

Cotswold Health

Inspection report

105-107 Bath Road

Cheltenham

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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 provider 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 inspection at Cotswold Health, on 23 January 2020 as part of our inspection programme.

Cotswold Health is a musculoskeletal service run by a sole practitioner, Dr Thomas Jenkins. Dr Jenkins is a qualified General Practitioner. Cotswold Health provides musculoskeletal services to adults. Cotswold Health is registered to provide service to children but has not yet had occasion to do so. The provider treats private patients only.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the provider. 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 provider is run.

Our key findings were :

- The care provided was safe. There were systems for reporting, investigating and learning from incidents. The provider was trained to the correct level in safeguarding. Medicines were managed appropriately.
- Patients surveyed said that they were dealt with kindness and respect and involved in decisions about their care.
- The provider worked with other providers, including NHS providers. There was provision for peer review and learning from other professionals in the field.
- There was innovation such as the recognition of new diagnoses and of the impact specialist research in areas such as sports injury.

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 included a CQC GP specialist adviser.

Background to Cotswold Health

Cotswold Health

Cotswold Health

105-107 Bath Road,

Cheltenham,

Gloucestershire.

GL53 7LE

01242228019

This provider was set up and registered with the Care Quality Commission in February 2019. Cotswold Health provides musculoskeletal services to adults, generally in the form of joint injections. Cotswold Health is registered to provide services to children but has not yet had occasion to do so. The provider treats private patients only.

The provider comprises a sole practitioner, Dr Thomas Jenkins. Dr Jenkins is a qualified General Practitioner and works from a rented room in a building occupied by a local private physiotherapy service. The physiotherapy service has a reception area and reception staff who are used by Cotswold Health.

The provider is open on Thursday afternoons as required and is also able to do domiciliary visits. Currently the provider has a very small number of patients each of whom are seen about 20 times annually.

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

We reviewed information from the provider including evidence of staff qualifications and training, audit, policies and the statement of purpose.

We interviewed Dr Jenkins, we talked with the manager of the private physiotherapy service and the receptionist, reviewed documents and inspected the facilities. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received no comment cards.

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:

Safety systems and processes

The provider 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. The provider rented a single room within a local physiotherapy service. The provider liaised with the practice manager from physiotherapy service to help ensure that risks, such as legionella and fire, were mitigated and regularly reviewed. However the provider had their own policies and risk assessments.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. There were systems to safeguard children and vulnerable adults from abuse. Dr Jenkins had completed training in safeguarding vulnerable adults and children to level 3.
- Whilst the provider had not seen any children there were systems and policies to protect children. For example, a policy to provide assurance that an adult accompanying a child had parental authority and a protocol to meet any children on their arrival rather letting them to wait in the reception area.
- The only staff member had received a disclosure and barring service check (DBS). The provider did not employ any staff. (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.
- There had been no occasion when a chaperone had been required. The provider told us that, it was unlikely that such a need would arise, however they had made arrangements with physiotherapy service to secure a trained chaperone should it do so. We checked with the physiotherapy service and trained chaperones were available.
- There was an effective system to manage infection prevention and control. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the provider 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.
- The provider 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.
- There were appropriate indemnity arrangements in place.

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.
- The provider had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The provider had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines minimised risks. The provider kept prescription stationery securely and monitored its use.
- The provider carried out regular medicines reviews to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were processes were for checking medicines and staff kept accurate records of medicines.

Are services safe?

Track record on safety and incidents

The provider had a good safety record.

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

Lessons learned and improvements made

The provider had systems to learn and make improvements if things went wrong.

- There was a system for recording and acting on significant events. The provider understood their duty to raise concerns and report incidents and near misses.

There had been no unexpected or unintended safety incidents, during the last year, however the provider had arrangements to:

- Give affected people reasonable support, truthful information and a verbal and written apology and
- Keep written records of verbal interactions as well as written correspondence.

The provider had a system to receive safety alerts. The provider worked as GP in General Practice and as a GP in Out of Hours services. They were able to tell us about external safety events as well as patient and medicine safety alerts.

The provider was aware of the requirements of the Duty of Candour. There had been no unexpected or unintended safety incidents, since the provider had registered with the Care Quality Commission in February 2019, however the provider had arrangements to:

- Give affected people reasonable support, truthful information and a verbal and written apology and
- Keep written records of verbal interactions as well as written correspondence.

Are services effective?

We rated effective as Good because

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.
- The provider was a GPs with Extended Roles (GPwERs). A GPwER is a GP who undertakes, in addition to their core general practice, a role that is beyond the scope of standard GP training and requires further training. The provider worked as GPwER in the local NHS musculoskeletal services. They sat as a member of the expert committee for the area, who determined the acceptable treatment, for what musculoskeletal condition and for which body joint.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider was involved in quality improvement activity.

The provider used information about care and treatment to make improvements. The provider had begun to make improvements through audit. However, as the provider had only been registered for eleven months there had not yet been the opportunity to repeat audits to monitor improvements.

There was evidence that audit had begun to make a positive impact. There had been an audit of consent to treatment. This showed that all the interventions had been carried out only after informed consent had been obtained.

Other audits included, but were not confined to, checking that medicines were prescribed in accordance with guidelines and ensuring prescriptions had been completed in accordance with the provider's policy.

Effective staffing

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

- The provider was appropriately qualified. The provider understood their learning needs and met them. For example, the provider had recently attended an Institute of Sports Injury Conference and had learned about the increased risks of injury to female athletes in training during certain phases of the menstrual cycle. The information had been used to better inform appropriate patients.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. For example, in communicating with the patients' GPs so that related treatments could be coordinated.
- Before providing treatment, the provider 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.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, letters were sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.

Are services effective?

- 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

The provider was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the provider gave people advice on self-care and helping to maintain healthy joints.
- 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 provider, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The provider 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 provider monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The provider sought feedback on the quality of clinical care patients received as well as their general satisfaction with the service.
- Feedback from patients was positive about the way they were treated.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider 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.

- There were interpretation services 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. The provider used models and schematics to explain how body joints functioned and the treatments worked
- Feedback that the provider received from patients indicated that they felt listened to, supported and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider regularly used patient feedback forms. The feedback provided was 100% positive. There were also individual comments about the caring attitude of the provider, the explanations provided and the involvement of patients in the decisions.

Privacy and Dignity

The provider respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The provider 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. For example, each patient had a 30 minute appointment which could be extended if necessary
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The consulting room was on the ground floor and there was wheelchair access throughout the building. The toilets were adapted with support rails so that people with musculoskeletal conditions were better able to manage in them.

Timely access to the provider

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. The provider had a complaint's policy and procedures. There had been no complaints since the provider registered with the Care Quality Commission. The provider's procedures allowed for lessons to be learned from complaints.

Are services well-led?

We rated well-led as Good because:

Due to the nature of the provider's organisational structure, the areas where the Care Quality Commission would look for evidence of leadership, such as staff meetings and staff/manager relationships, was not available. However, there was other evidence to support that the provision of services was well led.

Leadership capacity and capability;

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The nominated individual was the only person employed at Cotswolds Health.
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The main challenge that the service was operating on a very small scale. There were plans to encourage growth through limited marketing. Should the service grow there were policies and processes already in place to recruit staff and complete for example, induction, so that growth would not be hindered because the service was unprepared.

Vision and strategy

The provider 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. These included providing high quality, safe, professional primary care musculoskeletal (MSK) services.
- The provider had a realistic strategy and supporting business plans to achieve priorities.
- The provider monitored progress against delivery of the strategy. For example, there were plans to review the progress of the provider after a year.

Culture

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

- The provider focused on the needs of patients.
- 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.
- The provider had completed an annual appraisal and revalidation. They were aware of the need for continuous professional development. They had attended professional conferences, they were providing musculoskeletal (MSK) services within the NHS, these services were peer reviewed regularly. The treatments provided in NHS practice and in Cotswold Health were compared to help ensure that the right treatments were provided to the right patients and in a timely manner.
- There was a strong emphasis on the safety and well-being. There was a lone working policy. The provider actively promoted equality and diversity. The provider 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. For example, treatments were peer reviewed by colleagues in NHS services to help ensure that they were the most appropriate and up to date.

Are services well-led?

- The provider 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. For example, there was a risk assessment and management policy, a lone working policy and a management of emergencies during consultations policy. There were timescales for their review. The provider had monthly meetings with the physiotherapy service who hosted the provider. They discussed areas such as health and safety, infection prevention control, fire safety, legionella risk assessment and staff training. There had been changes, such to the layout of the providers' room and risk assessments for reception procedures as a result of the discussions.
- There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The provider 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 provider submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider had adapted systems to help ensure compliance with recent changes to data protection legislation and IT industry standards.

Engagement with patients and external partners

The provider involved patients and external partners to support high-quality sustainable services.

- The provider encouraged and heard views and concerns from patients and external partners and acted on them to shape services and culture.
- The provider was transparent, collaborative and open with patients and external partners. The provider regularly used patient feedback forms. The feedback provided was 100% positive. There were also individual comments by patients these included comments about the caring attitude of the provider and the availability of the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. We saw examples of innovation. For example, the provider worked with a national charity promoting rowing in Britain. As a result, they had become aware of a new condition affecting the hip joint. This awareness had led the provider to diagnose the condition under circumstances where it might have otherwise gone unrecognised.