Multimed Limited

Ascroft Medical

Inspection Report

Multimed Limited
Ascroft medical
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Ascroft Medical
Peter Street
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Oldham
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Tel: 07710023056
Website:

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Ratings

Overall rating for this service	No action ✓
Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive?	No action ✓
Are services well-led?	No action ✓

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 15 November 2017 and asked the provider to make improvements regarding safe care and treatment; effective care and treatment; leadership and duty of candour.

We checked these areas as part of this comprehensive inspection 25 May 2018 and found these issues had been resolved.

Summary of findings

This was a joint dental and medical inspection of an independent healthcare service.

Our inspector's description of the service.

- Ascroft Medical is an independent dental and medical care and treatment service provided by Multimed Limited and is situated at Peter Street, 3 Ascroft Court, Oldham. OL11 1HP.
- The service is primarily focussed towards people who speak Polish as a first or second language although it is open to all who choose to seek care from the service.
- Patients self-refer by phoning the service and appointments are available at different times during the day and early evenings Monday to Sunday.

Our inspection team was led by a CQC lead Inspector and included one dental inspector, a CQC GP specialist advisor and a Polish language interpreter.

During the inspection we spoke with the registered manager, the business manager, one doctor, one dentist and two administrators.

We reviewed personnel files, practice policies and procedures and other records concerned with running the service. We reviewed the full medical records for a sample of patients.

At this inspection we asked the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that since the last inspection the service had improved and was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that since the last inspection the service had improved and was providing effective care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that since the last inspection the service had improved and was providing well-led care in accordance with the relevant regulations.

Background Information

This was a planned announced comprehensive follow-up inspection carried out on 25 May 2018 to check whether the service was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Ascroft Medical is registered with the Care Quality Commission (CQC) as an independent provider of dental and medical services for children and adults and is in Oldham, Greater Manchester. Patients are primarily Polish people with English as a second language. Patients are self-referring and there are no geographical boundaries to using the service. The service is accessed through pre-booked appointments.

The service is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures;
- Surgical procedures
- Treatment of disease disorder and injury.

The service mostly employs doctors, dentists and dental nurses on a sessional basis. A full range of dental care and treatment including extractions, is provided at the service.

Medical services include: gynaecology; diagnosing and treating adult illnesses and diseases, dermatology and treatment of ear, nose and throat conditions.

The regular team consists of:

- Five dentists one of whom was responsible for having oversight of the dental care provided at the service.
- Two dental hygienists.
- Two dental nurses.
- Seven doctors one of whom was responsible for having oversight of the clinical care provided at the service.
- One registered nurse.
- One phlebotomist.

Summary of findings

The doctors, dentists and other health care professionals are supported by the registered manager and a team of administration and reception staff.

The registered provider 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.

11 people provided feedback about the service and this included completed CQC comment cards and all feedback was positive. Patients confirmed they felt listened to and were treated with compassion and kindness. They said they were happy because they were informed about test results quickly. Patients also told us that the facilities were clean and pleasant.

Our key findings were:

- Adult safeguarding and child protection training had been provided. Policies and procedures had improved and were in line with best practice guidance.
- The provider had systems in place to establish links with the appropriate child protection team when required.
- Protocols to ensure adults accompanying children had parental authority were in place.
- The quality of records had improved and now met best practice standards.
- Systems in keeping with best practice guidance had been introduced to confirm the identity of patients.
- Medicines management had improved to ensure prescribing was always in line with best practice guidance.
- Systems in keeping with best practice guidance to ensure communication with the patients GP and other health care practitioners had been introduced.
- Staff supervision and appraisal systems were in use.
- A duty of candour policy was in place and understood by staff.
- Management and governance of the service had improved as systems to monitor and assess the quality of all aspects of the service had been introduced.

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

- Review the information provided on the website about accessing urgent or emergency treatment when the service is closed.
- Review where confirmation is recorded when information has been shared with the patient's GP.

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?

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

No action

- The provider routinely completed checks to verify a patient's identity.
- The provider had systems in place to assure themselves as far as reasonably possible, that the adults accompanying children had parental authority.
- Arrangements to safeguard vulnerable adults and children from abuse were robust and understood by staff.
- There were reliable systems in place to ensure care and treatment was carried out safely and identify and respond if things went wrong.
- Medical records were completed in keeping with best practice guidance.
- A medicine prescribing protocol had been introduced and processes in place to check compliance.
- There were sufficient suitably qualified and competent staff to provide a safe service to patients.
- The clinic had good arrangements in place to respond to emergencies. Staff had completed basic life support training.
- The equipment and facilities were maintained as required, clean and in good repair.

Are services effective?

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

No action

- Records, audits and reports indicated that treatment was provided in keeping with current evidenced based care and treatment.
- Processes were in use to ensure and verify that medical staff were fully competent in work they completed at the clinic.
- The provider supported doctors with their continual professional development.
- Systems had been introduced to monitor the outcomes for patients using the service.
- The provider had developed links with specialist NHS services and protocols were in place to send laboratory test results to the patients NHS GP in keeping with best practice guidance.

Are services caring?

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

No action

- Patient feedback was positive and staff we spoke with were caring and knew how to be kind to patients.
- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Summary of findings

- A private room was available if patients appeared distressed or wanted to discuss sensitive issues.

Are services responsive to people's needs?

No action

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

- Information about the services offered was available in Polish and English.
- Individual patient information leaflets and weblinks to information was now provided to inform patients about what to expect in relation to managing their symptoms and recovery in relation to care and treatment.
- Individual leaflets about the cost of each treatment and consultation was provided in English and Polish.
- There was no time limit to the length of consultations. Detailed and appropriate information about to complain was provided and complaints were dealt with appropriately.
- The registered manager was accessible always.
- The practice had accessible facilities.
- All practice staff spoke one or more eastern European language and English.

Are services well-led?

No action

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

- There was an open culture and the registered manager was visible to staff.
- The leadership structure was understood by staff and extra responsibilities, such as infection control and safeguarding lead roles, were clearly defined.
- Governance arrangements were in place and a programme of continuous clinical audit and quality improvement activities had been introduced.
- Communication systems were formalised, communication was regular and involved all clinical, managerial and administrative staff. All staff including doctors and dentists attended regular team meetings.
- Clinical leadership was in place to drive quality improvement and ensure adherence to relevant best practice guidance.
- Local clinical supervision was undertaken. A system to promote mentorship and peer review had been introduced.
- The provider had completed overarching risk assessments to identify, review and manage the risks and issues associated with running the business.
- A business continuity plan was in place and provided clear guidance about what action was needed in different emergency situations such as flood; computer breakdown or mechanical faults.
- Mandatory training in place provided staff with information about providing a safe service and this was underpinned by a broad range of policies and procedures which had been reviewed and shared with staff. Systems were in place to periodically check staff knowledge of and compliance with these policies.

Summary of findings

- Patient medical records were stored in a secure electronic medical record system. Paper records were stored in a fire proof cabinet kept in a locked cupboard.
- The provider sought patient feedback and responded to concerns and suggestions on an individual basis and a system to review feedback was also in place to help identify trends and themes.

Are services safe?

Our findings

At this inspection on 25 May 2018 we found improvements and the service was now providing safe care in accordance with the relevant regulations. At our previous inspection on 15 November 2017, we saw that arrangements for managing risks in relation to care and treatment and safeguarding needed to improve, these issues had been resolved.

Safety systems and processes

The systems in place fully protected against abuse and arrangements for safeguarding adults and children reflected relevant legislation.

- Safeguarding policies were accessible to all staff and outlined who to contact if there were concerns. The policy included information about PREVENT (the initiative for recognising and taking steps to deal with political or religious extremism); protecting against female genital mutilation (FGM); modern human trafficking and slavery.
- Administration staff had completed on-line and face to face level two child protection and adult safeguarding training. The safeguarding lead had completed level three and four safeguarding and child protection training.
- All staff, including the clinical staff, knew the identity of the safeguarding lead and records indicated that clinical staff recognised and dealt correctly with symptoms that could be a sign of abuse.
- We saw that patients were always offered a chaperone, information offering chaperones was on display and staff had completed chaperone training.
- A lone workers risk assessment had been completed for the dental hygienist who would work alone at times.
- The practice had a whistleblowing policy and this included information about which external organisations staff could go to.
- Disclosure and Barring Service (DBS) checks had been completed for all staff. (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.)
- The premises were clean and tidy and the provider had a service level agreement with a cleaning firm. A general cleaning schedule for each room was in place and this was complete and up to date. The cleaning schedule included deep cleaning rooms on a rotating basis. Clinical waste was appropriately stored and a specialist clinical waste company collected waste bins and sharps boxes. Staff had completed appropriate infection control training. A range of infection prevention and control policies and procedures were in place and readily available to staff.
- Infection prevention measures in the minor surgery room had been improved. All work surfaces had been sealed in order promote effective cleaning; all taps had been changed to hands free; all work surfaces and flooring were fully sealed and the walls painted. To check whether the cleaning schedule was effective microbial swab checks were also periodically completed.
- Control of Substances Hazardous to Health Regulations (COSHH) risk assessments had been updated and revised. We noted there were safety data sheets for each substance but no individual risk assessment. We discussed this with the registered manager and we were advised this would be reviewed.
- An infection control lead, who had clear instructions and appropriate training, was in place and regular and detailed infection control audits had been completed and action, such as additional checks, taken in response to the findings.
- The Hepatitis B immunisation status was known for all staff. A risk assessment was available for staff who were either unknown or non-responders to the Hepatitis B vaccination.
- Certificates and maintenance records indicated that all general equipment was cleaned, calibrated and serviced in keeping with the manufacturer's instructions. We saw for example the fixed electrical wiring safety certificates for the premises. A Legionella risk assessment and certificate were in place and water temperature checks had been recorded regularly and were up to date. Sentinel outlets in the dental consultation rooms had been identified and checked as required.

Risks to patients

Are services safe?

- The clinic had arrangements in place to respond to medical emergencies.
- Staff received annual basic life support training; and the certificates indicated that the provider had ensured all clinical staff working with children had completed paediatric life support training.
- A first aid kit was available and defibrillator was in place.
- Emergency medicines were in a secure area of the clinic and accessible to staff who knew where they were held.
- The emergency medicines kit contained most of the items suggested in best practice guidance. For the medicine which was not held in the kit, a risk assessment which looked at the likelihood of the medicine being needed, availability from a local pharmacist and speed of response from emergency services had been completed.
- Oxygen with adult and children masks was in place.
- Dental and medical emergency medicines were available. Not all the medicines recommended in best practice guidance was available however these were purchased and included in the medicines checklist by the time the inspection had concluded.
- Staff had medical and nursing indemnity certificates.

Information to deliver safe care and treatment

- System and protocols were now followed to verify the identification of patients (adult and children) and the provider always took steps to assure themselves that adults accompanying a child had parental authority.
- The provider had introduced a child protection protocol to help identify if a child was at risk and systems were in place for shared care with statutory services in keeping with child protection best practice. There was evidence that the system was effective.
- Patient records contained enough information to promote safe care and treatment including a detailed medical history. Doctors liaised with the patients NHS GP before or after a consultation to make sure care was based on up to date information, however this contact was only recorded on a spreadsheet and not confirmed in the patients' medical records.
- The service used an established electronic medical records system for dentists and this had been modified to use for recording medical records for general patients. The system was password protected and the server was backed up and saved daily. Paper records were filed in a fire-resistant cabinet in a locked area.

Safe and appropriate use of medicines

We checked the arrangements for the management of medicines at the clinic.

- Medicines were stored securely and were only accessible to authorised staff. Patients chose which pharmacy they used to obtain their medicine. If medicines were needed for a procedure the patient received a prescription and they collected the medicine prior to the consultation.
- The clinic issued private prescriptions, these were stored securely, and their use was monitored.
- The clinic had introduced a prescribing protocol which ensured all medicines were prescribed in keeping with best practice guidance or local antimicrobial protocols. This ensured that risk assessments were completed when a doctor wanted to use a medicine outside of the protocol. The provider had introduced medicines audits to monitor the quality of prescribing against the standard that had been set.

Track record on safety

- An incident reporting protocol was in place and staff had received training and updates about identifying and recording incidents.
- Records indicated safety events were recorded, reviewed, analysed and shared with all staff.
- Learning was identified and formally shared with al staff.

Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour (DoC). The provider encouraged a culture of openness and honesty. A DoC policy had been developed and staff had been made aware of their responsibilities.
- The service had systems in place for learning about notifiable safety incidents. Systems for managing information received were formal. Information was

reviewed and updates or lessons learnt were shared with staff. Methods for sharing information included formal staff meetings, emailed memorandums and a communication logbook.

- Processes were in place to check and confirm staff had received and understood the changes needed in relation to lessons learnt.
- A system was in place to receive national patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and arrangements for ensuring relevant action had been taken were in place.
- Processes to identify patients who may have received care which needed to be reviewed in response to safety alerts had been put in place.

Are services effective?

(for example, treatment is effective)

Our findings

At this inspection on 25 May 2018 we found improvements and the service was now providing effective care in accordance with the relevant regulations. At our previous inspection on 15 November 2017, we saw that arrangements in place did not provide doctors with sufficient scrutiny, supervision and support to ensure they carried out their duties at the clinic in keeping with best practice standards, these issues had been resolved.

Effective needs assessment, care and treatment

- Patient records provided evidence that needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, for example, National Institute for Health and Care Excellence (NICE) best practice guidelines for care and treatment. Records made about patient consultations included an up to date medical history and information about the guidance provided to the patient.
- We reviewed the medical records and consultation notes for a sample of children. All children who presented with febrile conditions had been examined and treated in accordance with best practice guidance, for example temperatures had been recorded and comment made about whether a rash was present.
- Arrangements were in place to refer patients who required additional support if they were experiencing poor mental health. Evidence regarding advice offered, monitoring arrangements or follow-up arrangements was in place for all patients as appropriate.

Monitoring care and treatment

- The registered provider collects information and monitored the outcomes of care and treatment provided by the service.
- Clinical audits and clinical quality improvement plans were in place in relation to the medical and dental care provided.
- Meeting notes indicated that the provider ensured that a clinician took responsibility for the medical oversight of the service and decisions made by doctors were periodically discussed and reviewed.

Effective staffing

- Revalidation for medical staff was effectively managed and the provider sought assurance that doctors were competent to work with specific patient groups at the clinic. Systems were in place to liaise with responsible officers and review the skills of doctors in relation to the patient user groups they treated.
- The clinic had an induction programme for newly appointed staff. This covered safeguarding, infection prevention and control, fire safety, conflict resolution, equality and diversity, manual handling, health and safety and confidentiality. A system was in place to highlight when mandatory training needed to be updated and action taken to remind staff to complete the course.
- We saw that staff appraisals had been conducted and certificates confirmed that training or additional support was provided as required.
- Staff completed mandatory training and topics included safeguarding, basic life support, fire safety awareness, Mental Capacity Act 2005, consent and information governance which included confidentiality.
- Staff had completed role-specific training for example the infection control lead had completed specialist prevention of infection control training and chaperone training had been completed by chaperone staff.

Coordinating patient care and information sharing

- Patients completed a medical history form that included patient consent to share information with the patients' registered GP. A protocol had been introduced to ensure information was routinely shared in accordance with General Medical Council (GMC) guidance on sharing information.
- Arrangement for receiving laboratory tests results was effective. A service level agreement was in place with a local laboratory. Specimens were collected daily and a 24-hour turnaround for results was expected. Results were reviewed by the doctor and the results given directly to the patient. The results were routinely shared with the patients NHS GP.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

- Records indicated that when initial assessments identified patients who needed additional advice about healthy living this advice was given, for example signposting to an appropriate website such as smoking cessation.

Consent to care and treatment

- Systems were in place for consent to care and treatment. We saw evidence that consent could be verbal or written. The consent policy was specific to the service and information was based on best practice in relation to the Mental Capacity Act and Gillick competency in relation to children and young people.
- We saw that treatment fees were explained to the patient prior to the procedure and the schedule of fees was displayed in the waiting room.

Medical records showed that the consultation included providing information about the procedure.

Are services caring?

Our findings

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

Kindness, respect and compassion

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- All staff spoke English and Polish or another eastern European language. The clinic provided most information in Polish.
- We observed that staff treated patients respectfully, appropriately and with kindness. Staff had a friendly telephone manner with patients.
- Patients had access to information about the clinicians working for the service and could book a consultation with a doctor of their choice.
- We received feedback from 11 patients and all were positive about the service. Social media feedback was also positive in respect of kindness and compassion.
- The service had completed a patient satisfaction survey. The latest survey results from data collected between September 2017 and April 2018 showed that 12 out of 12 patient who completed the survey were satisfied with staff attitude.
- Refreshments such as hot and cold drinks were offered to patients and their friends or family.

Involvement in decisions about care and treatment

- Leaflets about each procedure were provided and patients were signposted to relevant on- line information about the procedures provided at the clinic.
- Information to help patients make informed choices was also available in Polish on the company's website. The information included details of the specialist doctors and the scope of services offered.
- Patients were also able to access information on a social media site.

Privacy and Dignity

- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

A private room was available if patients wanted to discuss sensitive issues or appeared distressed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive care service in accordance with the relevant regulations

Responding to and meeting people's needs

- The provider had introduced a process to collect information about the ethnicity of patients, however anyone who chose to pay could access the service.
- Baby changing facilities were available and there were play tables for children in the reception area.
- Staff told us that most patients attending the clinic were either Polish or English speaking. We were told translation services were not necessary as all staff spoke English and Polish or another eastern European language.
- A clinic information booklet was available in the clinic waiting room which detailed the services available, how complaints were dealt with and arrangements for respecting dignity and privacy. The information about dealing with complaints had been reviewed and directed patients to the correct organisation if they were unhappy with an investigation carried out by the provider.
- All patients attending the clinic self-referred and paid a fee direct to the clinic.

Timely access to the service

- Clinic opening hours were displayed on the premises.
- The services were pre-bookable and operated seven days a week at various intervals depending on the specialism. This was explained to patients at the time of booking.
- The provider had introduced a script to ensure booking staff made it clear that urgent medical appointments were not provided. However, this was not made clear to patients on the service website.

Listening and learning from concerns and complaints

- The clinic had a complaints policy available in the patient information folder kept in the waiting room. This provided clear information about how to make a complaint and the time scales for investigation and response.
- The registered manager handled all complaints in the service. We saw evidence of complaints being investigated appropriately, outcomes discussed with staff to share learning and improve the service and findings discussed with the complainant.
- The provider now took steps to routinely review and respond to concerns raised on the internet or social media sites.

Are services well-led?

Our findings

At this inspection on 25 May 2018 we found improvements and the service was now providing a well-led service in accordance with the relevant regulations. At our previous inspection on 15 November 2017, we saw that arrangements in place did not include formalised systems assess, monitor and improve the quality and safety of the service provided, these issues had been resolved.

Leadership capacity and capability;

- One of the directors was the registered manager who was responsible for the day to day running of the service. The registered manager appeared open to new ideas and staff told us there was a positive culture. All staff said they enjoyed working at the service and the manager listened to their opinions and was approachable.
- There was a clear leadership structure and staff were aware of who to approach for advice. There was a succession plan in place and staff had received training to enable them to provide management cover in the registered manager's absence.
- Formal systems had been introduced to ensure continual learning and professional development and, the provider had ensured that staff employed understood what was needed to meet the responsibilities they had been allocated.

Vision and strategy

- The vision of the service was to provide the best possible clinical care from doctors and nurses and a courteous and efficient service from administration and reception staff.
- Team meetings took place and information about service development and changes was shared with administration staff. Doctors and dentists were now formally invited to comment and be involved in developing the vision and strategy for the clinic.

Culture

- A Duty of Candour policy was in place. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The registered manager and staff stated any incident would be discussed openly and support given to the patient concerned.
- Staff described an open culture and felt confident about reporting any issues to the registered manager or the senior dentist. This was underpinned by clear policies and processes and processes were in place to check and monitor the effectiveness of the policies.

Governance arrangements

- Monitoring systems to drive improvements had been introduced. A quality improvement programme and continuous clinical and internal audit processes were now in place.
- Appropriate governance arrangements were in place, including a comprehensive suite of audits and risk assessments to identify, record and manage clinical and non-clinical risks. Action plans had been developed to deal with identified risks and build on areas of good practice.
- Policies and procedures were specific to the service and staff knew how these could be accessed.
- The registered manager held regular team meetings with a set agenda which included complaints, safeguarding matters, training opportunities, the outcome of audits and service development ideas. All doctors, dentists and allied health care professionals and administration staff were expected to attend. A formal process was used to share information with staff who did not attend meetings.
- Systems were in place to encourage the involvement of doctors in planning clinical governance arrangements.

Managing risks, issues and performance

- An organisational risk assessment had been developed and the business continuity plan was detailed and specific to the service and included contingency plan to action if the registered manager was not available.
- Clinical leadership was provided and external expertise sought to drive quality improvement. We saw that formal clinical supervision was completed to monitor performance against set standards and action taken to improve performance.

Are services well-led?

Appropriate and accurate information

- Patients' medical records were held electronically and handwritten. Patients' medical records were stored in a fire-retardant cabinet located in a secure area of the clinic.
- Medical records were audited and checked to make sure the information provided met best practice guidance and standards. We reviewed a sample of 14 medical records and essential information had been documented. A system of clinical peer review of records had also been introduced to ensure appropriate and accurate information was recorded.

Engagement with patients, the public, staff and external partners

- The service held open days and encouraged potential customers to visit the service, get to know staff and learn about the services on offer.

Continuous improvement and innovation

- The provider identified that engagement with regulatory bodies such as local authorities and the independent regulator was an important component in improving the standard of the service.
- The provider had a vision to maintain and build on the improvements made and respond to the findings of audits and monitoring completed at the service.