The Wharfedale Clinic

Inspection report

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Guiseley
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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

We carried out an announced comprehensive inspection at The Wharfedale Clinic on 12 June 2019 as part of our inspection programme. This service is rated as Good overall. The service was previously inspected in October 2017 and rated the service as being compliant .

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

The Wharfedale Clinic provides treatment for musculoskeletal conditions and sports injuries. Treatment is available for both adults and children.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, the services it provides. The service is registered for the provision of diagnosis, advice or treatment under the supervision of a medical practitioner, including the prescribing of medicines for pain associated with musculoskeletal conditions. The services provided by the physiotherapist, osteopath and podiatrist at the clinic are not activities regulated by the CQC. Therefore, these services did not fall under the scope of our inspection. We were only able to inspect the services provided by the medical practitioners at the service.

One of the medical practitioners is the registered manager. A registered manager is a person who is registered with the CQC 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 spoke with one patient during the inspection. The service was described as very good, with quick access to appointments, and helpful staff. We received 27 Care Quality Commission comment cards. Without exception all gave very positive feedback. Staff were described as very friendly and professional, premises maintained to a high standard, with a superb service provided in a calm and relaxing environment.

Our key findings were :

- A number of relevant policies, procedures and protocols were in place which were regularly updated and available to all staff.
- Care and treatment was delivered in line with current evidence-based guidance.
- Patients' needs were fully assessed before treatment plans were negotiated.
- Information was shared with patients' own GPs with their consent.
- Patient outcomes were evaluated and reviewed as part of quality improvement processes.
- Systems were in place to report, investigate and learn from incidents relating to safety of patients and staff, and the efficiency of the service.
- Safeguarding arrangements were in place which were largely appropriate.
- The service was offered on a private, fee paying basis, and was accessible to people who chose to use it, regardless of geographical considerations.
- There was a clear leadership structure, and governance systems were in place to support the delivery of quality care.
- Staff described feeling supported and respected by the leadership team.
- Feedback from patients and staff was routinely sought.

There were areas where the provider could make improvements and should:

Overall summary

- Review and improve appraisal arrangements to include a formal appraisal for all staff.
- Review and improve access to safeguarding training for staff to be delivered at levels in line with recent guidelines.
- Review and improve arrangements for establishing parental authority when children attend for treatment accompanied by an adult.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.**
The team included a GP specialist advisor.

Background to The Wharfedale Clinic

The Wharfedale Clinic is situated in Guiseley, Leeds, LS20 8AR, located approximately nine miles north west of Leeds City Centre. The service provides treatment for musculoskeletal conditions and sports injuries. Treatment is available for both adults and children. The service is housed in a two-storey building. There are three clinical rooms, two being situated on the ground floor, and one on the first floor. Patients with mobility difficulties are able to be seen in one of the downstairs rooms, as there is no lift access. The ground floor of the building is accessible to patients with mobility problems, or those who use a wheelchair. There is limited parking available on site, with on street parking available in adjacent residential streets. In addition, parking is available in the car park of an adjacent supermarket which allows patients to park there for a maximum of three hours.

The service can be accessed by public transport.

The Wharfedale Clinic provides treatment and/or diagnostic services for between 100 and 200 patients per month. Patients are able to receive treatment at the service regardless of their place of residence, including non-domiciled residents.

Treatments are offered by two medical practitioners (both male), with expertise in musculoskeletal conditions, sports medicine osteopathy and emergency medicine. Additional clinical expertise is provided by three independent clinicians – one physiotherapist (female) who has expertise in sports injury and exercise management, one osteopath (female) with expertise in sports related osteopathic medicine, and one podiatrist (male) with expertise in biomechanics and sports injuries.

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The clinical team is supported by a practice manager and two receptionists.

Opening times are 9am to 5.15pm Monday, Wednesday and Thursday; and 9am to variable on Friday. The service is closed on Tuesday.

How we inspected this service

Before we visited the service, we reviewed information relating to the service, on the website and sought feedback from other stakeholders.

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.

Good

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 reviewed and communicated to staff including independent clinicians. Information in relation to additional guidance was included. Staff received safety information from the service as part of their induction and refresher training. Although very few children were seen by the service, systems were in place for the safeguarding of children and vulnerable adults.
- No formal systems were in place to ensure that adults accompanying minor children had parental authority. However, details of patients' own GP were sought, and appropriate liaison following any treatment was carried out. In addition, payment arrangements provided a cross reference in relation to name and address.
- The service was aware of other agencies which existed to support patients and protect them from neglect and abuse. Staff demonstrated their awareness of their role in protecting 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. (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. Following our feedback, the service undertook to review the level of staff safeguarding training, in line with recent guidance. Contact details for local and national safeguarding services were included in the relevant policies. 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. A legionella risk assessment had been completed, and actions completed in line with recommendations.
- 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 carried out appropriate environmental risk assessments, 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. The service delivered elective treatment plans. The arrangements for managing medical emergencies were appropriate to the identified level of risk.
- Emergency equipment was stocked and maintained in line with the Resuscitation Council UK guidelines. Emergency medicines were held to deal with anaphylactic shock. The decision to stock limited amount of such medicines was based on internal decisions in relation to level of risk and types of patients accessing the service.
- When there were changes to services or staff the service assessed and monitored the impact on safety. We were provided with a clear example of how the service had managed a recent incident when staffing levels had been compromised.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Indemnity for independent clinicians was also checked and monitored.

Information to deliver safe care and treatment

Good

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.
- 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 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 emergency medicines and equipment were appropriate. The service made use of private prescriptions which were appropriately stored and were handed directly to the patient following assessment and treatment.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We saw examples of patient information leaflets describing the effects of medicines prescribed or administered, which included intended benefits, side effects, contraindications and mode of administration.
- There were systems in place to verify identity of patients, including children. There were no formal arrangements in place to establish parental responsibility for children. However cross-references, in the form of address, GP and payment details provided some assurances in this regard.

Track record on safety and incidents

The service had a good safety record.

- A range of risk assessments were in place in relation to safety issues.
- The service monitored and reviewed activity. This ensured that risks were identified and enabled safety improvements to be made when necessary.

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 were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, a piece of equipment had failed during a treatment session due to a power surge. Guidance was sought from the manufacturer, and additional equipment was purchased to reduce the risk of damage in the event of future power surges. Spare fuses were purchased to ensure quick repair if required in future.
- Staff demonstrated their awareness of and compliance with the Duty of Candour. The provider supported a culture of openness and honesty. There were systems in place to comply with the requirements of notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- Patients were provided with reasonable support, truthful information and, when required verbal and written apologies would be provided.

Good

Are services safe?

- 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 independent clinicians.

Good

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 current and relevant 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.
- Arrangements were in place to deal with repeat patients. A treatment plan was agreed with patients, who returned for any follow up appointments deemed necessary. In cases where clinicians felt one treatment would suffice, a follow up appointment was booked in, and patients were able to either attend, if their problem was not fully resolved, or call the service to cancel the appointment, explaining that the issue was resolved.
- There were clear systems for staff to assess and appropriately manage any pain in patients.
- The service had recently purchased a radial shockwave machine, which provided a non-invasive treatment option, approved by NICE, for certain musculoskeletal conditions.

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 service had responded to recent research findings which indicated a potential toxic effect of some local anaesthetics on cartilage, particularly osteoarthritic cartilage. As a result, the local anaesthetics used during treatment avoid those with potential toxic effects.
- The service made improvements through the use of completed audits.
- Quality improvement activity had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, a review of patient outcomes for those patients receiving intra-articular injections to the knee had been undertaken. Results showed that over 83% of 115 patients reported a significant positive response to the treatment.

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. Staff handbooks were provided, containing separate information for employed staff and independent staff working at the service.
- Relevant professionals (medical and allied health professionals) were registered with the General Medical Council (GMC) or Allied Health Professionals (AHP) council.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. All staff, with the exception of the practice manager, received a formal annual appraisal. Ongoing, informal two-way feedback was provided. Following our feedback, the provider undertook to review their approach in this regard.

Coordinating patient care and information sharing

Good

Are services effective?

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. Consent was sought to share information with patients' own GP, or with secondary care 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. A full medical history was sought and noted before treatment plans were begun. We heard of examples where patients had been signposted onto other, more appropriate services, better to meet patient need.
- The provider had risk assessed the treatments they offered. They administered or prescribed only a limited range of analgesic medicines. Controlled medicines were not prescribed, administered, or held on site. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. In the rare event of a patient refusing consent to share information with their own GP, the service reserved the right to refuse treatment. However, this eventuality had not occurred up until the time of our visit.
- Systems were in place to provide care and treatment for patients in vulnerable circumstances in coordination with other services
- 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.

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 adopt self-help techniques. Aids for patient education were in use, for example a full model of the human skeleton, to aid understanding and optimise future preventative and ameliorative actions for patients.
- 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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We heard of an example where treatment had not been undertaken in a patient felt to be lacking in capacity.
- The service monitored the process for seeking consent appropriately. Bespoke consent forms had been developed which provided clear explanations of treatments being proposed, to maximise informed consent.

Good

Are services caring?

We rated caring as Good .

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was overwhelmingly positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They described 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.

- Staff told us they had not needed to make use of interpretation services. Patient information was available and could be produced in larger font when required. A magnifying glass was available on site for patients when required, and a hearing loop was in place to aid patients with hearing impairment.
- Patients told us through comment cards and in person, 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.
- Although the need had not arisen, staff told us they would involve relevant agencies when required for patients with learning disabilities or complex social needs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Additional privacy could be provided if patients wanted to discuss sensitive issues or appeared distressed.
- Privacy curtains were in use in clinical rooms.
- New seating had been purchased to improve patient comfort during consultations.

Good

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. For example, follow up appointments were made prior to patients leaving the premises. This was to ensure continuity for patients. Where these appointments were not required, patients were able to cancel them and inform the service that their condition had improved.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people with additional needs could access and use services on an equal basis to others. For example, where patients had mobility difficulties or used a wheelchair, consultations were provided on the ground floor.

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.
- Although the service delivered elective procedures; patients were prioritised for appointments when need was greater, or personal circumstances dictated.
- Patients reported that access to the service was very good, with minimal waiting times.
- Referrals and signposting to other services were undertaken in a timely way. Encrypted emails were used to arrange additional testing, and patients' own GP received a comprehensive account of presenting condition and treatments carried out, where patient consent was received.

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.

- Although no complaints had been received at the time of our visit, there was a complaints policy in place, and information about how to make a complaint or raise concerns was available. Staff told us they would treat complaints as an opportunity to improve. Standard agenda items on staff meetings included complaints updates.
- The service complaints policy informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Good

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 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. 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 patients.
- 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 told us they felt respected, supported and valued. They were proud to work for the service.
- Staff told us the service prioritised patient care over commercial considerations. We heard of examples to demonstrate this ethos.
- We heard of examples where leaders had acted upon behaviours and performance at odds with the vision and values of the service.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 appraisals. We learned that all staff, other than the practice manager, received regular formal appraisal. The practice manager had regular, informal two-way feedback instead. The provider told us they would review their approach in this regard. Professional revalidation requirements were supported and monitored, including requirements of independent clinicians working at the service.
- Due to the small number of staff employed by the service, staff received personalised, sensitive support in relation to safety and well-being issues.
- The service acknowledged equality and diversity considerations. These were incorporated into their recruitment policy. Staff told us colleagues at all levels were equally respected and valued.
- Staff described positive relationships between all staff members.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Good

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements promoted interactive and co-ordinated person-centred care.
- 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of patient outcomes, and through regular patient feedback. Leaders had oversight of safety alerts, incidents, and complaints.
- Quality improvement activity ensured regular monitoring of effectiveness of treatment plans and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.
- Formal checks to identify parental authority over children being brought for treatment were not in place, however, any risk was mitigated through systems for checking address, GP and payment details.
- The service was reviewing the level of safeguarding training accessed by staff, in line with up to date guidance.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were appropriate 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, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff to help improve services. For example, following a suggestion by staff, processes were changed so that patients were not telephoned following treatment to check satisfaction with outcomes. Instead, follow up appointments were automatically provided to all patients, giving them the option to return if issues were not satisfactorily resolved, or to cancel the appointment if it was no longer needed. The lead clinician engaged in regular collaboration with colleagues and peers in similar fields of work to enable mutual learning and information sharing.
- Staff could describe to us the systems in place to give feedback. Staff met daily for informal discussions over lunch. In addition, a formal, minuted meeting was held monthly. One of the standing agenda items related to staff suggestions.

Continuous improvement and innovation

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

Good

Are services well-led?

- There was a focus on continuous learning and improvement. The service had input into the Yorkshire Musculoskeletal Doctors Group where latest relevant research was discussed, as was changes to local polices.
- There were systems to support improvement and innovative work. For example, a radial shockwave machine had been purchased to treat certain musculoskeletal conditions, as an alternative to more invasive procedures.