

# Sport Medicine Partners from Blackberry Clinic Lichfield Ltd.

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

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

**The key questions are rated as:**

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive at the registered location, Sport Medicine Partners from Blackberry Clinic Lichfield Ltd as part of our inspection programme. Sport Medicine Partners from Blackberry Clinic Lichfield Ltd is an independent provider of services to treat back pain and sports injuries services. They offer a range of specialist diagnostic services and treatments and physiotherapy. This service is registered with the Care Quality Commission in respect of the provision of treatment of diseases, surgical procedures, disorder or injury and diagnostic and screening procedures.

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.

A former partner at the practice is the registered manager at Sport Medicine Partners from Blackberry Clinic Lichfield Ltd. 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 gained feedback through ten comment cards completed by service users in the two weeks prior to the

inspection. Comments made were positive; the service was described as professional, providing timely excellent care and made specific reference to the friendliness of staff and to the health improvements made to them as individuals following their care and treatment.

**Our key findings were:**

- There were systems to assess, monitor and manage risks to patient safety.
- The service organised and delivered services to meet patients' needs.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Effective management oversight of systems to confirm ongoing monitoring, continuous learning and improved processes was evident.

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

- Implement the action plan in place following the infection prevention and control audit.
- Employ changes in order that treatments requiring blood taking, or acupuncture only take place in rooms with wipeable floor coverings.
- Document risk assessments for emergency medicines not held by the service. Risk assess the need for oxygen saturation monitors.
- Obtain contract cleaning staff training records to be held on site.
- Seek resolution from the landlord with regards to a trip hazard and stained carpeting.

**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 and a GP specialist advisor.

## Background to Sport Medicine Partners from Blackberry Clinic Lichfield Ltd.

The provider Blackberry Clinic Ltd is registered with the Care Quality Commission and provides regulated activities at 10 registered locations. The nominated individual and Medical Director, Dr Simon Petrides, established Blackberry Clinic 30 years ago with a vision of providing treatment for back, muscle and joint pain all under one roof. The provider also provides services to elite athletes such as members of premier league football teams. The services offered by the provider differ at each of the registered locations, but the provider services include:

- Musculoskeletal medicine consultants
- Sport and exercise medicine consultants
- Pain management consultants
- Physiotherapists
- Osteopaths
- Chiropractors
- Health screening and health assessment service in partnership with Bupa Health Clinics.

Sport Medicine Partners from Blackberry Clinic Lichfield Ltd receives either regular contact or monthly visits from the provider Blackberry Clinic Ltd with the Quality and Compliance Manager for all the provider group locations and an Area Manager for locations within the provider group. There is a clear organisational structure in place including human resources, recruitment, governance, policy and business development and strategy.

Sport Medicine Partners from Blackberry Clinic Lichfield Ltd provide musculoskeletal, sport and exercise medicine via a Consultant in Sport, Exercise and Musculoskeletal Medicine specialist including diagnostic consultations, joint injections as well as providing a physiotherapy service. They work together to optimise treatment for musculoskeletal pain and provide a recovery and rehabilitation service to patients from the surrounding area. The more common musculoskeletal injuries and symptoms they treat include:

- Back pain – muscular back pain, facet joint pain or pain from a prolapsed or herniated intervertebral disc (often called a slipped disc)
- Sprains (ligament injuries) e.g. shoulder, knee, elbow, wrist, hip and ankle sprains
- Strains (muscular injuries) e.g. hamstring, quadriceps and groin strains
- Tendonitis e.g. elbow or rotator cuff and Achilles tendonitis
- Stress fractures
- Sciatica
- Joint problems e.g. joint swelling, joint stiffness, joint pain and arthritis

The staff team at Sport Medicine Partners from Blackberry Clinic Lichfield Ltd consists of:

- Clinic centre and registered manager
- Consultant in Sport, Exercise and Musculoskeletal Medicine
- Team of physiotherapists
- Two receptionists
- Contract cleaner

The clinic premises are leased and provided from Lombard Street in Litchfield, Staffordshire. The opening hours at the clinic centre are Monday, Tuesday and Thursday, 9am to 8pm, Wednesday from 9am to 5pm and Friday, 9am to 1pm. The service operates from the ground floor of a shared leased building with level access for patients. The service had a waiting room, three consulting rooms, three treatment rooms, toilets and a rehabilitation room. The cellar area was locked and used as storage for cleaning equipment.

There is a public short stay car park near to Lombard Street with local charges applied which patients could access and Litchfield railway station was within a mile of the service.

More information can be sourced via their website: [www.blackberryclinic.co.uk/clinics](http://www.blackberryclinic.co.uk/clinics)

# Are services safe?

## We rated safe as Good because:

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

## Safety systems and processes

### The service had 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; these clearly outlined 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. Staff received training in awareness of Female Genital Mutilation, but this was absent from the policy we reviewed. Immediately following the inspection, the provider forwarded assurances that this was in place.
- The service worked with other agencies to support patients and protect them from neglect and abuse. 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. (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 a system in place to manage infection prevention and control. A hand hygiene audit was last completed on 1 August 2019 and an audit was completed for each staff member on various dates. The last infection prevention and control audit took place on 21 March 2019. However, the action plan following the last two audits had not been completed. for example there was no sanitary ware bin for the ladies toilet area. During the inspection measures were put in place to rectify this omission. The provider was aware of the

need to replace chairs which had broken fabric and which staff could no longer wipe clean. The provider leased the building and had planned meetings with the landlord to discuss areas for repair which included a raised area of flooring and trip risk hazard within the hallway to the toilets and inner hallway stained carpeting as well as general décor updates. The provider had recently engaged a contract cleaning company and at the time of the inspection the contract cleaning staff training records were not held on site. The registered manager during the inspection contacted the company for these records to be forwarded and copies would be maintained on site.

- The registered manager advised that they would ensure that treatments requiring blood taking, or acupuncture only take place in rooms with wipeable floor coverings.
- 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 considered 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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had professional indemnity arrangements in place for the GPs who conducted treatments and had a system in place to check the insurance providers for the consultants who provided outreach clinics.

## Information to deliver safe care and treatment

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

## Are services safe?

- 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 ceased trading. All records were held electronically.
- 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, including emergency medicines and equipment minimised risks. However, we saw no risk assessments for emergency medicines not held at the location, these included for example a medicine used in the event of a seizure. We spoke with the Quality and Compliance lead who advised on the various activities undertaken at its 10 locations and that based on these activities the emergency medicines held differed. They advised this would be escalated to the medical director and clinical teams to be discussed at their medical advisory committee meeting and actioned. Following the inspection, the provider informed us that the decision had been taken to hold the same emergency medicines at each of their registered locations and any medicines not held would have a clinical risk assessment.

- The service received, monitored and managed patient safety alerts.

- Clinical staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The last medicines register audit check took place on 30 July 2019 with a re-audit date set as 30 October 2019.

### Track record on safety and incidents

#### **The service had a good safety record.**

- There were completed risk assessments in relation to safety issues, for example a health and safety audit took place as a hazard spotting audit monthly and the last report was dated 19 July 2019. The last general risk assessment had been completed on 21 August 2018. An external company completed the portable appliance testing which was next due in September 2019.
- 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 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.
- 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 in place for knowing about notifiable safety incidents.

# Are services effective?

## We rated effective as Good because:

- The service organised and delivered services to meet patients' needs.

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make 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. 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 a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw that improvements had been made because of audit; examples included: Clinical notes; Clinical waste; Consent forms; Medicine Management audit; Infection Control audit; Patient Reported Outcomes Measures (PROMs) at three, six and twelve Months

## 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 newly appointed staff.
- Relevant professionals 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.

**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. Appointments to attend for procedures were made in advance and the service ensured they were appropriately staffed to meet their needs.
- Before providing treatment, clinical staff at the service ensured they had been provided with adequate knowledge of the patient's health, any relevant test results and their medicines history.

## 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Staff provided patients with literature on their procedure and post procedural advice and support information.

## 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.

The service monitored the process for seeking consent appropriately.



# Are services caring?

## We rated caring as Good because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

### Kindness, respect and compassion

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

- Feedback from patients was positive about the way staff treat people
- 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.
- All 10 patient Care Quality Commission comment cards we received were very positive about the service experienced.

### 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 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 enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, large font materials could be made available.

### 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.
- Room engaged signs were to be introduced to inform others that treatment rooms were in use to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- Patients could access care and treatment in a timely way.

### 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, as each of the provider locations had developed so had the provider services available to patients in these locations.
- The facilities and premises were appropriate for the services delivered.

### Timely access to the service

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

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that access to the service was timely.
- Positive comments were made by patients in the completed CQC comment cards regarding timely access to the service.

Results from an internal patient survey carried showed patient feedback was very positive when asked about their

satisfaction with the service. Between January and March 2019, the service had had 12 responses in the form of comment cards to their patient satisfaction questions. For example:

- 11 out of 12 patients were highly likely to recommend the service and one likely to recommend.

### 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. These were reported centrally to the provider and designated lead for managing complaints.
- 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 a complaint policy and procedures in place. The service had not received any complaints at the time of the inspection. We saw that the provider service recorded complaints and learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care and shared the learning across all locations.



# Are services well-led?

## We rated well-led as Good because:

- Effective management oversight of systems to confirm ongoing monitoring, continuous learning and improved processes was evident.

## Leadership capacity and capability;

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

- The provider had effective processes to develop leadership capacity and skills, including succession planning and for the future developments of the service.
- The registered manager was 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.

- Sport Medicine Partners from Blackberry Clinic Lichfield Ltd and the provider Blackberry Clinic Ltd management team had a clear strategy to consider additional services that could be provided from the building should patient numbers increase to further enhance the service provided to referred patients.
- The provider vision included: “Being experts in treating acute and chronic back pain, muscle sprains and strains, arthritis and many other joint conditions causing pain. We offer a full

service for treatment and rehabilitation of sports injuries for all levels of sportsmen and women. We offer a health screening and health assessment service in partnership with Bupa Health Clinics.”

## Culture

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

- The service focused on the needs of 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. 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. Staff received regular annual appraisals.
- 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.

## 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. Staff had clear roles and accountabilities. Service had a Quality and Compliance Manager who attended each location within the provider group and completed various audits and quality initiatives.
- 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 performance, for clinical staff this included direct observation of procedural skills (DOPS). Various aspects of the clinician’s skills were assessed using a five-scale system. A skills log was completed denoting competency and any requirements for further supervision or training needs which would then be addressed.
- Leaders had oversight of 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.

## Are services well-led?

- The provider had plans in place and staff were aware of what to do in the event of a major incidents as outlined in their business continuity plan.

### **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 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.

### **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.**

- Patient feedback was captured and used to shape services and culture.
- The service was transparent, collaborative and proactive in finding data to benchmark performance.