Blackberry Orthopaedic Clinic - Croydon

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?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

The 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 – Croydon on 27 August 2019. This inspection was to rate the service and is the first inspection at the service since it is registered with Care Quality Commission (CQC).

Blackberry Orthopaedic Clinic – Croydon is an independent provider of services to treat back pain and sports injuries services. They offer a range of specialist diagnostic services and treatments, which include health assessments, osteopathic medicine and physiotherapy.

This service is registered with 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 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Blackberry Orthopaedic Clinic - Croydon is registered in respect of the provision of treatment of diseases, disorder or injury; Diagnostic and screening procedures. 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.

The quality and compliance 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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection visit. We received 20 comment cards which were wholly positive about the service and nature of staff. The cards reflected the kind, friendly helpful and caring nature of staff, how informative staff were and the time taken with patients. Other forms of feedback, including patient surveys and social media feedback which we saw was consistently positive.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and monitored.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment. Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- All patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- 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.

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

- Ensure that care and treatment is provider in a safe way.

There were areas where the provider **should** make improvements are:

- Consider a central recording system to monitor implementation of medicines and safety alerts.

Overall summary

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 second CQC inspector and a GP specialist advisor.

Background to Blackberry Orthopaedic Clinic - Croydon

Blackberry Orthopaedic Clinic – Croydon is located at 32 Mayday Road, Croydon, Surrey CR7 7HL. The provider Blackberry Clinic Limited has nine other clinics located across the south of England and in Scotland. These locations are registered separately with the Care Quality Commission and Health Improvement Scotland. The service website can be accessed through the following link www.blackberryclinic.co.uk

The provider offers health screenings and physiotherapy. The service offers specialised treatment of musculoskeletal conditions including back pain, sports injuries and chronic pain conditions to mainly for adults over the age of 18. The service is open between 8am and 4pm Monday to Friday and fortnightly on Saturdays.

The provider is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre- inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including the registered manager, health advisor and the quality and compliance manager.
- Reviewed a sample of records.
- Reviewed comment cards where clients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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?

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance and were specific to the service. Staff received safety information from the service as part of their induction training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. There were details in the safeguarding policy of local authorities to refer to.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis for all staff. 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). DBS checks were reviewed and reapplied for every three years. However, we found that the service had not obtained references for one of their three employed staff. After we raised this issue the provider informed that this was a newly qualified staff and they had contacted the academic referees, however, had not received a response. They also informed that they would do a risk assessment in the future if they do not receive satisfactory references and would implement this by the first week of September 2019.
- We found the health advisors were trained to safeguarding children level two and other clinical and management staff were trained to safeguarding children level three. Staff we spoke to knew how to identify and report concerns. There was a clinician trained to level four safeguarding available at a corporate level for referral and discussion of cases where required. Staff told us that they were able to see patients under the age of 18 but had not seen any in the service at the time of our inspection. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There were sharps bins and protective equipment available. A risk assessment for infection prevention and control had been completed in June 2019. The service had also completed audits on hand hygiene and clinical waste disposal. Cleaning was completed by the staff in the service and there was a daily cleaning schedule in place. The provider informed us the service was deep cleaned every six months including carpets and we saw evidence to support this. However, we found that the consultation and treatment room floors were carpeted. After we raised the issue with the provider they informed that they had arranged a meeting with the landlord to agree plans for renovation including replacing the carpet in communal areas and impervious hard floor for the consultation and treatment rooms. The carpets looked clean and the procedures undertaken in this service are unlikely to lead to blood or other bodily fluids ending up on the carpeted floor.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. We saw evidence that equipment had been undergone portable appliance testing and calibration where necessary. However, the provider did not have a thermometer and pulse oximeter (monitors a patient's oxygen saturation) in place. After we raised this issue with the provider informed they were already made aware of this in a recent CQC inspection in July 2019 in one of their other clinics and they were in the process of obtaining these and will be in place in all the clinics by the first week of September 2019.
- There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. These risk assessments included fire and health and safety.

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.

Requires improvement

Are services safe?

- There was an effective induction system for all staff tailored to their role. Staff were given a generic induction of the building and required to complete training the provider deemed mandatory which included basic or intermediate life support, fire safety, manual handling, information governance and health and safety. However, we found that recently joined staff had not undertaken basic life support training. The provider informed that the basic life support in-person training was provided to staff every six months and staff who join just after the training will have to wait up to six months to complete this training. After we raised this issue with the provider they informed us that an online basic life support training would be provided as part of staff induction until they could attend an in-person training. Clinicians and health advisors then undertook comprehensive role specific inductions. Health advisors had two-week, three month and six-month competency reviews where they were observed in practice.
- There were full competency reviews of all staff undertaken on a minimum of an annual basis. These were documented and any areas for consideration or further training were noted.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were some emergency medicines in place and the medicines we checked were in date. The service did not have some of the emergency medicines; however, the provider had not undertaken a risk assessment to ascertain the need to stock these medicines. After we raised this issue with the provider, the provider informed that the emergency medicines they hold in different clinics vary depending on the procedures undertaken in the clinic and they are in the process of undertaking a risk assessment in relation to this and had arranged a meeting with the senior management team on 16 September 2019 to discuss and address this issue.
- The service had a defibrillator and oxygen in case of an emergency. Medicines and equipment were reviewed weekly to ensure they were in date and in a suitable condition to use. The service was opposite to the accident and emergency department of Croydon Health Services NHS Trust and staff we spoke to said they may send patients to the accident and emergency department if needed. The provider informed us that they had sent a patient to the accident and emergency department on one occasion.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Staff were knowledgeable about which treatments were covered by their insurance and would refer patients back to their GP if they had any concerns.

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 when the service had referred patients back to their GP for further investigation.
- 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 where required 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 and equipment minimised risks.
- Staff did not prescribe medicines to patients. If doctors thought a medicine would be beneficial, they would refer them back to their GP. Processes were in place for checking medicines and staff kept accurate records of medicines, such as emergency medicines records.
- There were effective protocols for verifying the identity of patients including children, though the service had not seen any at the time of our inspection.

Track record on safety and incidents

The service had a good safety record.

Requires improvement

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. These included risk assessments relating to health and safety, lone working, blood sampling procedures and first aid needs. These had all been regularly updated and reviewed to ensure the building was safe to use.
- A legionella risk assessment had been completed in July 2019 to ensure the service was still meeting the correct standards.
- A fire risk assessment had been carried out in August 2019 and appropriate actions had been taken such as removing flammable objects. The service undertook regular checks of fire alarms and fire equipment and had completed a fire drill in August 2019.
- 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.
- The service undertook an annual audit which covered areas including governance, consulting rooms, reception area, fridges, staff areas, facilities, admin, medicines, infection control and health and safety. There was also an action plan as a result of this audit. This enabled the management team to have a comprehensive overview of how the service was operating and any risks within the service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. There had been no serious incidents within the service, however they shared learning from the other clinics under the same provider.
- 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 gave affected people reasonable support, truthful information and a verbal and written apology where there were unexpected or unintended safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We found that the service did not have a system in place to monitor the implementation of medicines and safety alerts, however, we saw evidence of action taken in response to recent alerts.

Good

Are services effective?

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current national evidence-based guidance and standards. Where staff acted outside of NICE guidelines, this was justified and in the best interests of the patients.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service would refer patients back to their GP where required.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Staff had access to a visual analogue scale to measure pain where required.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to monitor their service. There was a collection of four audits where the service had assessed documentation. These audits showed documentation to be of a good standard.
- The provider also regularly obtained patient feedback which included outcomes for pain, mobility and lifestyle. The latest results for April to June 2019 (nine patients) showed that 100% of patients had some improvement in their condition. For example, 67% of patients saw a great improvement in lifestyle, 33% saw a moderate improvement. 77% saw a great improvement in mobility, 23% saw a moderate improvement, 67% of patients saw a great improvement to their pain, and 33% saw a moderate improvement.
- The service undertook a review of 52 patients who underwent joint injection to relieve their pain. The results indicated that the pre-treatment pain score was on average 1.8 out of possible 10 and the post-treatment pain score was 0.3; the pre-treatment impact of lifestyle score was 1.8 out of possible 10 and the post-treatment impact of lifestyle score was 0.7 which showed a general improvement in patients' condition after joint injection.

Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical 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. There was a training matrix in place to give the manager an overview of when training was due.
- There was an appraisal system in place and all staff had an annual appraisal completed. The doctors working at the service had an annual appraisal for revalidation purposes.
- The service had developed a 'professional practice review' for all doctors working in their services to adequately assess the competence of their doctors. This was based on elements of the Joint Royal Colleges Physician Training Board assessment framework. The proformas for this included a workplace-based assessment, a clinical notes audit, direct observation of procedural skills and a skills log. These reviews were completed annually by the senior doctor.

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, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was evident on the new patient form and during the first consultation with a clinician.
- All patients were asked for consent to share details of their consultation when required.

Good

Are services effective?

- 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.

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 to their normal care provider for additional support.
- 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.
- Verbal consent was documented in the patients notes.
- Staff supported patients to make decisions.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The comment cards we received were positive about the kindness and helpfulness of staff. For example, one comment card stated, “very good customer service, very helpful and kind.” Another stated “very polite and respectful.”
- Staff understood patients’ personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. All staff had completed equality and diversity training.
- The service gave patients timely support and information. There were self-help leaflets available in reception and signposting on the website.
- The service completed audits of patient satisfaction. This was an ongoing process and was reported on every six months.

The latest results for April to June 2019 (nine patients) showed that:

- 100% of patients were likely or very likely to recommend the service.
- 100% of patients were satisfied or very satisfied with their care.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language, if this was required.
- 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. For example, one comment card stated, “staff listened to their concerns”.
- Staff communicated with people in a way they could understand; for example, a comment card told us that staff was fantastic with explaining everything.

Privacy and Dignity

The service respected patients’ privacy and dignity.

- Staff recognised the importance of people’s dignity and respect. There was a policy on dignity, care and protection of patients. The reception area was separate from the clinical rooms and a lone worker assessment had been completed to ensure staff safety at all times.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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. For example, translation services were available.
- The facilities and premises were appropriate for the services delivered. For example, all the clinical rooms were on the first floor and were accessible through a lift.
- Reasonable adjustments had been made so 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 had timely access to initial assessment, test results and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 100% of patients who took the survey would recommend the service to friends and family.
- Referrals and transfers to other services were undertaken in a timely way.

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 had complaint policy and procedures in place. There had been five complaints in the past 12 months. We saw examples of when the service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Good

Are services well-led?

Leadership capacity and capability;

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

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff commented positively on the leadership within the service and felt their concerns would be acted on.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- There was a management structure in place across the service and the provider. There were clear lines of communication between staff based within the service and the wider management structure.

Vision and strategy

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

- The service told us they had a clear vision and ethos which was:

"We are experts in treating acute and chronic back pain, muscle sprains and strains, arthritis and many other joint conditions causing pain. We offer a full service for treatment and rehabilitation of sports injuries for all levels of sportsmen and women. We offer a health screening and health assessment service in partnership with another private provider."

- 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 and reported they felt the service treated patients holistically.
- Staff we spoke to indicated they were provided with developmental opportunities and could progress in their role.
- The service focused on the needs of patients who wished to access their services. The service was aiming to increase the physiotherapy and musculoskeletal service offered at the Croydon clinic as patient need increased.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. Incidents were shared across all services to promote learning and to reduce the risk of repeated incidents.
- 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 which happened on an annual basis.
- The service actively promoted equality and diversity. All staff had completed equality and diversity training.

Governance arrangements

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 service had 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 had established policies, procedures and activities. They were specific to the service and available for all staff.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

Good

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was a clear task rota in place which also included review of fire equipment and fire alarms.
- The service had processes to manage current and future performance.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were regular staff meetings. Staff reported they were able to raise concerns. General clinical governance meetings were held monthly and feedback was given at site level.
- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.

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.

- Patients, staff and external partners' views and concerns were heard and acted on. For example, there was an online survey sent to patients and results were shared with staff. The registered manager also called and spoke to patients who opt in to provide detailed feedback.
- Staff reported their views were heard and they felt part of the team, involved in decision making and were happy to work at the service.
- The service had a very active social media presence and posted information and updates regarding physiotherapy and general health.

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 within the service. For example, staff were given ample opportunities for development and encouraged to attend training courses.
- We spoke with the manager about plans for future development. There was a drive to increase the uptake of musculoskeletal and physiotherapy work, but this was based on patient demand.

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 The provider had not ensured that care and treatment is provided in a safe way. The provider failed to ensure the necessary clinical equipment was in place. The provider had failed to identify in their infection control audit the potential risks of having carpet in clinical rooms and had not carried out a risk assessment to fully consider the impact. The provider did not ensure they risk assessed the need for emergency medicines. The provider did not ensure risk assessments were undertaken for staff who do not receive references following employment. The provider did not ensure staff complete training appropriate to their role during induction.