

Ascroft Medical

Inspection report

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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 25/05/2018)

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 Ascroft Medical as part of our inspection programme.

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 of Polish descent or Polish speaking people. 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;
- Midwifery and maternity.

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

Medical services made up approximately 20% of the business and services include: gynaecology; diagnosing and treating adult illnesses and diseases; dermatology; treatment of ear, nose and throat conditions; childhood immunisation; blood tests; cytology smear tests and pre and postnatal health checks.

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. Ascroft Medical provides a range of non-surgical cosmetic interventions, for example Botox injections and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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.

We found that patients were positive about the medical and dental care and treatment provided by the service. Feedback was provided by 6 patients and their comments indicated that they trusted the clinicians; staff treated them with respect and consideration; they felt involved in their care and the consulting rooms and waiting areas were clean and pleasant to use.

Our key findings were:

- Action taken by the provider and systems in place protected people from avoidable harm and abuse in relation to: safeguarding vulnerable children and adults; dealing with safety alerts; most aspects of health and safety and medicines management.
- Some aspects of medicines management, water safety-checks and indemnity cover for doctors however, needed to be reviewed.
- Action taken by the provider was effective in ensuring care, treatment and support was provided in keeping with best practice guidance so as to provide good outcomes for patients.
- The provider ensured the facilities promoted the privacy of patients and staff treated patients with respect and kindness. The provider participated in local charitable causes.
- Action taken by the provider and processes in place meant services provided were responsive to people's needs for example, care and treatment was person-centred and complaints and concerns were responded to appropriately.
- Governance arrangements in relation to administrative systems; the dental provision and aspects of medical care which overlapped with dentistry such as medicines

Overall summary

management were well organised and sufficient to support sustained and good quality care. The monitoring and oversight of medical services were not reviewed and monitored separately.

- The information collected about performance had not as yet been analysed to identify trends or to track performance against a set of standards.
- The provider did not effectively review staff compliance with their employment contract.

The areas where the provider should make improvements are:

- Review the services plan for first line treatment of sepsis in relation to best practice guidance.

- Strengthen the policies and procedure in relation to the level of indemnity insurance it requires clinicians and nurses to ensure consistency and provide assurance that the amounts are in keeping with best practice guidance.

- Review medicines audits to include whether a rational has been documented if treatment deviates from best practice guidance.

Review the policy in relation the competencies needed to carry out specific health and safety checks.

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 CQC dental inspector and dental specialist adviser, a Polish language translator and a GP specialist advisor. The team also used the services of the CQC regional GP specialist advisor.

Background to Ascroft Medical

The service is provided by Multimed Ltd and located at Ascroft Medical, 3 Ascroft Court, Peter Street, Oldham, OL111HP. The service provides dental and medical services to children and adults. The website address is <https://www.ascroftmedical.co.uk/>.

The regular team consisted 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 registered nurse.
- One phlebotomist.

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

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 practice is open on demand seven days a week.

How we inspected this service

We inspected this service through reviewing policies, documents, reports and systems used to support staff in providing the service; observation of the interactions between staff and patients and the staff teams; interviews with members of the clinical and administrative staff and senior manager; review of notifications and information received about the service from independent sources; information published on social media sites. The provider also submitted information requested prior the site visit and during the inspection.

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:

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments.

Appropriate safety policies were regularly reviewed and communicated to all 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.

- Arrangements to safeguard vulnerable adults and children from abuse were robust and understood by staff. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The safeguarding leads had completed level four safeguarding and child protection training. The service had a track record of making safeguarding referrals to an out of area local authority safeguarding team.

- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- There were effective protocols for verifying the identity of patients including children.

- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Staff who acted as chaperones were trained for the role and had received a DBS check. The provider however did not have systems in place to effectively review updated information.

- The provider had systems in place to assure themselves as far as reasonably possible, that the adults accompanying children had parental authority and the provider completed checks to verify a patient's identity.

- There were reliable systems in place to ensure care and treatment was carried out safely and identify and respond if things went wrong. Records confirmed that staff reported significant incidents and that these were fully investigated.

Meeting notes confirmed that learning was shared with staff and changes made to prevent a repeat event. However, the provider did not always record actions taken to improve the performance of individual staff as required.

- Medical records were completed in keeping with best practice guidance and shared with the patients NHS GP in keeping with the Royal College of General Practitioners guidance.

- A medicine prescribing protocol was well embedded and reviewed for compliance.

- There were sufficient suitably qualified and competent staff to provide a safe service to patients.

- The equipment and facilities were maintained as required, clean and in good repair.

- There were systems to manage infection prevention and control which included the correct equipment which was stored correctly; cleaning rotas; checklists and audits.

- The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

- Legionella water checks were completed and samples sent for checks to ensure action taken to protect against legionella colonisation and remedial action taken as required. A legionella risk assessment had been completed however the quality of the assessment did not demonstrate that this had been completed by a suitably qualified professional.

- All areas appeared clean, free from clutter and well-maintained.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required

Are services safe?

information in their radiation protection file. The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

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

- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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 new staff tailored to their role.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

- The clinic had good arrangements in place to respond to emergencies. Staff had completed basic life support training and had completed training in how to recognise and deal with sepsis. However, the most appropriate antibiotic for first line treatment in a medical emergency was not available in the emergency medicines kit.

- When there were changes to services or staff the service assessed and monitored the impact on safety.

- Most of the staff employed had the appropriate indemnity arrangements in place to cover all potential liabilities, however we noted that clinical staff did not all have the same level of indemnity cover. This was discussed with the provider who agreed to ensure that all staff had a level of indemnity that was in line with best practice guidance.

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 in the event that they cease trading.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service ensured GP's followed best practice guidance when providing private prescriptions.

- The service checked what medicines were prescribed and the rationale for prescribing was reviewed.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. However, where an approach differed from national guidance a clear rationale for the deviation was not always provided.

Track record on safety and incidents

- There were comprehensive risk assessments in relation to safety issues.

- 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.

Are services safe?

- 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 acted to improve safety in the service. The provider had provided additional training and safety information signage following a needle stick injury. The provider improved the management of pathological results to ensure the patient received a written confirmation about the results in addition to the patients receiving verbal or face to face feedback.

- 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 reasonable support, truthful information and a verbal and written apology.
- They kept a record of written correspondence however, verbal interactions with individual staff was not always recorded.

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 including sessional staff.

Are services effective?

We rated effective as Good because:

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.

- 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.
- The service offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. We reviewed some dental care records relating to the placement of dental implants. We could not see any evidence of an assessment of the patient's gum health prior to the placement of the dental implants. We raised this with the clinical director during the inspection who advised us that this would be addressed.
- 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.
- Arrangements were in place to provide appropriate support to repeat patients.
- No standardised pain assessment tool was used however clinicians asked patients about pain and provided treatment.

Monitoring care and treatment

The service was involved in quality improvement activity such as reviewing the types of care and treatment provided at the clinic.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, clinical audits included comparing the

effectiveness of different topical applications. The initial finding was that one ointment had a better outcome, the provider was in the process of reviewing how to verify and incorporate this finding into clinical practice.

- The provider reviewed clinical records and made changes to ensure standardised treatment plans were used to ensure consistency in care and treatment provided. The provider also reviewed the records to ensure the information was clear and unambiguous. In light of the findings the provider has prohibited the use of abbreviations other than those approved and explained on the appropriate template.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

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. For example, pathology labs and safeguarding teams.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Arrangements to routinely follow up on people who had been referred to other services were not in place. The provider should consider putting processes in place and seeking permission to follow-up on referrals made when this is appropriate.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, for example abnormal test results were flagged to the patient and their NHS GP as required.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated 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.

Involvement in decisions about care and treatment

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

- The service was primarily aimed at people who were fluent in speaking Polish. Interpretation services were available for patients who did not have Polish as a first language. We saw notices in the reception areas, in both Polish and English, informing patients this service was available.

Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that they 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected 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.

Are services responsive to people's needs?

We rated responsive as Good because:

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. For example, patient information leaflets were made available on line so these could be provided to patients during their consultation.
- The facilities and premises were appropriate for the services delivered.
- Questions relating to accessing services were asked during the initial telephone conversation, this was so reasonable adjustments could be made so that people in vulnerable circumstances could access services if possible.

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.
- Patients could access services in accordance to their own timescales.
- Patients reported that the appointment system was easy to use.

- Referrals and transfers to other services were undertaken in a timely way. This was achieved by having clear policies, procedures and service level agreements with a reputable pathology laboratory, this included a courier service for collecting specimens. Processes were in place to ensure results were recorded and actioned on a daily basis. Staff were aware of their responsibilities in dealing with results and ensuring the tasks sent to doctors were actioned.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available in both Polish and English. Staff treated patients who made complaints compassionately.
 - 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 a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the cost of care and treatment was clarified and set out in more detail. The provider also improved the company's website and now produced a newsletter about the company's plans and the services provided.
- The provider responded to complaints and concerns raised on social media websites.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

- Administration, dental and medical leaders had the capacity and skills to deliver high-quality, sustainable care and medical and nursing services benefited from the overall and general leadership. Clinical services benefited from specific medical direction in relation to reviewing the standard of care and setting boundaries for the clinicians who worked at the clinic. Leaders were knowledgeable about issues and priorities relating to the quality and future of services.

- Managers understood the challenges and were addressing them. This was evident in all aspects of the service including medical and clinical services.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. However, there was a gap in formalised leadership for doctors and nurses.

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider had recently employed a manager responsible for undertaking appraisals and supervising doctors. This person was not, however, clinically trained and so was not able to provide day to day clinical supervision.

Vision and strategy

The service had a clear vision and 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.

- The service developed its vision, values and strategy jointly with staff and external partners.

- Staff were aware of and 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 did not always act robustly when behaviour and performance was inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

- 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.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

- There was a strong emphasis on the safety and well-being of all staff.

- 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 clear responsibilities, roles and systems of accountability to support good governance and management for dental and administrative staff.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

- Systems were in place to ensure 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.

Are services well-led?

Managing risks, issues and performance

There were clear and effective processes for managing most 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. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints and this was shared with all staff. The leaders discussed safety alerts with the relevant professionals to ensure the most appropriate action was taken in response to alerts, incidents or clinical updates.
- 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.

- 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.
- The service gathered performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Systems were in place to ensure 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.

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. For example, the practice replied to feedback left on the website.

• Staff could describe to us the systems in place to give feedback. For example, patients were encouraged to complete a satisfaction webform following each consultation.

• We saw evidence of feedback opportunities for staff such as team meetings; formal one to one and informal regular contact with the managers of the service.

• The service was transparent and aimed to be collaborative with all stakeholders.

• The service was chosen to make representation to the 2019 Parliamentary Review of Health and Social work as an example of a successful and expanding independent health care provider.

Continuous improvement and innovation

There was 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 innovative work for example the provider identified that the current building would not facilitate the trajectory for growth in patient numbers and was expanding the service into a larger and more accessible building.

• The provider has introduced a quality assurance dashboard used to report information collected about performance, for example staff training; medicines prescribed, infection control checks and the types of care and treatment provided. The dashboard was operational and provided current information and gave a visual representation of what the practice had achieved.

Are services well-led?

- The information on the dashboard was not as yet analysed to identify trends or to track performance against a set of standards.

This system would be strengthened if the provider ensured that advice was always sought from the most appropriate professionals.