

Blackberry Orthopaedic Clinic- Brighton

Inspection report

70 New Church Road
Hove
East Sussex
BN3 4FL

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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. This is the first inspection of this location.

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 Blackberry Orthopaedic Clinic - Brighton as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. Blackberry Orthopaedic Clinic - Brighton is registered in respect of the provision of treatment of diseases, disorder or injury and Diagnostic and screening procedures. Therefore, we were only able to inspect the health screening service as well as clinical consultations, examinations and treatments in general medicine. For example, musculoskeletal and sports medicine.

A health adviser 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 asked for CQC comment cards to be completed by patients in advance of the inspection. We received seven completed comment cards, which were all positive about the standard of care received. Patients felt that the care and treatment they received was of a very high level, efficient and caring with all staff being polite, knowledgeable, respectful and helpful.

Our key findings were :

- The service had clear systems to respond to incidents and measures were taken to ensure incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service carried out risk assessments such as fire and health and safety to support the monitoring and mitigation of potential risks. There were systems in place to reduce risks to patient safety.
- An induction programme was in place for all staff which included induction training linked to staff roles and responsibilities.
- The service encouraged and acted on feedback from patients. Patient survey information we reviewed as well as completed CQC comment cards showed that people who used the service were positive about their experience.
- There were governance systems and processes in place to ensure the quality of service provision.
- The service had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- An induction programme was in place for all staff which included induction training linked to staff roles and responsibilities.

The areas where the provider **should** make improvements are:

- Review providing a hearing loop to assist patients with hearing difficulties.
- Review their process when sending patient information via fax.
- Review how they monitor the training records of clinical staff, to ensure staff maintain their levels of knowledge.
- Review accessibility of online safety documents for all staff.
- Review how cleaning equipment is stored to minimise cross infection risks.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Blackberry Orthopaedic Clinic- Brighton

Blackberry Orthopaedic Clinic – Brighton is situated within an adapted house that has been renovated to deliver care services alongside other private providers.

The address of the clinic is 70 New Church Road, Hove, East Sussex, BN3 4FL.

The location consists of two treatment rooms and an administrative room. Blackberry Clinic Limited has nine other clinics located across the south of England and in Scotland. We did not visit any of the other locations as part of this inspection.

The clinic offers specialised treatment of musculoskeletal conditions including back pain, sports injuries and chronic pain conditions to all patients aged from 0 years to adults over the age of 18. The clinic also offers health assessments and screening for a private health insurance provider and works with customers to assist in empowering them to optimise their own health, through nutritional and smoking cessation advice along with exercise advice and behavioural change. The clinic is staffed by a musculoskeletal consultant specialist, a physiotherapist, a health care assistant and a health adviser.

The clinic is registered for two regulated activities, Diagnostic and screening and the Treatment of disease, disorder or injury.

The Blackberry Orthopaedic Clinic - Brighton is open from 8am to 4pm on Mondays, Thursdays and Fridays, 7am to 4pm on Tuesdays and 8am to 6pm on Wednesdays.

Information such as quality improvement activities, management of incidents and complaints was received from Blackberry Orthopaedic Clinic – Brighton and reviewed before the inspection.

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?

We rated safe as Good :

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems to assure that an adult accompanying a child had parental authority.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 and it was the service's policy that all staff undertake an enhanced 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service had undertaken a Legionella risk assessment in July 2019 and acted upon the results. Legionella is a term for a bacterium which can contaminate water systems in buildings. We saw a risk assessment had been carried as well as regular water flushing process and water temperature monitoring to minimise any potential risks. However, it was seen during inspection the storage of cleaning mops did not prevent the risk of cross infection, that could occur with mop heads from different areas of use, which were in contact with each other.
- 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 provider had access to safety data sheets for chemicals and substances used within the premises, which were stored electronically making it potentially difficult for easy access to this information.

- The provider carried out appropriate environmental risk assessments, the last one of these being in May 2019, which took into account the profile of people using the service and those who may be accompanying them.

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 an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections. For example, sepsis. However, whilst staff demonstrated they understood the need for early recognition of sepsis, knew the signs, and how to act accordingly there was no record of sepsis training on file for the doctor.
- Emergency medicines were in a secure area of the clinic, easily accessible to staff and all staff knew of their location. Staff carried out risk assessments on the stock of emergency medicines to ensure they were appropriate. There was a risk assessment undertaken to identify what emergency medicines were required at the service.
- In the event an emergency did occur, the provider had systems to respond appropriately. All staff had received, as a minimum, training in basic life support. Emergency equipment was available including access to a shared community defibrillator and oxygen. Records viewed demonstrated regular monitoring of emergency equipment.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements to cover all potential liabilities for staff working within the location.

Information to deliver safe care and treatment

Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw, showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, it was found that there were no checks made following a fax being sent to an external body that it had been received.
- The service had a system 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 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, emergency medicines and equipment minimised risks. The service did not have prescription stationery at the clinic.
- Staff administered or supplied medicines to patients and gave advice on medicines, in line with legal requirements and current national guidance. There were processes for checking medicines and staff kept accurate records of medicines stored and administered. Where there was a different approach taken from national guidance, there was a clear rationale for this that protected patient safety.

- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive 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. Leaders and managers supported them when they did so. There had been no significant events recorded at the Blackberry Orthopaedic Clinic - Brighton, but it was seen that issues from other locations were reported nationally, so that lessons could be understood throughout the whole service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good :

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current 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.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the clinic assessed changes in diet and lifestyle to patients living with chronic pain and had assessed whether changes made affected the quality of life for patients.
- The service also undertook audits in relation to the completion of patient's notes to identify, and correct, any potential issues.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and physiotherapists) were registered with the General Medical Council (GMC)/ Health and Care Professions Council and were up to date with revalidation.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment, where this information was not available to ensure safe care and treatment.
- All patients were asked for consent, where appropriate, to share details of their consultation with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. However, the clinic did not ensure that faxed information had been received by the appropriate person.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- 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 .

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients 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?

We rated caring as Good :

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Seven CQC comment cards were received, all giving very positive feedback about the quality of care and how they had been treated in a dignified manner.
- 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.

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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider did not have a hearing loop within the clinic to assist patient with hearing impairments.

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.

Are services responsive to people's needs?

We rated responsive as Good :

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.
- The facilities and premises were appropriate for the services delivered.
- All treatment rooms were on ground floor level and the clinic could be accessed by those patients who may use a wheelchair.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service undertook a review of their activity each quarter and analysed if any improvements could be made to the care they gave, using feedback from comments and information from any complaints received.

Are services well-led?

We rated well-led as Good :

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patients that complained were offered an appointment to come and discuss their issue. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for completing the areas the provider had identified as mandatory training.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. However, there were areas that required reviewing including storage of cleaning items, the receipt of faxes sent and training records of all staff.
- Staff were clear on their roles and accountabilities
- Leaders 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.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- The provider had plans for and had trained staff for major incidents.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. However, it was found on the day of inspection that the clinic did not assure themselves that faxes they sent had been received by the intended recipient.

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. Patients were encouraged to give feedback, both positive and negative, to the provider and these were reviewed on a quarterly basis to assist in improving the service.
- Staff could describe to us the systems to give feedback. We saw evidence of feedback opportunities for staff and how the findings/outcomes were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

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 and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, an audit had been undertaken to ensure that patients only underwent an MRI scan if this was clinically appropriate.