Osiris Health Limited

Osiris Health

Inspection report

Bungalow
Nursery Lane, New Longton
Preston
PR4 4AX
Tel: 01772789746

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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	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Summary of findings

Overall summary

We inspected Osiris Health Limited using our focused inspection methodology after receipt of information which gave us some concerns about patient safety and governance processes.

We carried out an unannounced inspection (the provider did not know that we were coming) on 8 June 2021 with further inspection activity continuing until 1 July 2021.

To get to the heart of patients' experiences of care and treatment, we normally ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? During this focused inspection we focused on the domains of safe and well led.

As this was a focused inspection, we did not rate the service.

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers gave new staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised and reported incidents and near misses. Managers knew how to investigate incidents and had a process for sharing lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff said they felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The provider's information systems were integrated and secure. Data or notifications were submitted to external organisations as required.
- The provider collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

Summary of findings

- The provider's policies did not always contain adequate detail of the processes or pathways to be followed, with reference to any relevant guidance.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Inspected but not rated	The main activity provided by the service was community health services for adults. The service provided neurological rehabilitation services for adults with a range of neurological / neuromuscular conditions.

Summary of findings

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Summary of this inspection

Background to Osiris Health

Osiris Health Limited (Osiris) was registered by the CQC on 22 November 2018. It is an independent clinic providing neurological rehabilitation services for adults with a vast range of neurological / neuromuscular conditions. It delivers coordinated therapy to optimise functional, psychological and aesthetic outcomes.

Osiris Health Limited offers a range of specialised services, with some clinics and treatments being consultant led whilst others are led by an experienced physiotherapist (e.g. Advanced physiotherapist or clinical specialist physiotherapist).

Although they provide a wide range of services, it is only the delivery of Botox injections by healthcare professionals, other than physiotherapists which fall into the scope of regulated activity.

Regulated activity

Osiris Health Limited is registered with CQC under the Health and Social Care Act 2008 and is registered to provide the following regulated activities:

• Treatment of disease, disorder or injury (TDDI)

Inspection history

This service has not been inspected previously.

How we carried out this inspection

The inspection team consisted of a CQC inspection manager and a lead CQC inspector. The inspection team had overall oversight from the Head of Hospitals Inspection.

During the inspection we visited the registered location. The inspection team reviewed provider policies, HR records including Disclosure and Barring Service certification and client risk assessments and treatment records. We viewed the provider's data management system, staff training logs, policies and procedures, staffing records and audits as well as minutes of meetings relevant to our inspection.

The team spoke with the onsite office manager and the registered manager. Following our inspection we also spoke with a company director.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We did not identify any areas of outstanding practice as part of this inspection.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all policies, procedures and guidance are sufficiently detailed and reflect best-practice.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Inspected but not rated

Community health services for adults

Safe	Inspected but not rated
Well-led	Inspected but not rated

Are Community health services for adults safe?

Inspected but not rated

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff received mandatory level 3 adult and children's safeguarding training. The registered manager was identified as the Safeguarding lead for the service.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.

Staff used records to identify how well the service prevented infections.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent and control the spread of infection.

The provider's infection control policy had been amended in light of the COVID-19 pandemic and reflected Public Health England's recommendations. We were advised that all patients were risk assessed before contact in order that non-essential contact was prevented where patients were identified as at high risk.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues.

Staff shared key information to keep patients safe when handing over their care to others.

Staff handovers included all necessary key information to keep patients safe.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers gave new staff a full induction.

The service had enough staff to keep patients safe.

The service had low vacancy rates.

The service had low turnover rates.

The service had low sickness rates.

Managers made sure all new staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe.

Inspected but not rated

Community health services for adults

The service had no vacancies for medical staff.

The service had low turnover rates for medical staff.

Sickness rates for medical staff were low.

The service always had a consultant on call during evenings and weekends.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily, using the provider's service specific electronic record system.

Records were stored securely.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff met good practice standards described in relevant national guidance.

Staff reviewed patients' medicines and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Incidents

Staff recognised and knew how to report incidents and near misses. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff we spoke with knew what incidents to report and how to report them.

Staff knew how to raise concerns and report incidents and near misses in line with provider policy, however there had been none reported in the previous 12 months.

Staff understood the duty of candour. Staff met to discuss the feedback and look at improvements to patient care.

Inspected but not rated

Community health services for adults

Managers provided assurance that they would debrief and support staff should any serious incident occur. We reviewed provider policies confirming that there was a process in place to investigate and share learning across the service.

We were advised that the registered manager received patient safety alerts via their NHS role and these would be shared with staff as required.

Are Community health services for adults well-led?

Inspected but not rated

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Management meeting minutes, dated 16 November 2020, were noted to encourage the sharing of training opportunities for all staff. The practice manager confirmed that the service encourages their staff to undertake relevant training to help progress their career.

Culture

Staff said they felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

We saw evidence of a robust complaints policy and a complaints leaflet which was available to all service users and their families/carers.

Governance

Leaders had effective governance processes, throughout the service. However, we noted that some of the policies we reviewed lacked adequate detail regarding pathways and processes. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The whistleblowing policy did not provide information regarding reporting incidents externally.

The Monitoring of Quality and Treatment Policy and Process contained no details of the processes followed and consisted only of a copy of an assessment form.

The Patient Specific Directive document was a blank form with no information regarding its purpose or completion.

Inspected but not rated

Community health services for adults

The service had a Clinical Governance policy which listed key processes relating to clinical governance. Whilst the service had a number of policies and procedures for specific processes (such as clinical audit policy) the overarching clinical governance policy did not make reference to these specific policies and procedures.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively.

We saw evidence of audits undertaken by the provider to monitor performance.

We were advised that all staff were subject to regular supervision in line with the provider's policy.

The provider had a quality improvement approach to monitoring patient outcomes and effectiveness of care and treatment. They advised that all results were fed back to national and international networks.

Information Management

The information systems were integrated and secure. We noted in management meeting minutes, dated 16 November 2020, that the practice manager was the designated Caldicott Guardian for the service.

The record management system used by the provider was secure and well managed.

Engagement

They collaborated with partner organisations to help improve services for patients.

The service liaised with local services including NHS providers and commissioners to identify the needs of the local population.