

The Dovecote Office

Inspection report

Scrooby Manor
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the location The Dovecote Office as part of our inspection programme.

The service treats patients suffering with chronic pain and those who have associated physical and psychological symptoms, such as poor sleep, opioid dependency, depression and anxiety. Procedures include medial branch nerve blocks, nerve root blocks, epidurals, peripheral nerve blocks, trigger point injections and radiofrequency ablations.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Dovecote Office provides a range of non-surgical interventions, for example, acupuncture and physiotherapy which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The Medical Director/Consultant is the 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 service is run.

Our key findings were:

- Systems to keep patients safe were well-managed, however, recruitment procedures had not been fully implemented but work to improve this area has been implemented.
- Patients received an effective and evidence-based service and were supported to live healthier lives. Processes to obtain patient consent were thorough and well-managed.
- Staff received training and support relevant to their role; however, induction records had not always been completed.
- Patients were treated with kindness and respect and were involved in decisions about their treatment.
- The service was responsive to people's needs and patients were able to access the service in a timely manner.
- The service was well-managed and learning and improvement was the focus of all staff. The provider shared learning widely with external bodies in order to improve patient care. The service took immediate action where any shortfalls were highlighted in the inspection and work had already commenced to improve recruitment processes.

We saw the following outstanding practice:

Overall summary

- The clinicians did not prescribe medicines but recommended suitable treatment plans to the patients' GP. They felt this group of patients needed a sole prescriber (the patients' GP) to oversee the medicines and provide clarity for patients. The service took a triangulated approach in some cases and worked with community pharmacists to ensure all patients were safe and receiving the right care.
- Staff were encouraged to report any incident no matter how small. This approach had enabled the service to identify and improve an area relating to patient records and correspondence, which may otherwise not have been identified.
- Staff were proactive in developing innovative ways to support people with chronic pain. They had developed pain management programmes which enabled patients to learn more about their condition and develop self-management strategies. The team were implementing a café-style therapy service for informal drop-ins including group meetings/activities to advise, educate and signpost to services. The provider had liaised with patients about terminology for explaining one of the treatments so the procedure did not have negative connotations. The team agreed with a consensus of language based on patient views to encourage more positive attitudes to treatment. During the covid 19 pandemic the service had implemented virtual pain education appointments. They had continued to offer this service to some individuals who requested it based on their needs.
- The staff team had also supported patients over and above their role. For example, they had worked with a local swimming pool for protected swimming time for patients during quiet periods and they had supported one patient to access suitable resources to enable them to learn to read and write.

The areas where the provider should make improvements are:

- Continue to review and monitor implementation of recruitment procedures and review assessment of risk related to staff immunisation status and health needs.
- Review the legionella risk assessment at the host site and implement systems to manage Legionella as required.
- Consistently complete induction records.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist advisor and a second CQC inspector.

Background to The Dovecote Office

The provider for this service is Optimum Pain Management and was first registered in June 2020.

The service is managed from the location The Dovecote Office based at Scrooby Manor, Manor Road, Scrooby, Doncaster, DN10 6AH.

The service is registered to provide regulated activities diagnostic and screening and treatment of disease, disorder and injury. They offer NHS treatment for pain for adults only, aged 18 years and over who have been referred by their GP. The procedures performed under the regulated activities include medial branch nerve blocks, nerve root blocks, epidurals, peripheral nerve blocks, trigger point injections and radiofrequency ablations. These procedures are usually performed under image guidance which includes X-ray imaging and ultrasound where appropriate. The service rent rooms for provision of treatment and the regulated activities are performed at Harworth Primary Care Centre, Scrooby Road, Harworth, Doncaster, DN11 8JN. The main office and treatment centre were visited as part of this inspection.

The service core opening hours are Monday to Thursday 8.30am to 7.30pm and Friday 8.30am to 1pm for all patients to be able to contact the service by telephone. A voice mail service is available for out of hours calls. Treatments are scheduled based on venue, staff availability and patient demand.

How we inspected this service

Information was gathered and reviewed before the inspection. For example, from the Clinical Commissioning Group (CCGs) commissioning the service and pre-inspection information was obtained from the provider.

We spoke with patients and interviewed staff during the inspection. We observed treatments with consent from the patients, and reviewed documents.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- Systems to keep patients safe were well-managed, however, recruitment procedures had not been fully implemented but work to improve this area has been implemented.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse, but recruitment procedures had not been fully implemented.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- It was the provider's policy that Disclosure and Barring Service (DBS) checks were undertaken where required and renewed annually. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff worked for the provider on a self-employed basis. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, the recruitment policy and procedures had not been fully implemented in all cases. We checked three recruitment files and found previous employment history had not been obtained for two members of staff. There was also no evidence information about physical or mental health conditions and immunisation status (other than for covid-19) had been obtained to enable the service to manage risk and make any reasonable adjustments. Evidence provided after the inspection showed checks of recruitment files had been completed and a detailed spreadsheet had been developed. The spreadsheet indicated checks such as previous employment history had been obtained.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff were self-employed and were responsible for accessing appropriate training and keeping this up to date. However, the service had provided access to an online training programme and provided a training day in September 2021 with an external provider to meet safeguarding and health and safety related training requirements. Due to the complexity of the way the records were held we could not be assured all the staff had completed all the required training and that this was monitored effectively. Evidence provided since the inspection showed action has been taken to make improvements; a review of training records had been completed and a detailed overview had been developed. The overview showed training was up to date.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The registered manager told us they followed the host service policies and procedures for Legionella although they did not have copies of any risk assessment undertaken and had requested this from the Harworth Primary Care Centre landlord.
- The provider carried out environmental risk assessments and ensured that facilities and equipment were safe. Equipment was maintained according to manufacturers' instructions. The fire risk assessment for the head office had been undertaken in February 2022. The resulting action plan showed the majority of actions required had been completed and the remainder were scheduled.
- There were systems for safely managing healthcare waste.

Risks to patients

Are services safe?

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service had recognised that the room where most treatments were undertaken may, due to its size, impact on the effectiveness of providing emergency care. They had completed a risk assessment and undertaken scenario training with staff to ensure procedures to manage the risk were adequate.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- Systems were in place to enable the provider to monitor and ensure professional registrations and indemnity insurance remained current. However, for one of the clinical staff the evidence of current indemnity insurance was not clear. The manager told us they would review this. Evidence of indemnity insurance for this member of staff was provided after the inspection.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they ceased trading.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs. However, the service worked with patients, pharmacists and GPs to reduce opioid use. This included completing a pain assessment, education and review of alternative medicines. They were able to give examples of reduced use of opioids where they had supported patients in this way.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- The clinicians did not prescribe medicines but recommended suitable treatment plans to the patients' GP. They felt this group of patients needed a sole prescriber (the patients' GP) to oversee the medicines and provide clarity for patients. The service took a triangulated approach in some cases and worked with community pharmacists to ensure all patients were safe and receiving the right care.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. For example, there had been a detailed risk assessment process for use of the radiology equipment which included the structure of the building and positioning of the equipment.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, staff were encouraged to report any incident no matter how small and this approach had enabled the service to identify several minor incidents relating to incorrect information used in records and correspondence. They had completed a detailed investigation, improved systems, employed additional staff and had shared the findings with staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. Alerts were discussed in meetings and actions taken were recorded and these records were accessible to all staff.

Are services effective?

We rated effective as Good because:

Patients received an effective and evidence-based service and were supported to live healthier lives. Processes to obtain patient consent were thorough and well-managed.

Staff received training and support relevant to their role; however, induction records had not always been completed.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. New guidance was shared by email and through meetings. New guidance was also shared with commissioners and GPs to improve patient care.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality. The service had undertaken a surgical safety audit to check they were meeting World Health Organisation (WHO) standards. They had identified areas for improvement relating to records such as reducing the number of different places to record information to improve consistency and had implemented changes to address this.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff although records of induction had not been completed in two of the three files we checked. Meeting records showed induction processes had been reviewed and action was taken to give staff opportunity to observe each other's roles to improve understanding of patient care pathways. Records of competency checks were completed.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained. Due to the complexity of the way the records were held we could not be assured all the staff had completed all the required training and that this was monitored effectively. Evidence provided since the inspection showed action has been taken to make improvements. A review of training records had been completed and a detailed overview had been developed. The overview showed training was up to date.

Are services effective?

- Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Staff worked with patients' GPs to develop treatment plans. GPs had been invited to learning events hosted by the service.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately. An audit of the consent processes and an action plan for improvement had been implemented

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. They provided services to support people with chronic pain such as pain management programmes which enabled patients to learn more about their condition and develop self-management strategies. They also provided additional services such as physiotherapy and acupuncture where this was commissioned by the patient's local funding authority. The service was able to give good examples of how they supported patients over and above their role. For example, they had supported one patient to access suitable resources to enable them to learn to read and write. We also observed staff positively supporting patients with their mental health needs.
- The team were implementing a café-style therapy service for informal drop-ins including group meetings/activities to advise, educate and signpost to services. They were providing this service weekly from a local wellbeing centre.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We observed good practice in the consent process and patients were given a copy of their signed consent after a full explanation of their procedure.
- Staff supported patients to make decisions. Translators were made available to support the consent process if required.

Are services caring?

We rated caring as Good because:

Patients were treated with kindness and respect and were involved in decisions about their treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Quarterly surveys were sent to patients and a survey was also completed following the first pain management programme. Responses were reviewed and action plans implemented. Data provided by the practice showed improvement in responses during 2021/22.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We observed staff were extremely attentive to patient comfort and staff were observed to promote a positive and supportive experience.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Practice surveys showed patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Face to face appointments were available for those who were hard of hearing.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. We observed excellent support provided to one very distressed patient.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was responsive to people's needs and patients were able to access the service in a timely manner.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The provider had liaised with patients about terminology for explaining one of the treatments so that the procedure did not have negative connotations. Sometimes these procedures were described as “burning” or “frying” which could be interpreted as harmful by patients. The team came up with a consensus of language including “fizzing” or “frazzling” based on patient views to encourage more positive attitudes to treatment.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The team supported patients in their own homes, including care homes, in non-regulated activities such as support with suitable exercise and provided training to care home staff.
- During the covid 19 pandemic the service had implemented virtual pain education appointments. They had continued to offer this service to some individuals who requested it based on their needs.
- The team have worked with a local swimming pool for protected swimming time for patients during quiet periods.
- The service provided a pain management support programme which had been more female focused and were in the process of implementing a male focused group to encourage participation.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Appointments were scheduled to meet patients' needs and around the availability of staff. Appointments were available in the week and at weekends.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. No complaints had been received by the service or CQC.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.
- The provider acted on any negative feedback. For example, a patient told staff they had not had all the information about their procedure. The process was reviewed, and it was found the patient had been given all the information.

Are services well-led?

We rated well-led as Good because:

The majority of areas of the service were well managed and learning and improvement was the focus of all staff.

The provider shared learning widely with external bodies in order to improve patient care.

The service took immediate action where any shortfalls were highlighted in the inspection and work had already commenced to improve recruitment processes.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The records showed the provider acted on any negative feedback or incident and systems to improve were implemented effectively. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Regular group meetings were held where areas for development were discussed and agreed and appraisals were undertaken for everyone in the team. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team and clinical supervision was provided.
- Staff were given the opportunity to discuss updates on guidelines and education as well as incidents at the meetings. Individual staff were encouraged to come forward with ideas and develop the service.
- There was a strong emphasis on the safety and well-being of all staff. The regular meetings included workshops for example, laughter therapy and a team meal. All members of staff could share experiences and were supported by the team. Staff were supported with complex cases.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Quarterly patient surveys were undertaken, and feedback had been sought after the provision of a new service.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service had developed education programmes to present to staff in primary care in North Yorkshire and had invited GPs to observe their service. They had also joined a Primary Care Network group (PCN) in Bassetlaw to promote the service.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work.