

Ravenscroft Healthcare Limited

Ravenscroft Healthcare Limited

Inspection report

Westfield Road
Bletchley
Milton Keynes
Buckinghamshire
MK2 2RA

Tel: 01908 270175

Website: www.ravenscroftphysio.co.uk

Date of inspection visit: 11 June 2019

Date of publication: 08/08/2019

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The 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. The service was inspected in July 2018 at which time they were found to be meeting regulations,

Summary of findings

but a rating was not given. 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 and provide a CQC rating.

This service is registered with CQC under the Health and Social Care Act 2008 for the provision of treatment of diseases, disorder or injury. There are some services provided by Ravenscroft Healthcare Bletchley which are out of scope of regulation; therefore, we were only able to inspect the GPs consulting clinics which offered treatment for musculoskeletal concerns (injuries and disorders that affect movement in the body) and health assessments.

The clinical lead 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 patient comment cards to be completed by clients in advance of the inspection. We received 23 completed comment cards, which were very positive about the standard of care received. Clients reported that they were listened to and provided with good information about the treatment they would receive. They reported that staff were efficient and caring.

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.
- Systems were in place to deal with some medical emergencies and clinical staff were trained in basic life support.
- 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. We saw that infection control, health and safety audits had been carried out as well as fire risk assessments.

- Patients were provided with information about their procedures, possible side effects and after care.
- Systems were in place to protect personal information about patients.
- An induction programme was in place for all staff and staff received induction training linked to their roles and responsibilities.
- Clinical staff were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The service encouraged and acted on feedback from patients. Patient survey information we reviewed as well as completed CQC comment cards demonstrated a high level of patient satisfaction with the service.
- Information about services and how to complain was available.
- The service had good facilities, including disabled access. It was equipped to treat patients and meet their needs.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- There were governance systems and processes in place to ensure the quality of service provision.

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

- Take action to include the sphygmomanometer and pulse oximeter in the equipment identified for calibration.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Ravenscroft Healthcare Limited

Detailed findings

Background to this inspection

Ravenscroft Healthcare Bletchley operates from a large single-story building on Westfield Road, Bletchley, Milton Keynes MK2 2RA.

The clinic offers a complete cycle of care; from initial assessment, the immediate treatment of pain and sports injury rehabilitation through to lifestyle changes and preventative exercise for complete body and mind well-being. The clinic is staffed by two GPs with specialist interests in Musculoskeletal (conditions affect the joints, bones and muscles, and also include rarer autoimmune diseases and back pain), six extended scope physiotherapists and one specialist scope psychotherapist.

Ravenscroft Healthcare is an independent provider who provides NHS funded care commissioned by Milton Keynes Clinical Commissioning Group (CCG). Patients can self-refer to this service, referrals are also received from GPs, consultants both NHS and independent as well as other health care professionals.

The Bletchley clinic is open from 8am to 6pm Mondays to Fridays, except for Wednesdays when the clinic is open until 7pm. Saturday opening times are from 9am to 3pm. The clinic has a central customer service team to manage appointment bookings and queries.

The inspection was led by a CQC inspector who had access to advice from a GP specialist advisor who attended the inspection.

Information such as quality improvement activities, management of incidents and complaints was received from the provider 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?

Our findings

We rated safe as Good because:

Safety systems and processes

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

- The service had appropriate systems to safeguard vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns. Staff provided an example of when they had utilised the adult safeguarding procedure. We saw that information regarding safeguarding was displayed in clinical rooms as well as being available electronically.
- Staff who acted as chaperones were trained for their role. The service recruitment policy requested staff to carry out Disclosure and Barring Service checks and we saw that all staff had received a DBS 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.)
- The service had a recruitment process which involved carrying out appropriate staff checks at the time of recruitment. We looked at records that confirmed that the recruitment process had been followed.
- We noted the last infection prevention and control audit had taken place in April 2019 and improvements identified for action had been completed, for example, the hand dryer needed replacing and this had been carried out.
- Staff ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, we noted that the service purchased a sphygmomanometer and pulse oximeter which had not been included in the calibration schedule. Following our inspection, the service manager confirmed that they had made arrangements for calibration to take place. There were systems for managing healthcare waste and we found that the segregation of clinical waste was managed effectively.
- We saw that the clinic had a policy for the management, testing and investigation of legionella (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.

Risks to patients

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

- The service was notified via the main referral service triage staff that decided what level of expertise was required. The service maintained appointments six weeks ahead and therefore the manager was always able to see if they were likely to breach the four-week waiting time and could increase their clinics and access locum staff if necessary.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We saw that the service had emergency medicines and equipment which were checked monthly and all staff were aware of where these were kept.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. We looked at files which demonstrated evidence of professional medical indemnity.

Information to deliver safe care and treatment

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

- We saw examples of individual care records which 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 clinic had systems for sharing information with the patient's registered GP and other agencies when required to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

Are services safe?

- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- We looked at a selection of Patient Group Directions (PGDs) used by clinicians to administer medicines, PGDs had been produced in line with legal requirements and national guidance. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We also saw standard operating procedures (SOPs) with a competency framework for injections.
- The practice had systems for receiving, disseminating and acting on patient and medicine safety alerts such as alerts received from Medicines and Healthcare products Regulatory Agency (MHRA).

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to environmental safety issues. For example, the service carried out fire, control of substances' hazardous to health (COSHH) as well as health and safety risk assessments.
- The clinic had arrangements in place to ensure yearly inspection of fire equipment such as fire extinguishers and weekly checks of fire alarms were carried out as well as six monthly fire drills.

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. We looked at records of significant events and saw that they had been addressed promptly and actions taken to prevent recurrence.
- 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, the service had noted that several pieces of information had not been highlighted and brought to clinicians' attention as they should have been in line with their protocols. Action had been taken and discussions had taken place with the source to ensure that this happened in the future.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff explained that in the event of unexpected or unintended safety incidents the service would provide affected people reasonable support information and a verbal and written apology and we saw examples of this.

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.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

- 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. These had produced the prompts for standard operating procedures (SOPs) and we saw examples of these on the service shared drive for procedures such as joint injections, recording of consent and cauda equina. (Cauda equina is a bundle of nerves below the end of the spinal cord).
- 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 they were able to access all diagnostic reports and information regarding tests carried out prior to attending the service.
- 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. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had carried out a range of audits including the number of patients who converted to surgery, joint injections and notes audit. The joint injection audit identified that there had been no adverse reactions or complications at four weeks post procedure. The audit on records identified that the next of kin was missing in approximately 10% of patients and this was highlighted for discussion with clinicians.

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. We looked at records to demonstrate that this had been followed.
- GPs were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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. Staff were encouraged and given opportunities to develop.
- The provider had a clear staffing structure that included senior staff and clinical leads to support staff in all aspects of their role.
- Doctors participated in peer review, ongoing-training and formal appraisals in line with NHS England requirements.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- There were clear protocols for referring clients to other specialists or colleagues based on current guidelines. When clients were referred to another professional or service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way.
- Systems were in place to support the sharing of patient treatment with their registered GP in line with General Medical Council (GMC) guidance. Records we viewed showed that there was contact with the patients GP for procedures where this would be advisable.

Supporting patients to live healthier lives

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

- Patients were provided with information about procedures including the benefits and risks of therapies provided. They were also provided with information on after care.
- We noted a range of information leaflets for patients to access on a variety of musculo-skeletal conditions.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The service obtained consent to care and treatment in line with legislation and guidance.

There was clear information available about the services provided. Staff obtained consent to care and treatment in line with legislation and guidance.

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. Clinical staff had received training on the Mental Capacity Act 2005.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The feedback from patients was positive about the way staff treat people. We noted during our inspection that staff were friendly and treated patients respectfully. They took time to assist them when necessary into the consulting rooms.
- We received 23 CQC comment cards where patients had reported experiences regarding the service received. Patients referred to respectful and friendly staff who put them at ease and how staff were caring and considerate.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients commented that the clinical staff gave them support and information and listened to them when explaining their condition and the difficulties they had been experiencing.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service provided patients with information regarding specific conditions and corrective procedures available.
- 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.
- Discussions with staff demonstrated that for patients with learning disabilities, carers were appropriately involved in their care.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The practice had made changes to the building to facilitate more privacy for patients, allowing each consulting room to be private with no partitioning as was previously the case.
- 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?

(for example, to feedback?)

Our findings

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 their patients and improved services in response to those needs. For example, appointments were available at later times on one evening and also on a Saturday.
- The facilities and premises were appropriate for the services delivered and all rooms were on the ground floor level.
- In the last year the service had made adjustments to the premises. They had carried out building work to convert all the previously open plan partitioned areas into individual consulting rooms. When making changes these changes to the premises they had made some larger rooms to allow easier access for patients with mobility aids.

Timely access to the service

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

- The clinic was open Monday to Saturday between 8am and 6pm except for Wednesdays when opening was between 8am and 7pm.
- Saturdays opening times were from 9am and 3pm.
- Appointment booking were managed centrally up to six weeks ahead via a central customer service team. Appointments could be changed online and follow up appointment were booked at the end of the patient's consultation.

- The service operated to a service level agreement which required all patients to be seen within four weeks which allowed patients timely access to initial assessment, test results, diagnosis and treatment.

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.

- All complaints were reported to the lead member of staff who had been identified to deal with complaints. There had been seven formal complaints received in the past 12 months. Records we viewed showed they had been investigated, responded to in a timely manner and learning had been shared with all staff.
- Information about how to make a complaint or raise concerns was available and 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 in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, they had changed the patient information leaflet and made changes in recording of information in response to complaints.
- The provider had carried out a patient satisfaction audit in June 2018. We saw the outcome of this audit which identified that whilst 100% of patients were satisfied with the overall treatment, there were areas where they could improve. These included that more information regarding procedures would be beneficial and that there was often a queue when checking in at reception. As a result, the practice implemented a self-service check-in facility and updated the information leaflets. These actions were carried out in July 2018.

Are services well-led?

Good 

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

Our findings

We rated well-led as Choose a rating because:

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. They had carried out work to improve relationships with secondary care and the CCG to develop and improve the services they provide. For example, they secured an early contract to enable them to continue and develop their systems and processes.
- Staff reported that the 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. This included, for example, plans to identify clinical speciality streams and encourage staff development in these areas.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them. They demonstrated a commitment to the service and to its maintenance and development.
- The service carried out audits on all changes implemented and monitored progress against delivery of their strategy.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued and that they enjoyed working for the provider work for the service.

- The service focused on the needs of patients. They continued to include ideas for improvements in their long-term plans, for example, planning for the introduction of a self-management app for patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the provider showed us several examples of where patients had complained or there had been a significant event where the patients had been contacted and an explanation given following investigation. 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 appraisals and the new practice manager had organised a schedule to continue these. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was an 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 felt they were treated equally.
- There were positive relationships between staff and teams.

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.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities. We noted there was an infection control lead and safeguarding lead.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The service had reviewed their standard operating procedures and added to them where they noted any changes necessary, for example regarding joint injections and cauda equina (Cauda equina is a bundle of nerves below the end of the spinal cord).

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 maintained a risk register which was reviewed and updated and we saw that this contained items which had been addressed or had dates for completion.
- 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. For example, we saw evidence of a conversion rate audit which had resulted in actions such as proactively seeking referral letter outcomes directly and seeking attendance of consultants at peer review sessions.
- The provider had plans in place and had trained staff for major incidents. We saw the service had a policy for dealing with major incidents, although we noted it did not contain contact details of all staff and utility providers. However, the practice addressed this and updated the policy. They provided evidence of the updated policy.

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 service held practice meetings monthly where quality and sustainability were discussed and 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
- 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. For example, patients were encouraged to provide feedback on the service they received. The service had analysed results from a patient survey they had conducted which were positive regarding the service received but highlighted some improvements that could be made. For example, patients had identified that a self-service check in would be helpful, as well as instructions on how to access the clinic when sending out appointments. We saw that the provider had addressed these issues.
- The service was transparent, collaborative and open with stakeholders about performance.
- They listened and implemented changes as a result of staff feedback. For example, staff had identified that administrative tasks had impinged on clinical time and the provider made changes in the clinical diary to address this. Staff had also identified that patients were concerned that conversations could be overheard due to consultation rooms being cubicles in the previous year and as a result the provider had undertaken work to transform cubicles into consulting rooms. Staff reported this was a great improvement and provided a better clinical environment for patients and we noted that clinical rooms were available and more suitable for patients.

Continuous improvement and innovation

Are services well-led?

Good 

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

There was evidence of 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. We saw they had reviewed these and that 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. We noted that the provider had commissioned the services of an external consultant to look at administration processes and streamline them in response to staff feedback.

There were systems to support improvement and innovation work. For example, the provider was exploring how they could introduce new service models such as video assessments and classes and the implementation of a digital app for aiding patients' self-management.