

The Mansfield Clinic Ltd

Pain Solutions at Mansfield Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 27 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

Pain Solutions at Mansfield Clinic provides treatments which targets pain from musculoskeletal disorders using osteopathy, orthopaedic and sports medicine.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of providing the following regulated activity: Treatment of disease, disorder or injury.

The clinician 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 obtained feedback from patients through 80 comment cards completed before the inspection.

Our key findings were:

Summary of findings

- Patient feedback was very positive, patients were happy with the quality of the service provided, highly recommended the staff and service and felt supported.
- The provider had oversight of policies and procedures including health and safety and risk assessments.
- Both staff members had clearly defined job roles and communicated effectively to deliver patient-focused care.
- Patients were involved in their care and treatment and patients felt listened to and respected.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

- We observed staff members were courteous, very helpful to patients and treated them with dignity and respect.
- The service encouraged and valued feedback from patients and staff. The service had a patient participation group which was actively involved in patient education and improvement work in liaison with staff.

The areas where the provider should make improvements are:

- Review calibration testing so all suitable equipment is tested annually.
- Review the system for recording MHRA alerts and set up a spreadsheet

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The systems for managing and storing medicines, medical gases, emergency medicines and equipment were appropriate for the service and minimised risks. Systems were in place to check drugs were in date and were stored securely.
- The provider encouraged a culture of openness and honesty and complied with the requirements of the Duty of Candour.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.

Are services effective?

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

- There was evidence of quality improvement including clinical audit.
- 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.
- Staff received training that included: safeguarding, fire safety, infection prevention and control, consent and information governance.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients as individuals, with kindness and courtesy and maintained patient and information confidentiality.
- Patient comments cards were positive about all aspects of the provider including advice received, diagnosis information, treatment and follow up. Patients were impressed by the quality of the service and stated they would highly recommend it.

Are services responsive to people's needs?

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

- The service understood patient need and tailored services accordingly. When patient feedback showed improvements were needed, it made changes and reviewed how well the changes were working.
- Appointments were bookable by telephone, online or face to face. The service used a remote booking service so patients could book appointments when the service was closed. Appointment slots lasted for 30 minutes so the clinician and patient had enough time during the consultation.

Are services well-led?

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

Summary of findings

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
 - The service focused on the needs of patients and planned their services to improve patient satisfaction levels. The service had made changes following feedback from patients. For example, installing a door bell and increasing the number of available parking spaces.
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Pain Solutions at Mansfield Clinic

Detailed findings

Background to this inspection

Pain Solutions at Mansfield Clinic is located at 14 Woodhouse Road, Mansfield, Nottinghamshire NG18 2AD. The name of the registered provider is The Mansfield Clinic. The provider provides regulated activities at the above address which is the sole site. We visited this address as part of the inspection.

Pain Solutions at Mansfield Clinic provides services to fee paying patients. The clinician uses orthopaedic and sports medicine and osteopathy to treat musculoskeletal disorders. Treatments include injections of anti-inflammatory drugs, shock wave therapy, massage and manipulation.

Patients can book appointments face to face, online or by telephone and there is a remote booking system. Appointments are available Monday 9:00am to 5:30pm, Tuesday 2:00pm to 5:00pm, Thursday 9:00am to 12:30pm and Friday 9:00am to 5:30pm. Most appointments are booked for 30 minutes duration with one hour appointments for longer procedures.

We inspected this service on 27 June 2018. Our inspection team was led by a Care Quality Commission (CQC) lead inspector and the team included a GP specialist adviser.

We asked the provider for information about the service and reviewed this before the inspection. During the inspection we interviewed staff, observed consultations and reviewed documents.

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?

Our findings

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role and they knew how to identify and report concerns. Staff had an awareness of the chaperone role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. Legionella checks were carried out.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order. We saw monthly safety audits were carried out which checked fire exits, gas boiler, safety lighting, PAT testing dates, fire extinguisher maintenance and alarm security. The blood pressure monitor had not been calibrated in line with current guidelines as it had been in use for longer than twelve months. After the inspection the provider provided evidence they had purchased a new monitor.
- Sharps waste was segregated appropriately in large sharps bins. Waste collection had been scheduled twice yearly although after the inspection the provider provided evidence they had increased the collection frequency to quarterly and were using smaller sharps bins.

Risks to patients

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

- Due to the nature of the service and comparative low risk, the service was equipped to deal with medical emergencies in a limited way and staff were suitably trained.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Professional indemnity was in place for the clinician.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw evidence the clinician made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks. Drugs were audited monthly to ensure they were in date and were stored securely. The service stocked anaphylaxis medicines for emergencies due to the nature of the services provided.
- The clinician received and acted upon relevant safety alerts. There was no MHRA log although the clinician indicated they would start to use one after the inspection. Following the inspection the provider told us this was now in place and the service received weekly updates.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. We saw the clinician reviewed medication prescribed by others in the initial assessment. Patients were involved in regular reviews of their medicines. We saw the clinician followed up on inconsistencies in medication, for example if a patient was taking two non-steroidal anti-inflammatory drugs.

Track record on safety

The service had a good track record on safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. There had been one significant event in the last twelve months when a

patient's relative had experienced chest pains in the reception area. Service leaders had reviewed this incident and discussed and considered the detail. As a result of the significant event they had added aspirin to the emergency drugs as a result.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service had systems to keep the clinician up to date with current evidence-based practice. We saw that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- 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.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service used information about care and treatment to make improvements.
- The service was actively involved in quality improvement activity. The clinician regularly reviewed the performance and effectiveness of treatments.

Effective staffing

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

- Staff had appropriate knowledge for their role and the service understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The service provided staff with ongoing support including clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff working relationships within the practice.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients received individualised person-centred care. The practice shared clear and accurate information with relevant professionals such as the patients' GP when appropriate.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health. For example the clinician offered advice on exercise and leisure activities to suit the individual needs of the patient.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The clinician understood the requirements of legislation and guidance when considering consent and decision making. Written consent was taken and recorded for all procedures involving injections.
- The clinician discussed treatment options with patients and supported them 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?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about the way staff treated people. Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information. Appointment slots lasted half an hour so the patient had sufficient time to communicate with the clinician.
- The PPG and practice carried out their own patient survey in 2017 which questioned 5% of the registered patients. Feedback showed patients expressed high levels of overall satisfaction with the practice and the treatment provided. Patients were 100% satisfied with the general attitude of the clinician and receptionist and that they were treated with care and concern.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand.
- Staff helped patients and their carers ask questions about their care and treatment.
- The service's own patient survey results scored positively (100% satisfaction) relating to involvement in decisions about care and treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed, staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 service understood the needs of its population and tailored services in response to those needs. It made changes when patient feedback showed improvements were needed and reviewed how well the changes were working. For example patients fed back that there were not enough parking spaces so the practice requested extra parking permits.
- Patients were able to speak to the clinician by telephone should they need advice or support.
- The facilities and premises were appropriate for the services delivered. The clinic had a disability ramp and door bell to alert the staff when support was needed. The reception area was spacious, clean and tidy and the front door was wide opening. Consultation rooms were private and conversations could not be overheard.
- The service made reasonable adjustments when patients found it hard to access services. In exceptional circumstances the clinician offered home visits.
- Patients who needed an MRI could be referred to a location with an open scanner if they experienced claustrophobia.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Staff apologised should the appointment run late and offered to re-book.
- Patients with the most urgent needs had their care and treatment prioritised. The provider held back some appointment slots for acute patients requiring pain relief and these appointments were usually available on the day.
- Patients reported that the appointment system was easy to use. They were able to make appointments face to face, over the telephone or via the online booking system.
- The service's own patient survey results were above local and national averages for questions relating to access to care and treatment. Patients confirmed they did not have to wait long for an appointment.

Listening and learning from concerns and complaints

The service had a suitable complaints policy designed to improve the quality of care.

- Information about how to make a complaint was on display in the reception area. The service had not received any complaints.
- The complaint policy and procedures were in line with recognised guidance.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

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.
- Staff we spoke with told us they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service was run by the clinician and reception staff member and there were no plans to consider future leadership change.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 stated they felt respected, supported and valued. They were proud to work in the practice. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service focused on the needs of patients and planned and considered their services to improve patient outcomes and satisfaction.
- The service leaders acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. No complaints had been received. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were processes for providing all staff with the development they need. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff and positive relationships between staff and teams.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts and incidents.
- We saw clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The service had an audit programme and carried out audits to ensure quality and safety were checked.
- The service had a business continuity plan in place and staff knew how to access this.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service considered and understood the impact on the quality of care of service changes or developments.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Staff used information technology systems to monitor and improve the quality of care.
- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group which worked closely with the service to make improvements for patients.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service compared its performance to targeted areas where it was performing less well. For example, by looking at patient feedback comments and considering where improvements could be made.
- Staff knew about improvement methods and had the skills to use them. The practice used audits, incidents and patient feedback to improve the service.