Blackberry Orthopaedic Clinic-Guildford

Inspection report

Meridian House
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www.blackberryclinic.co.uk/clinics/guildford/

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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?	**Requires improvement**
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.**

The key questions are rated as:

Are services safe? – Requires improvement

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 Blackberry Orthopaedic Clinic - Guildford on 23 January 2020 as part of our inspection programme, under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the provider's first inspection of the service since it registered with the Care Quality Commission (CQC).

Blackberry Orthopaedic Clinic - Guildford is an independent provider of specialised treatments of musculoskeletal conditions, including back pain and sports injuries, as well as pain management of chronic conditions. The service offers a range of specialist diagnostic services and treatments, which include health assessments and physiotherapy.

This service is registered with the Care Quality Commission (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 services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, we were only able to inspect the health screening service as well as clinical consultations, examinations and treatments in general medicine for example; musculoskeletal and sports medicine. Services are also provided to patients under arrangements made by their employer or insurance provider with whom the servicer user holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are not arranged for patients by their employer or insurance provider.

Blackberry Orthopaedic Clinic - Guildford is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures.

The centre manager 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 asked for CQC comment cards to be completed by patients in advance of the inspection. We received 14 completed comment cards, which were all positive about the standard of care received. Patients felt that the care and treatment they received was efficient and caring, with staff being polite, knowledgeable, respectful and helpful.

Our key findings were:

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients received care and treatment which met their needs and were provided with clear information about their procedures, possible side effects and after care.
- There was an effective system in place for reporting and recording significant events.
- The service held a range of comprehensive policies and procedures which were in place to govern activity. However, there were instances where these were not always operating as intended. For example, some safety procedures were not always followed by staff in the use of x-ray equipment.
- Storage of information held by the provider to manage the service, particularly in relation to staff recruitment and personnel records, did not promote ease of access to that information for managers.
- Medicines management processes did not ensure that medicines were stored securely whilst the service was operating.
- There were infection prevention and control policies and procedures in place to reduce the risk and spread of infection. However, the provider was unable to demonstrate that they held appropriate records relating to staff immunisations, in line with their own policy.

Overall summary

- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken, and reports collated from the findings and action taken where required.
- There was a clear leadership structure within the service and the team worked together in a cohesive, supportive and open manner.
- The service had systems in place to promote the reporting of incidents.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Staff worked well together as a team and all felt supported to carry out their roles. There was a strong team ethos and culture of working together.
- The culture of the service encouraged candour, openness and honesty.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Ensure fire safety procedures include the monitoring of staff and visitors entering and leaving the premises.
- Review arrangements for the storage of staff recruitment and personnel records, to facilitate ease of access and monitoring of compliance with organisational requirements by local managers.
- Review processes for the appraisal of health advisors to include all aspects of their role.
- Ensure local managers' understanding and awareness of performance and safety issues across all treatments and services.

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 inspection manager, a GP specialist advisor and a practice manager specialist advisor.

Background to Blackberry Orthopaedic Clinic-Guildford

We carried out an announced comprehensive inspection at Blackberry Orthopaedic Clinic - Guildford on 23 January 2020. Blackberry Orthopaedic Clinic - Guildford is an independent provider of specialised treatments of musculoskeletal conditions, including back pain and sports injuries, as well as pain management of chronic conditions. The service offers a range of specialist diagnostic services and treatments, which include health assessments and physiotherapy. The service also offers health assessments and screening in partnership with BUPA Health Clinics and works with customers to assist in empowering them to optimise their own health, through nutritional and smoking cessation advice, along with exercise advice and behavioural change.

The Registered Provider is Blackberry Clinic Limited.

Blackberry Clinic Limited has nine other clinics located across the south of England and in Scotland.

Blackberry Orthopaedic Clinic - Guildford is located at Meridian House, 9-11 Chertsey Street, Guildford, Surrey, GU1 4HD.

The practice is open from 8am to 4pm on Mondays, Wednesdays and Fridays, 8am to 6pm on Tuesdays and Thursdays and 7.30am to 3pm on Saturdays.

The service is run from a suite of rooms on the ground floor, within shared premises in the centre of Guildford, which are leased by the provider. The practice comprises a suite of consultation and treatment rooms, a waiting room and administration area. Patients are able to access toilet facilities on the ground floor. Access to the premises via a ramp is available to patients with limited mobility.

How we inspected this service

Prior to the inspection we reviewed a range of information that we hold about the service and gathered and reviewed information received from the provider.

During our visit we:

- Spoke with a range of staff from the service, including the registered manager who is the centre manager, a health advisor, a healthcare assistant, the area manager and the quality and compliance manager.
- Spoke with one musculoskeletal consultant and one GP involved in the delivery of health assessments.
- Reviewed CQC comment cards and written feedback from patients, where patients shared their views and experiences of the service.
- Reviewed documents the practice used to carry out services, including policies and procedures.

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.

Requires improvement

Are services safe?

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

- The provider conducted safety risk assessments relevant to the service. For example, we reviewed risk assessments relating to the range of fluoroscopic x-ray (fluoroscopy is a type of medical imaging that shows a continuous x-ray image on a monitor) and ultrasound guided injection treatments provided. The provider had appointed an external radiation protection advisor and a local radiation protection supervisor to ensure the safety of staff and patients in the delivery of fluoroscopic x-ray guided treatments. Staff were provided with training and guidance in the use of x-ray equipment. There were appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The provider had implemented a set of local rules to be followed by staff to ensure the safety of staff and patients in the use of the x-ray equipment. However, those rules were not available to staff on site. One of the rules stated that the door to the treatment room should be bolted before the x-ray procedure began. However, staff told us that this requirement was not routinely followed and that the door was left unlocked when the x-ray equipment was in use.
- Staff received safety information from the service as part of their induction and refresher training. For example, relevant staff had received training in radiation safety and safe use of the fluoroscope equipment.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. Staff could access support from a centrally located safeguarding officer who was trained to level four and who operated across the group of clinics. Staff knew how to identify and report concerns. Vulnerable patients were flagged and were identifiable via the practice's electronic patient record.
- Patients were asked to provide personal identification on registration with the practice. The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, storage of information in relation to staff recruitment and personnel records did not promote ease of access to that information for managers. We found that records were stored separately in several different systems which limited managers' oversight of compliance with organisational requirements in some instances.
- 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). All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- The practice had an effective system to manage safety risks within the premises, such as infection prevention and control and legionella. Legionella risk assessments were carried out and resulting actions had been completed. For example, weekly water temperature testing and annual sampling was carried out. (Legionella is a particular bacterium which can contaminate water systems in buildings). There was guidance and information available to staff to support the control of substances hazardous to health (COSHH).
- There were mainly effective systems to manage infection prevention and control within the practice. Cleaning and monitoring schedules were in place. All staff had received training in infection prevention and control. A comprehensive audit of all infection prevention processes had last been undertaken in December 2019. However, the provider was unable to demonstrate that they held appropriate records relating to staff immunisations. All staff employed within the practice had a clinical component to their role. The provider's policy, in line with Public Health England (PHE) guidance, stated that evidence would be held to confirm the immunisation status of all clinical staff relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella). We saw records which confirmed the Hepatitis B status of all staff. However, the provider held no immunisation records relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella), for staff employed as healthcare assistants and health advisors.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms. Bins used to dispose of sharps items were signed, dated and not over-filled. External, lockable bins were used to store healthcare waste awaiting collection by a waste management company.

Requires improvement

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, we saw that the ultrasound machine and fluoroscope used in the provision of joint injections had both undergone servicing and maintenance in September 2019. We reviewed records to confirm that electrical equipment had undergone portable appliance testing.
- The provider had carried out regular fire risk assessments. Fire alarms were tested weekly. Staff had recently participated in a fire drill and there was appropriate fire-fighting equipment located within the premises. The practice had designated staff who were trained as fire marshals. However, daily records were not held by the practice to sign visitors in and out of the premises, in order to ensure that in the event of an emergency evacuation, staff would have a record of persons who should be accounted for.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. A small cohort of mobile health advisors provided cover across several locations within the group in order to maintain staffing levels. Regular locum doctors provided occasional support to provide health assessment services.
- There was an effective induction system for staff tailored to their role and a comprehensive induction checklist which was completed throughout the induction period. Locum doctors were required to undertake an initial defined period of training and assessment to ensure their competence. Health advisors had two-week, three month and six-month competency reviews where they were observed in practice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff were provided with specific written and verbal guidance to support their understanding of managing patients with severe infection and sepsis.
- Staff had received basic or intermediate life support training, according to their role which was annually updated.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The practice had appropriate emergency resuscitation equipment which included an automatic external defibrillator (AED) and a pulse oximeter. Oxygen was available, with face masks for both adults and children. The practice held medicines for use in an emergency. Records showed that regular checks were undertaken to ensure that equipment and emergency medicines were available and safe to use.
- There were appropriate professional indemnity arrangements in place for clinical staff and renewal dates were monitored.

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. For example, the service recorded the patient's GP details and requested consent for information sharing purposes when required. We saw examples of timely and effective sharing of information with other agencies such as patients' registered GPs and secondary care consultants, in order to ensure the safe care and treatment of patients.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The practice had systems in place to ensure the timely processing of results. For example, they adhered to a BUPA results management policy which defined individual responsibilities in the management of medical and radiological results of tests requested as part of a health assessment. This policy provided guidance on, for example, the processing of urgent results requiring action on the day and significantly abnormal results which may suggest a potentially serious medical issue.

Safe and appropriate use of medicines

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

Requires improvement

Are services safe?

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service held prescription records securely and monitored their use.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicine stocks and staff kept accurate records of medicines stored, including emergency medicines.
- Arrangements to ensure that medicines were stored securely were not always effective. Medicines were stored within a locked cupboard within a treatment room. Keys to open the medicines cupboard were held securely in a key safe. Staff documented removal and return of the key to the key safe at the beginning and the end of each day. However, during the day the key was left in the opened medicines cupboard which was at times left unsupervised. The practice did not hold any medicines which required refrigeration.
- The service carried out regular administrative audits to ensure the management and administration of medicines was in line with best practice guidelines. The practice audited 10 patient records on a quarterly basis to review for example, completeness of records, dosage and batch number recording.

Track record on safety and incidents

The service had a good safety record.

- 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 made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had recorded one incident within the previous 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service. For example, the practice had recorded and reviewed events relating to information they received concerning one patient following treatment. The practice had reflected on and documented learning and action points arising from their review.
- The provider was aware of and complied with the requirements of the Duty of Candour and submitted a notification to CQC in relation to that one incident. The provider encouraged a culture of openness and honesty and had shared information directly with the patient in relation to their investigation. The service had systems in place for knowing about notifiable safety incidents.
- 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. For example, the practice had recently acted upon a safety alert relating to the shortage of a medicine used in the treatment of anaphylaxis and which formed part of their supply of emergency medicines.

Good

Are services effective?

Effective needs assessment, care and treatment

- The provider had systems in place to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- 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 comprehensive recording of consultation and assessment for patients undergoing health assessments and signposting to other services as appropriate, for example to smoking cessation or weight management services.
- The service used a standardised tool to measure how patients perceived the effectiveness of treatment and resulting health outcomes. Patients were asked to complete a health questionnaire during their first appointment and at discharge, following their musculoskeletal treatment.
- Staff assessed and managed patients' pain where appropriate. Staff had access to a visual analogue scale to measure pain where required.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service carried a regular series of audits of patient records to review compliance with the provider's expected standards of record keeping. For example, we saw records of clinical notes audits which had been undertaken every three months. Other audits undertaken included monitoring of hand hygiene, clinical waste processes and consent form completion.
- The practice had implemented a programme of clinical audit relating to investigations resulting from health assessments. These included auditing of clinical decision making and results processing in relation to mammogram screening and electrocardiogram (ECG) testing.

Effective staffing

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

- All staff were appropriately qualified. The provider had an effective induction system for staff tailored to their role and a comprehensive induction checklist which was completed throughout the induction period. Locum doctors undertaking health assessments were required to undertake an initial defined period of training and assessment to ensure their competence. Health advisors had two-week, three-month and six-month competency reviews where they were observed in practice.
- GPs undertaking health assessments were registered with the General Medical Council (GMC) and were up to date with revalidation.
- A system was in place to ensure clinical staff received regular performance reviews. For example, clinical leads carried out annual practicing privileges review of clinical staff. This was a supported by a comprehensive clinical governance framework and incorporated a workplace-based assessment, direct observations of procedural skills and case-based discussion, along with discussion around patient management data, audit, referral pathways, complaints and critical incidents.
- The provider had a clear staffing structure that included senior staff and clinical leads to support staff in all aspects of their role.
- 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. There was a training matrix in place to provide the manager with an overview of when training was due. Staff were encouraged and given opportunities to develop their role and progress within the organisation.
- There was an appraisal system in place and all staff had an annual appraisal completed. However, health advisors who undertook BUPA health assessments underwent performance review against a BUPA template which did not include review of the dual aspect of their role in providing reception and administrative support within the practice. The provider had recognised this as an area for further development within the organisation. Doctors working at the service had an annual appraisal for revalidation purposes.

Good

Are services effective?

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.
- Before providing treatment, doctors who undertook health assessments, ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation with their registered GP or a secondary care consultant when required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The provider had risk assessed the treatments they offered. For example, we reviewed risk assessments relating to the range of fluoroscopic x-ray and ultrasound guided injection treatments provided.

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.
- Patients were provided with information about procedures, including the benefits and risks of therapies provided. Procedural information included aftercare advice and indications of possible complications.
- The practice offered a health assessment and screening service to patients. Staff explained that assessment findings and risk factors were identified, highlighted to patients and where appropriate were shared with the patient's own GP for further intervention. There was a failsafe system in place which included the tracking of urgent referrals and test results arising from a health assessment.
- Patients undergoing health assessment were also able to enrol in lifestyle coaching calls which included calls at two and twelve weeks following their initial assessment. The calls provided patients with the opportunity to review and discuss progress towards lifestyle changes and goals which had been agreed as part of their health assessment.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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 and provided sufficient information to support that decision making. For example, the provider had developed a series of patient information leaflets which provided information relating to the range of joint injections available to patients. These included detailed information about the treatment, contraindications, risks and possible side effects of the treatment which patients were required to review prior to giving their written consent to treatment.
- Where appropriate, clinical staff assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately via regular auditing of the consent process.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service invited feedback on the quality of care patients received via satisfaction questionnaires and a patient feedback box. These gave patients the opportunity to make suggestions for improvement to services. Patients provided with health screening services also had access to an on-line portal which facilitated customer feedback. This was monitored by the service to ensure required actions were taken in response to feedback and formed part of internal and external auditing and quality assurance processes. In some instances, staff would call the patient to discuss their feedback in more detail with a view to capturing potential learning and areas for improvement.
- We received written feedback about the practice from 14 patients who had completed CQC comment cards. Feedback from patients was positive about the service and care provided. Patients described the service as being attentive, respectful, reassuring and efficient.
- 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 ensured that patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing. Information about pricing was available to patients on the practice website and within the practice.
- 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.
- Interpretation services were available for patients who did not have English as a first language.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overheard.
- Patients were collected from the waiting area by the clinician and escorted into the consultation room.
- Reception staff were aware that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Chaperones were available should a patient choose to have one. Staff who were designated to provide chaperoning had undergone required employment checks and received training to carry out the role.
- Staff complied with the practice's information governance arrangements. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards.
- CQC comment cards supported the view that the service treated patients with respect.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were maintained to a high standard and were appropriate for the services and treatments delivered. All rooms were located on the ground floor. Ramps were available to support patients with limited mobility to access the premises.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients reported that the appointment system was easy to use. Patients usually had appointments within a short time from their request and appointments could often be accommodated at short notice.
- Appointments could be booked in person or by telephone. Health assessments could be booked via the provider's website.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Staff told us that many tests could be carried out on the same day as the initial appointment and that results were often available that day.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were reminded of their appointment via text message 24 hours in advance.
- Referrals to other services were undertaken in a timely way and were managed appropriately.

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. 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's complaints policy and procedures indicated how the practice would learn lessons from individual concerns and complaints and from the analysis of trends. The practice had received one complaint within the previous 12 months and was able to demonstrate how appropriate and timely actions were taken in response to a complaint.
- Complaints and resulting actions and learning were discussed routinely within regular clinical governance meetings.

Good

Are services well-led?

Leadership capacity and capability:

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with the team of staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. We saw that members of the team had been supported in developing their roles and progressing further within the organisation.
- There was a clear leadership and staffing structure in place across the service and staff were aware of their roles and responsibilities, as well as the limitations of their roles. However, the dual aspect of service provision which included the treatment of musculoskeletal conditions, as well as health assessment and screening services, meant that local managers' understanding and awareness of performance and safety issues was not always equal across all services.
- There were clear lines of communication between staff based within the service and the wider management structure. Staff we spoke with felt well supported and described leaders at all levels as approachable. Staff explained that they had regular meetings as well as regular one-to-one interaction with managers. Clinical leads provided clinical support to the doctors. There were systems which enabled the clinic manager and doctors to access senior support when required.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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. We saw that all staff were fully engaged in ensuring the promotion of optimum outcomes for patients.
- 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 and told us they enjoyed being part of a close team.
- The service was focused upon the needs of patients.
- Leaders and managers encouraged behaviour and performance consistent 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. The provider had recently submitted one notification to CQC under 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 needed. This included comprehensive performance review and career development opportunities. All staff had received regular review of their performance in the last year. However, health advisors who undertook BUPA health assessments underwent performance review against a BUPA template which did not include review of the dual aspect of their role in providing reception and administrative support within the practice. The provider had recognised this as an area for further development within the organisation. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff 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 felt they were treated equally.
- There were positive relationships between staff and prompt and effective communications within the team.

Governance arrangements

Good

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. For example, the practice worked closely with BUPA to adhere to an agreed governance framework and information sharing processes in relation to the delivery of BUPA health assessments.
- Staff were clear on their roles and accountabilities and received appropriate support and guidance from the clinical director and other senior leaders within the organisation.
- The provider had established proper policies, procedures and activities to ensure safety which in the main were operating effectively. Policies we saw had been recently reviewed and reflected current good practice guidance. However, we identified some instances whereby the provider had not always assured themselves that policies and procedures were operating as intended to ensure the safety of staff and patients. For example, the provider had implemented a set of local rules to be followed by staff to ensure the safety of staff and patients in the use of x-ray equipment. However, those rules were not available to staff on site. One of the rules stated that the door to the treatment room should be bolted before the x-ray procedure began. However, staff told us that this requirement was not routinely followed, and that the door was left unlocked when the x-ray equipment was in use. The provider's policy on staff immunisation stated that evidence would be held to confirm the immunisation status of all clinical staff relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella). We saw records which confirmed the Hepatitis B status of all staff. However, the provider held no immunisation records relating to varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella) in line with Public Health England (PHE) guidance, for staff employed as healthcare assistants and health advisors. Processes to ensure that medicines were stored securely were not implemented effectively. Keys to open the medicines cupboard were held securely in a key safe. Staff followed processes to document the removal and return of the key to the key safe at the beginning and the end of each day. However, during the day the key was left in the opened medicines cupboard which was at times left unsupervised.
- The service held regular clinical governance meetings to discuss a range of topics relating to clinical care, updates, incidents and complaints. These meetings related to all services and were attended by the registered manager. Any updates for staff were shared in a timely manner.
- The provider's human resources processes were supported by an external group who also provided health and safety management, insurance and employee well-being through an employment assistance programme.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks, including risks to patient safety. Leaders had oversight of safety alerts, incidents, and complaints should they arise. 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. The practice had recorded one incident within the previous 12 months. They had recorded and reviewed information relating to the incident and had reflected on and documented learning and action points arising from their review.
- The provider was aware of and complied with the requirements of the Duty of Candour and submitted a notification to CQC in relation to that one incident. The provider encouraged a culture of openness and honesty and had shared information directly with the patient in relation to their investigation.
- The service had processes to manage current and future performance. Locum doctors undertaking health assessments were required to undertake an initial defined period of training and assessment to ensure their competence. Health advisors had two-week, three month and six-month competency reviews where they were observed in practice. Performance of doctors could be demonstrated through a highly comprehensive

annual review which incorporated a workplace-based assessment, direct observations of procedural skills and case-based discussion, along with discussion around patient management data, audit, referral pathways, complaints and critical incidents.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The service carried a regular series of audits of patient records to review compliance with the provider's expected standards of record keeping. The practice had implemented a programme of clinical audit relating to investigations resulting from health assessments. These included auditing of clinical decision making and results processing in relation to mammogram screening and electrocardiogram (ECG) testing.
- There was clear evidence of a commitment to change services to improve quality where necessary.
- The provider had a business continuity plan in place. There were effective systems for sharing of resources across the provider group in order to promote continuity of services in certain situations. For example, when x-ray equipment was recently non-operational at another Blackberry Clinic location, the practice provided x-ray services to patients from that location in the interim. A small cohort of mobile health advisors provided cover across several locations within the group in order to maintain staffing levels.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. There were plans to address any identified weaknesses. Performance information was combined with the views of patients. However, storage of information held by the provider to manage the service, particularly in relation to staff recruitment and personnel records did not promote ease of access to that information for managers. We found that records were stored separately in several different systems which limited manager oversight of compliance with organisational requirements in some instances.
- Governance meetings were held regularly where quality and risks were discussed. Outcomes and learning from the meetings were documented and cascaded to staff.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards. Staff demonstrated a good understanding of information governance processes.

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 valued feedback from patients, the public and staff. Feedback was closely monitored and acted upon to shape the services and culture of the practice.
- Staff could describe to us the systems in place for them to give feedback. The staff team worked closely together and had both formal and informal opportunities to provide feedback through staff meetings, appraisals and discussion.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- Staff were clearly provided with opportunities for career development and progression within the organisation which promoted a culture of commitment to continuous improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met… The registered person had not ensured that they were doing all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving care or treatment. In particular: To ensure appropriate records are held relating to staff immunisations, in line with Public Health England guidance and the provider's own policy. To ensure medicines management processes ensure the safe and secure storage of medicines at all times. To ensure that radiation protection local rules are adhered to in order to ensure the safety of staff and patients during x-ray procedures, in line with the provider's own policy.