# The KB Clinic

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| Overall rating for this location | Good |
| --- | --- |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The KB Clinic on 30 August 2022 as part of our inspection programme.

The KB Clinic provides diagnosis and management of musculoskeletal conditions including sporting injuries and spinal disorders. The service provides treatment for spinal pain, including the use of injection and manipulative techniques, to avoid the need for invasive surgery. The service is a specialist clinic, seeing secondary and tertiary referrals in orthopaedics, pain management and sports injuries.

**Our key findings were:**

- Care records were written and managed in a way that kept patients safe. Clinical records were completed thoroughly and there was a high standard of care provided to patients.
- Patients' immediate and ongoing needs were fully assessed.
- The service used information about care and treatment to make improvements and was actively involved in quality improvement activity.
- Staff involved treated patients with compassion, kindness, dignity and respect.
- The service actively sought and acted on feedback from patients to improve services. We saw evidence of positive feedback from patients and medical colleagues. We spoke with a patient who told us that the service provided was excellent.
- The service understood the needs of patients and improved services in response to those needs.
- The service was accessible, and patients were able to access care and treatment within an appropriate timescale for their needs.
- There was a clear vision and set of values which supported person-centred care. Staff we spoke with understood the vision, values and strategy and their role in achieving them.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risk, issues and performance.

We found no breaches in regulations. The provider **should**:

- Take steps so all non-clinical staff complete safeguarding training.
- Review policy folders and include the most recent version dates of policies and protocols.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist adviser.

## Background to The KB Clinic

The KB Clinic is an independent health service which operates out of 75 Harley Street, London, W1G 7HY, on the ground floor of a building which also houses other consulting rooms and services. The service consists of Dr K B Bush, who is a consultant orthopaedic and sports physician, with extensive experience in providing care to patients suffering from spinal pain, primarily using injectional and manipulative techniques in order to avoid the need for more invasive surgery. The service provides minor surgery, including peripheral joint and soft tissue injections, epidural injections, prolotherapy (an injection-based treatment used in chronic musculoskeletal conditions) and release of tennis elbow. The service employs a practice manager and two secretaries. There is a reception at the entrance of the building and reception staff are employed by the owner of the building. The building is fully accessible to patients with mobility issues. The service is open on Monday, Wednesday and Friday from 8:15am to 5:30pm (with the last patient seen at 4:30pm) and on Tuesday and Thursday from 12:45pm to 5:30pm. Appointments can be made via the secretaries by calling between 8am and 5:30pm. The service treats patients over the age of 18 and sees between 200 and 500 patients on a monthly basis. The provider, Keith Bush, is registered with the CQC to provide the following regulated activities: treatment of disease, disorder or injury; and surgical procedures.

**How we inspected this service**

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data proception and information governance requirements.

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?

Good

# Are services safe?

**We rated safe as Good because:**

**Safety systems and processes**

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

- The consultant had completed the appropriate level of safeguarding training for adults and children. We were told that non-clinical members of staff had not completed up to date safeguarding adults and children training, however the service had identified this in its risk assessment for 2022 to 2023 and this training was due to be completed imminently.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were kept in folders in the office area. We provided feedback to the service to include the most recent version dates of policies in its folders. Following our site visit, the service told us that this was in progress.
- The service treated adults only (patients over the age of 18), however, the service was planning to start seeing patients between the ages of 16 to 18 years of age. The service had not made any safeguarding referrals. The service told us how it would work with other agencies to support patients and protect them from neglect and abuse if it had any concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service had undertaken Disclosure and Barring Service (DBS) checks for staff. 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 had a poster in the waiting area regarding chaperone services. Staff members had completed chaperone training.
- Staff immunisations had been completed in line with the UK Health Security Agency (UKHSA) guidance.
- The premises were well organised and there was an effective system to manage infection prevention and control at the premises. A legionella risk assessment had been completed on 1 December 2021 and a fire risk assessment on 8 December 2021.
- 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.

**Risks to patients**

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

- We found that members of non-clinical staff had not completed up to date safeguarding training, however, this was identified as a training need in the services' 2022 to 2023 risk assessment and was due to be completed imminently.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The consultant gave us some examples where he had identified deteriorating patients and had escalated these patients appropriately for further treatment. All staff, clinical and non-clinical, had completed basic life support training. The service was able to admit patients to a local private hospital or telephone emergency services if appropriate.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- Where there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

**Information to deliver safe care and treatment**

Good

# Are services safe?

**Staff had not have 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. We observed that letters to GPs and referral letters we reviewed were detailed and reflected that a high standard of care was provided to patients.
- The service kept paper clinical records in locked filing cabinets in the office area. The service kept patient records for nine years. After this, the service scanned records into the patient database and confidentially disposed of the paper records.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals 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, including emergency medicines and equipment minimised risks. The service kept prescription stationery, which was used rarely, securely and monitored its use.
- The service carried out regular audits to ensure that treatment was in line with best practice guidelines.
- The service had a process in place to prevent the forgery of prescriptions.
- There were processes in place for verifying the identity of patients, with the service looking at a patient's personal data, including email address and telephone number. The service did not check a patient's photographic identification routinely.

**Track record on safety and incidents**

**The service had not have a good safety record.**

- Clinical and electrical equipment had been checked to ensure it was working safely.
- 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.**

- The service had not reported or investigated any significant events in the last 12 months.
- Staff we spoke with told us that they understood their duty to raise concerns and report incidents and near misses. The service was aware of the requirements of the duty of candour.
- The service had a process in place for receiving and acting on patient safety alerts.

Good

# Are services effective?

**We rated effective as Good because:**

**Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (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 of confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- Staff signposted patients to relevant service and advised them what to do if their condition worsened.

**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 made improvements through the use of completed audits. The service told us that is was constantly striving to provide and improve on quality. At the end of each month, the consultant reviewed all clinical records from that month and wrote to patients to check on their progress. We saw evidence of an end of month audit that had been completed in August 2022. We also saw evidence of the following completed audits:
- Patient audit through the Covid-19 pandemic, reviewing patients seen from March 2020 to July 2022;
- Article written by the consultant for a health journal (published 18 September 2019) reviewing the safety and efficiency of performing cervical transforaminal epidural steroid injections under fluoroscopic control on an ambulatory/ outpatient basis;
- An audit reviewing the procedures undertaken by the consultant at a local private hospital from 2008 to 2021.

We also saw a list of a number of articles authored by the consultant in various health publications.

Clinical audit had a positive impact on quality of care and outcomes for patients. The service monitored outcomes for patients and compared against other services. The service adjusted the prolotherapy treatment by reducing the amount of solution injected to make more comfortable for patients. The service measured the results and found that treatment was still effective. The consultant reflected on audits completed on an annual basis and included in their appraisal.

**Effective staffing**

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

- Staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The relevant professional was registered with the General Medical Council and was up to date with revalidation and training.
- We identified gaps in relation to non-clinical staff having up to date safeguarding training, however, the service had identified this as a training need in its annual risk assessment and this was due to be completed imminently.

Good

# Are services effective?

- We saw evidence that the service completed annual appraisals with staff.

**Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The service told us that information was shared with patients' NHS GPs if consent was provided.
- Clinicians made referrals to other specialists where appropriate.

**Supporting patients to live healthier lives**

**Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Where appropriate, advice and signposting was given to patients about living healthier lives, including advice on smoking cessation.
- Risk factors were identified, highlighted to patients and where appropriate highlighted 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.
- Staff supported patients to make decisions about their care and treatment.

Good

# Are services caring?

**We rated caring as Good because:**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. The consultant reviewed consultations on a monthly basis and contacted patients to check on their progress. The service conducted a yearly patient questionnaire, audited results and completed a report. We saw evidence of patient feedback audits completed in March 2022 and March 2019 which demonstrated positive responses to the patient surveys. We saw evidence that the patient audit was discussed at a governance meeting held on 11 April 2022. The service told us that approximately 50% of patients responded to the last annual survey and that it had decided to double the number of questionnaires sent in the next year to secure a higher response rate.
- 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.
- We saw evidence of correspondence received from 22 patients from the past year, which were all complimentary in nature. These included comments from patients, and medical colleagues.
- During our site visit, we spoke with a patient who told us that the care provided by the service was excellent and that they would highly recommended it to other patients. The patient commented that the consultant was highly professional and took time to listen and understand them. The stated that the appointments system was very easy to use and that the service was clean and professional. The patient reported that their treatment had been successful and that they had been contacted by the service following this treatment to check on their progress.

**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. The service told us that patients sometimes brough an interpreter with them to appointments.
- The service told us that patients sometimes brought family or friends with them for support, which it accommodated.

**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 support and would discuss their needs.

Good

# Are services responsive to people's needs?

**We rated responsive as Good because:**

**Responding to and meeting people's needs**

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

- The provider understood the needs of patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There were steps at the front of the building and these steps could be lowered by reception to allow access for patients with mobility impairment.
- On attendance at the premises, patients were greeted by reception staff. They were then collected from the reception area by one of the secretaries and taken to the waiting room. Patients were given a welcome pack on arrival.
- The practice allowed for longer appointment times where appropriate depending on the needs of patients.

**Timely access to the service**

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

- Patients were able to book appointments by telephoning the clinic and speaking with one of the secretaries. The service had a voicemail system which was monitored out of hours and at weekends by the consultant. The voicemail service had a message that patients should contact the matron at the local private hospital if they had an urgent issue.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 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.**

- The service had a complaints procedure and staff we spoke with were aware of this. The service had received no complaints in the last 12 months. The service had a complaints guide leaflet for patients if they wished to make a formal complaint.

Good

# Are services well-led?

**We rated well-led as Good because:**

**Leadership capacity and capability;**

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

- Leaders were knowledgeable about the 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 staff and others to make sure they prioritised compassionate and inclusive leadership.

**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 which supported person-centred care. The services' statement of purpose and guide for patients states that the service aims to provide an efficient and expert service in diagnosing and managing orthopaedic and musculoskeletal pain, including sports injuries and that the service was committed to governance and clinical excellence.
- Staff we spoke with were aware of an understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy. The service held regular governance meetings, usually one meeting per quarter.

**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 service actively promoted equality and diversity.
- Staff were clear on their roles and accountabilities.
- There were processes for providing all staff with the development they needed. This included appraisal and conversations about development needs. All staff received regular annual appraisals. Staff were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of staff.

**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.

Good

# Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We provided feedback to the service that it should include the most recent version dates of policies in its folders. Following our site visit, the service told us that this was in progress. All staff were required to read policies and sign a declaration that they had done so and had understood the content. New members of staff were required to read all policies and sign a declaration to confirm this.
- The service had a clinical system to store patients' medical records securely and maintain privacy of confidential information.

**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 completed an annual risk assessment review.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

**Appropriate and accurate information**

**The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings.
- The service used performance information which was reported and monitored and management and staff were held to account.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

**Engagement with patients, the public, staff and external partners**

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service sought feedback from patients annually and on an ad hoc basis.
- Staff told us about the systems in place to give feedback.
- 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.
- Learning was shared and used to make improvements.