

Multimed Limited

Ascroft Medical

Inspection Report

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Overall summary

We carried out this announced inspection on 15 November 2017 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.

This was a joint inspection as part of an independent healthcare service. This report relates to the dental service only. A separate report has been written for the medical service provided by the clinic. You can read the medical report by selecting the 'all reports' link for Ascroft Medical on our website at www.cqc.org.uk.

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 not providing well-led care in accordance with the relevant regulations.

Background

Ascroft Medical Centre is located in Oldham, Manchester and provides private medical and dental treatment to adults and children, predominantly to patients with English as a second language (mainly Polish). They are known locally as Ascroft Medical.

Summary of findings

There are steps to access the practice with a portable ramp for people who use wheelchairs and pushchairs. Car parking is available near the practice.

The dental team includes five dentists, three dental nurses (one of which is a trainee) and a dental hygienist. The clinical team is supported by two receptionists, a practice manager and a business development consultant. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration 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 at Ascroft Medical was the practice manager.

On the day of inspection we collected 17 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday to Friday 9:00am – 8.00pm, Saturday and Sunday 10.00am – 6.00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Auditing of this process was not being carried out.
- Staff knew how to deal with emergencies. Appropriate medicines were available.
- Not all medical emergency equipment was in place.
- The practice had thorough staff recruitment procedures.
- The process in place to identify and respond to incidents or significant events could be improved.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- The practice had a safeguarding policy which required updating. Staff knew their responsibilities for safeguarding adults and children. A process to identify vulnerable adults was not in place.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Management processes could be improved.
- Staff felt involved and supported and worked well as a team.
- The processes in place to help them manage risk could be improved.
- The practice asked staff and patients for feedback about the services they provided.
- The process in place to identify and deal with complaints could be improved.

We identified regulations the provider was not meeting. The regulation breach is covered in the GP report and can be found by selecting the 'all reports' link for Ascroft Medical Centre on our website at www.cqc.org.uk.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's policies and procedures in relation to complaints handling, whistleblowing, duty of candour, closed circuit television and safeguarding.
- Review the use of quality assurance processes and risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities paying attention to infection prevention and control, COSHH, dental specific risk assessments and Hepatitis B vaccination.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.

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.

A system was not in place to ensure staff understood and reported significant events.

MHRA alerts were received and acted upon but were not retained for future reference. We saw evidence of relevant alerts and action taken after the inspection day.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concern. A process to identify vulnerable adults was not in place and the children's safeguarding policy required updating.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Quality assurance was not carried out for infection prevention and control. Evidence that this was completed was sent to the inspector after the inspection.

The practice had arrangements for dealing with medical and other emergencies but we found a process was not in place to ensure the correct medical emergency equipment was available.

Improvements could be made to ensure that all dental specific processes were individually risk assessed and that dental materials were risk assessed in line with Control of Substances Hazardous to Health (COSHH) Regulations 2002.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as first class, great and professional.

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

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

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

The team had received training and demonstrated an understanding of the Mental Capacity Act 2005. The consent policy did not refer to Gillick competence.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and helpful. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

There was no policy in place to support the use of CCTV.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to in house interpreter services and had arrangements to help patients with sight or hearing loss.

The practice's complaints handling process could be improved.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service but improvements could be made.

We found improvements could be made to the process for identification, recording and reporting of incidents or significant events, MHRA alerts, safeguarding and complaints handling.

Processes for duty of candour, whistleblowing and the availability of emergency medical equipment could be improved.

We found improvements could be made to ensure effective systems are in place for assessing, monitoring and improving the quality and safety of the services.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice asked for and listened to the views of patients and staff.

Requirements
notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The system for reporting, investigating, responding to incidents and significant events was not robust and required reviewing. Staff were aware of the policy in place but the process to identify, report and respond to incidents was not fully understood by staff.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were told relevant alerts were discussed with staff, acted upon but were not stored for future reference. The practice manager completed a list of all relevant safety alerts and actions taken for each after the inspection day.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances.

A safeguarding policy was in place to provide staff with information about identifying, reporting and dealing with suspected abuse but improvement could be made to update the policy and enhance staff awareness. The policy did not identify a lead person or include a reporting procedure to the Care Quality Commission. There was no information relating to awareness of modern slavery and female genital mutilation. There was no red flag system in place to identify vulnerable adults or children at risk. We saw evidence that staff received safeguarding training. One member of staff was not trained to the recommended level two. We saw that appropriate training for this staff member was carried out after the inspection.

Staff we spoke with knew about the signs and symptoms of abuse and neglect.

Staff told us they felt confident they could raise concerns without fear of recrimination and were aware of whom to report concerns to. There was no whistleblowing policy in place to support this process. We highlighted this to the practice manager who assured us this would be done.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year.

The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We reviewed the Control of Substances Hazardous to Health (COSHH) folder. We saw some materials were risk assessed jointly as a process rather than individually. For example, all materials used in the treatment room were on the same risk assessment. No safety data sheets were available and cleaning materials were not included as part of the assessment process. We highlighted this to the practice manager who assured us the risk assessment process would be reviewed and the COSHH folder would be brought up to date.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines were available as described in recognised guidance. We found some medical emergency equipment was not present. For example, there was no portable dental suction unit or self-inflating bags. We highlighted these concerns to the practice manager who assured us that action would be taken immediately to obtain these items. Order confirmation for these items was sent to the inspector.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policy and work place risk assessments were in place and were reviewed annually. The risk assessment covered general environmental and workplace topics but did not include risks associated with

Are services safe?

specific dental processes. For example, use of the steriliser and sharps management. We highlighted this to the practice manager who assured us this would be reviewed immediately.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A fire risk assessment had been carried out and we saw evidence that recommendations had been acted upon. Staff carried out and recorded regular checks of the fire safety systems and emergency evacuation drills.

A dental nurse worked with the dentists when they treated patients. The dental hygienist worked alone. A risk assessment was not in place to mitigate the risks of lone working at the time of inspection. The practice manager completed a lone working risk assessment for the dental hygienist and sent this to us after the inspection.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

Infection prevention and control audits were not being carried out. An infection prevention control audit was completed after the inspection day. This audit showed the practice was meeting the required standards. The practice manager assured us a process would be put in place to ensure this was carried out bi-annually in future.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. A legionella risk assessment was in place and we saw evidence that staff carried out and recorded monthly water temperature testing and regular water quality testing.

We saw cleaning schedules for the premises. Cleaning equipment and materials were appropriately stored, the practice was clean when we inspected.

There was a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

The trainee dental nurse and other staff members were in the process of completing the Hepatitis B vaccination series but no risk assessment was in place to mitigate associated risks during this time. We highlighted this to the practice manager who assured us a risk assessment would be written without delay.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We were told that patients' dental care records were verbally audited weekly to check that the dentists recorded the necessary information. There were no written actions or learning points recorded to ensure improvements were made. We highlighted this to the dentist and practice manager and were assured that the current audit process would be reviewed.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided some health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team had received training and demonstrated an understanding of their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy did not refer to Gillick competence. This was discussed with the principal dentist who gave assurance that they would update the policy and ensure all staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, helpful and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.

The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There was a television and a play area with toys for children on the ground floor waiting area. Information folders, patient survey results and magazines were available for patients to read.

The practice provided information in English and Polish.

The practice had installed closed circuit television in the public areas of the practice. We reviewed this process and noted the Information Commissioner's Office (ICO) had not been informed of this. The practice manager responded immediately, and before the end of the inspection day, the ICO was informed and signage was in place. A policy was not in place to support the justification of its use on the day of inspection.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included portable ramp access, an accessible toilet with hand rails and a call bell and a ground floor treatment room.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to in-house translation services.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments

free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints procedure and a leaflet providing guidance to patients on how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal, informal comments or concerns straight away so patients received a quick response. We found evidence to support that the complaints process was not robust.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these and this process was reflected in the complaints procedure.

Information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns was not included as there was no external contacts listed.

We looked at comments, compliments and complaints the practice received in the last twelve months, only one complaint was documented. We identified that several complaints had been made in different formats. For example, we saw reference to several documented complaints in the patients' dental care records but the complaints procedure had not been followed in response to these. We highlighted this to the practice manager who assured us the complaints process would be reviewed.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had some policies, procedures and risk assessments to support the management of the service, to protect patients and staff.

We found improvements could be made to processes involving incident or significant event identification, reporting and safeguarding. The process to ensure the availability of emergency medical equipment could be improved.

Risk assessments for COSHH, Hepatitis B vaccinations for staff, lone working and dental specific processes were not in place.

We found improvements could be made to ensure effective systems are in place for assessing, monitoring and improving the quality and safety of the services. Infection control audits were not carried out and documented record card auditing was not taking place. We saw no documentation to support that learning and improvement was taking place.

Staff were aware of the importance of protecting patients' personal information.

Leadership, openness and transparency

Staff were able to describe the process to follow in respect of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong but there was no documented process or policy in place to support this.

There was no process in place to support raising concerns and whistleblowing.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

During the inspection, staff were responsive to feedback and actions were taken quickly to address any concerns.

The practice had quality assurance processes in place for taking X-rays; they had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys to obtain staff and patients' views about the service.