

# The Keep Clinic

## Inspection report

The Old Barracks  
Sandon Road  
Grantham  
NG31 9AS  
Tel:

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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 to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall. This was the first inspection since registration with the CQC.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Keep Clinic as part of our inspection programme.

The Keep Clinic offers a musculoskeletal service provided by consultants from MSK Doctors, who specialise in the management of bone, joint and muscle conditions.

The practice manager 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.

10 people provided feedback about the service during our inspection. All patients were very positive regarding the standard of care they received from staff at the service.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff treated patients with kindness and respect and involved them in decisions about their care.
- The practice organised services to meet patients' needs. Patients could access care and treatment in a timely way. This had continued during the Covid-19 pandemic.
- Effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.

**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 specialist advisor.

## Background to The Keep Clinic

The Keep Clinic Limited is registered with the Care Quality Commission to provide services from The Old Barracks, 41 Sandon Road, Grantham, NG31 9AS.

The provider, MSK Doctors & Associates Limited, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and surgical procedures from the location.

The Keep Clinic offers a musculoskeletal service provided by consultants from MSK Doctors, who specialise in non-surgical and surgical management of bone, joint and muscle conditions. They provide treatment for adults only.

Patients are seen on an appointment basis Monday to Friday 9am to 5pm with evening and weekend appointments on request.

The staff team consists of two consultant orthopaedic surgeons, a nurse, a physiotherapist, a sports scientist, administrative staff and the practice manager. The service is located on bus routes and car parking is available on site. Patient treatment rooms are on the ground floor and there is an accessible disabled toilet and baby changing facilities available.

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information which was provided by the provider prior to the inspection taking place.

During the inspection:

- we spoke with staff
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## **We rated safe as Good because:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service 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. A safeguarding lead was in place.
- Staff who acted as chaperones were trained for the role and had received a DBS check. A chaperone policy was also in place to provide staff with extra guidance in this area. A notice offering chaperones to patients was displayed in the reception area. A chaperone register was completed for each appointment that a chaperone was present at.
- There was an effective system to manage infection prevention and control. The premises were clean and well maintained. Staff received infection control training and an infection control lead was in place. Infection control policies were available to staff and regular infection prevention audits took place of all parts of the premises. A handwashing audit also took place every six months. Patients commented positively on the infection control arrangements in place to minimise the risk of Covid-19 infection.
- A legionella risk assessment had been completed and actions identified. Most of these had been completed but one action had not regarding adjusting the temperature of water to some outlets to minimise the risk of legionella. We were advised that the landlord had been contacted but had not taken action. The provider agreed to re-contact the landlord.
- 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.
- There was an effective induction system for new staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Staff were trained in basic first aid and life support.
- There were appropriate indemnity arrangements in place for the organisation and individual clinicians where appropriate.

# Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## Information to deliver safe care and treatment

### 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. A selection of care records was audited each month to monitor the completeness of records.
- 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 medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Few prescriptions were issued but an audit was completed each month to monitor this area.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There 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. Following an incident which took place when a patient was using equipment at the service, additional safeguards were put in place to minimise the risk of a similar incident occurring in the future.

# Are services safe?

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as Good because:

- Patients received effective care and treatment that met their 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).**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. Any changes to guidance or treatment options were discussed at the service's regular Medical Advisory Committee (MAC) meetings. This included changes to NICE and GMC guidance.
- 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.
- Staff assessed and managed patients' pain where appropriate.
- The service offered a range of surgical and non-surgical treatments to improve outcomes for patients. The assessment and treatment of conditions was carried out through a multi-disciplinary team approach including the doctors, nurse, physiotherapist and sports scientist.

## 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.
- The consultants peer reviewed each other's work and they were both also employed in the NHS where their work was reviewed as part of the appraisal process.
- Patient feedback, including online reviews and complaints, was discussed at MAC meetings to identify where any improvements to care and treatment could be made.
- Staff also shared practice in the quarterly clinical governance meetings and in their roles at local NHS and private hospitals.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. 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

# 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.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately. A sample of consent forms were audited each month.

## **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. This included advice on healthy living to optimise treatment outcomes. Blood pressure monitoring had been introduced as part of the new patient assessment process to identify any patients at risk in this area.
- 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.
- The service provided access to videos of treatment options and checked patient understanding of procedures through the use of questionnaires.



# Are services caring?

## **We rated caring as Good because:**

- Staff treated 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.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. Patients were positive about the kind and caring behaviour from clinical and non-clinical staff throughout their treatment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff completed equality and diversity training and a policy provided staff with support in this area.
- The service gave patients timely support and information. Information on treatment and services was detailed and clear. Information was available on the provider's website and in person at the clinic.

### **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 could be made available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us that they felt listened to and supported by staff. They told us that treatments were clearly explained, and they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs we were told that family, carers or social workers would be appropriately involved.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. The premises were set out so that patient's privacy and dignity could be protected.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

- The practice organised services to meet patients' needs. Patients could access care and treatment in a timely way. This had continued during the Covid-19 pandemic.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Both face to face and remote consultations were available to patients.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. A complaints notice was displayed in the reception area and information was also on the provider's website.
- 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 formal complaints but had processes in place whereby staff could learn lessons from individual concerns and complaints. Complaints would be reviewed monthly to identify any trends which could be learned from.

# Are services well-led?

## **We rated well-led as Good because:**

- Effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.

### **Leadership capacity and capability**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### **Vision and strategy**

#### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service's vision was, 'MSK Doctors offer world class excellence in personalised medicine.' The service's mission was, 'To provide a personalised and honest approach to health care.'
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- Staff felt respected and valued. They were proud to work for the service. Staff felt they worked together effectively and were well supported by the practice manager.
- 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. A whistleblowing policy was in place.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### **Governance arrangements**

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

# 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 partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities and were aware of other staff members' areas of responsibility.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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 their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. Clinical outcomes were monitored using Patient Reported Outcome Measures (PROMs) which measure health gains following procedures, for example, knee and shoulder treatments.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, 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 patients, staff and external partners and acted on them to shape services and culture. Patients were encouraged to give feedback on each appointment and the provider planned to carry out their annual patient survey in December 2021.
- A 'bionic joint patient group' had been set up where patients could share tips and feedback following surgery.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

## Continuous improvement and innovation

# Are services well-led?

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. A number of surgical and non-surgical assessment and treatment techniques were practised by clinicians.
- Non-surgical treatments included steroid and local anaesthetic injections, bracing (the use of support for weak or injured joints), blood flow restriction training (cuffs are placed which allow patients to perform low-load exercises improving muscle condition and strength) and ankle robot rehabilitation (interaction between the patient and a robotic system to improve the walking ability of patients). Physiotherapy is also available at the service.
- The service also used force plate testing (equipment that provides an image of the distribution of force applied to each part of the foot during movement and allows comparison between both feet) to monitor rehabilitation and a patient's response to treatment. Knee kinesiography (motion technology that captures a patient's movement when walking and running on a treadmill) was used to detect, analyse and diagnose conditions.