooms had improved.

However, the provider had not addressed some other shortfalls we had identified in our previous report. For example, DBS checks were not robust, staff did not regularly practice medical emergency simulations and information about translation services was not available to patients. There were on-going patient complaints about the amount of short notice cancellations they experienced.

No action





Are services well-led?

Our findings

At our previous inspection on 24 May 2018, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found that staff had implemented some improvements. For example;

- Rubber dams to protect patients' airways were now routinely used by the dentist.
- Radiation safety had improved. Collimators were used on X-ray units to reduce patient dosage and annual mechanical and electrical checks had been completed. A detailed radiograph audit had been undertaken.
- At our previous inspection we found that the practice's business continuity plan was not fit for purpose and had not been updated since 2013. It had not been updated for this inspection either. However, following our visit the practice manager sent us a reviewed copy.
- Staff were aware of the changes in regulations concerning the use of amalgam.
- Ripped and worn flooring in one treatment room had been replaced.
- A partition to close a wide gap between the two treatment rooms had been built to ensure better patient confidentiality.
- The fridge temperature where Glucagon was stored was monitored daily to ensure it operated effectively.
- Complaints were better recorded and monitored. 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 from 14 November 2018 where patients' concerns had been discussed with all present.

- The recording of unusual and significant events had also improved and were now a standing agenda item at staff meetings.
- A portable hearing loop had been purchased to assist patients who wore hearing aids.
- The staff team had become more stable in recent months, and the practice was relying much less on locum and agency staff.

However, there remained some minor areas identified at our previous inspection which the provider had not fully addressed.

- The practice continued to receive complaints from patients about the number of short notice cancellations. This was an area of concern at our previous inspection, and although the staff team had stabilised, there was no system in place to cover staff absence.
- Staff did not regularly rehearse medical emergency simulations to keep their knowledge and skills up to date.
- Translation services were still not advertised to patients. Information about the practice was not available in any other formats.
- The provider was unable to confirm if an appropriate DBS check had been undertaken for one recently employed member of staff.