

The Mansfield Clinic Ltd

Pain Solutions at Mansfield Clinic

Inspection report

14 Woodhouse Road
Mansfield
Nottinghamshire
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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The service was previously inspected in June 2018.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Pain Solutions at Mansfield Clinic as part of our inspection programme.

Pain Solutions at Mansfield Clinic was last inspected in June 2018, but it was not rated as this was not a

Summary of findings

requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated, and this inspection was undertaken to provide a rating for this service.

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 people'. 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.

41 patients provided feedback about the service using CQC comment cards. Patients were very positive regarding the quality of the service provided.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients commented that staff were kind and caring, treated them with respect and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients and were accessible.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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Chief Inspector of Primary Medical Services and Integrated Care

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 service is located on the ground floor. There is parking directly outside the building.

The provider, The Mansfield Clinic Ltd, is registered with the CQC to carry out the regulated activity of treatment of disease, disorder or injury from the location.

Pain Solutions at Mansfield Clinic provides treatments which target pain from musculoskeletal disorders using osteopathy, orthopaedic and sports medicine. Treatments include injections of anti-inflammatory drugs, shock wave therapy, massage and manipulation.

Patients can book appointments directly with the service, face to face, by phone or online. The service is open for consultations on Mondays and Fridays from 9am to 5.30pm and on Tuesdays and Thursdays from 9am to 12.30pm.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service pre-inspection.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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

We rated safe as Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were in place and contact numbers for the local authority safeguarding team were easily accessible. Staff had attended up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff immunisations were recorded.
- The staff member who acted as a chaperone had received a DBS check. They had not completed chaperone training at the time of the inspection visit but we were informed shortly after the inspection that they had now completed training. A chaperone policy was in place and a notice was displayed in the waiting room informing patients of the availability of chaperones.
- There was an effective system to manage infection prevention and control. The consultation rooms and reception and waiting room areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. The service undertook regular infection prevention and control checks and a formal infection control audit template was put in place shortly after our inspection. An infection control policy was in place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The service had risk

assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings). There was no signage in place indicating where the oxygen cylinder was stored, however, this was put in place shortly after the inspection. It is important to clearly identify where a room contains an oxygen cylinder in the event of a fire.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was only one clinician working at the service and appointments were spaced appropriately to ensure patient safety. The service closed when the clinician was not present.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Both staff had completed first aid in the workplace training. The clinician knew how to identify and manage patients with severe infections including sepsis. A fire procedure was in place and regular fire drills took place.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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.
- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Are services safe?

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking the expiry dates and stock levels of medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Reporting processes were accessible to all staff.
- Staff investigated events and the service had responded appropriately to an investigated event. Incidents were discussed between staff.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. This was apparent during the inspection and post-inspection when providing us with evidence.
- Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received and dealt with. The clinician received the alerts and shared them with the practice manager as appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to keep up-to-date with current evidence-based practice.

- The clinician 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Advice was given to patients on what to do if their pain got worse and when to request further help and support.

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 provider reviewed the care given to each patient and encouraged feedback after each consultation.
- An audit schedule was in place and included a range of clinical and non-clinical audits. The clinician reviewed the performance and effectiveness of treatments. The most recent clinical audit found positive outcomes for patients in all types of treatment provided.

Effective staffing

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

- Staff were appropriately qualified and the clinician was registered with the General Medical Council (GMC) where required.
- Staff had completed relevant training and the clinician who is a registered Doctor and a registered Osteopath, had received both a Doctor and Osteopathy appraisal.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff 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 and any medicines prescribed with their registered GP when they used the service.

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.

- Patients were assessed and given individually tailored advice, to support them to improve their own health and wellbeing, which included advice on exercise, weight loss and smoking cessation.

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. A consent policy and a mental capacity act policy were in place.
- Staff had completed mental capacity training.
- Costs were clearly explained before assessments and treatment commenced. Consent forms were used where appropriate. One form of treatment is consented and administered on separate days to allow the patient time to think about the treatment.

Are services caring?

Our findings

We rated caring as Good because:

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about the way staff treated them. The provider's most recent patient survey findings were very positive regarding the clinician being polite and putting the patient at ease. In comments cards completed as a part of our inspection process patients commented that staff were very caring and treated them with kindness.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. They had completed equality, diversity and human rights training. An equality, diversity, respect and fair access policy was in place.

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.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The provider's most recent patient survey findings were very positive regarding the clinician listening, explaining a condition and involving the patient in decisions.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

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. Patients told us through comment cards, that they received excellent care that fully met their needs. A number of patients commented that they had been using the service for several years, received a consistently high level of care and would recommend the service. The provider's most recent patient survey results were overwhelmingly positive and individual comments referred to excellent care being provided by the clinician.
- The facilities and premises were appropriate for the services delivered. Consultation rooms and reception and waiting room areas were on the ground floor and accessible.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.
- The provider provided information shortly after the inspection stating that their clinic was one of only two private clinics within a 90-mile radius offering a combination of treatments provided by a clinician who was both a doctor and an osteopath. They also told us that their fees were competitively priced and consequently more accessible to patients. They also provided us with information stating that they were again considerably less expensive than other similar clinics located further away and provided online booking which was not available for the other clinics.

- Physiotherapists were on site and ESR tests could also be carried out on site. An erythrocyte sedimentation rate (ESR), is a blood test that can reveal inflammatory activity in the body. Same day scans were also available to support prompt diagnosis and treatment.

Timely access to the service

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

- Patients had timely access to consultations. The service was open for consultations on Mondays and Fridays from 9am to 5.30pm and on Tuesdays and Thursdays from 9am to 12.30pm.
- Patients with urgent needs could be prioritised by the service.
- The service's website contained details of opening times. Patients could make an appointment face to face, by telephoning the service or booking online.
- The clinician gave an example of where they had carried out a home visit to examine and treat a patient who was not able to attend the practice.

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 for patients and clearly displayed in the waiting room.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place. The service had not received any complaints.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability

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

- Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service was run by the clinician and the practice manager 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 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. A duty of candour policy was in place and emphasised the importance of an open culture.
- 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. 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.
- The service actively promoted equality and diversity. Staff had received equality, diversity and human rights 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. There were clearly defined roles for the clinician and practice manager.
- Staff had established proper 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.
- The service had a business continuity plan in place for major incidents such as power failure or building damage.

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.

Are services well-led?

Good 

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

- The service submitted data or notifications to external organisations as required. A CQC notification policy and procedure was in place.
- 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. An Information Governance policy was in place and staff were aware of their responsibilities in this area.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and

acted on them to shape services and culture. A patient participation group was in place. The provider had carried out a colleague survey to obtain feedback on the clinician's performance. Findings were very positive.

- Staff could describe to us the systems in place to give feedback. Patients were encouraged to feedback and clear processes were in place for them to do so.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents. Learning was shared between the two staff and used to make improvements.
- There were systems to support improvement. Staff learned from audits and patient feedback to improve the service.