

# Blackberry Clinic Limited - Croydon

## 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 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 an announced comprehensive inspection at Blackberry Clinic Limited – Croydon on 9 June 2022 to follow up on the breaches identified during the last inspection in August 2019 relating to recruitment checks, infection prevention and control, emergency medicines and equipment and staff training. At this inspection, we found that the provider had made the necessary improvements.

Blackberry Clinic Limited – Croydon is an independent provider of services and provides treatments for acute and chronic back pain, muscle sprains and strains, arthritis and joint conditions causing pain. They provide treatment and rehabilitation for sports injuries, a health screening and health assessment service and a range of specialist diagnostic services and treatments, which include x-ray, joint injections and physiotherapy.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Blackberry Clinic Limited - Croydon is registered in respect of the provision of treatment of diseases, disorder or injury; diagnostic and screening procedures. Therefore, we were only able to inspect the health screening service as well as clinical consultations, examinations and treatments in musculoskeletal and sports medicine.

The centre 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.

## **Our key findings were:**

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and monitored.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency (MHRA).
- Staff had the skills, knowledge, and experience to deliver effective care and treatment. Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.
- Information about services and how to complain was available and easy to understand.

# Overall summary

- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken, and reports collated from the findings and action taken where required.

There were areas where the provider **should** make improvements are:

- Consider undertaking a detailed legionella risk assessment.
- Consistently check the expiry dates of medicines.
- Consider holding clinical meetings.
- Provide equality and diversity training for all members of staff.

**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.

## Background to Blackberry Clinic Limited - Croydon

Blackberry Clinic Limited – Croydon is located at 308 Thornton Road, Croydon, Surrey CR0 3EU. The provider Blackberry Clinic Limited has 11 other clinics located across the south of England and in Scotland. These locations are registered separately with the CQC. The service website can be accessed through the following link [www.blackberryclinic.co.uk](http://www.blackberryclinic.co.uk)

The provider had moved location since the last inspection.

The provider offers specialised treatment for musculoskeletal conditions including back pain, sports injuries and chronic pain conditions to mainly for adults over the age of 18. They also offered services including pain management, physiotherapy, osteopathy, chiropractic, podiatry, chiropody, and a health assessment service through another provider.

The service is open between 8am and 4pm Monday to Friday and closed on weekends. Patients who need to contact the clinic outside of the core business hours are given out of hours contact details.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with a consultant in sport and exercise medicine, centre manager, quality and compliance manager and quality and compliance officer remotely through video conferencing.

During our site visit we:

- Spoke with staff (consultant in sport and exercise medicine, general practitioner, centre manager, quality and compliance manager, quality and compliance officer and a health advisor).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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:

*Improvements had been made since the last inspection: The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control and reliable systems in place for appropriate and safe handling of medicines.*

## Safety systems and processes

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

- The service had clear systems to keep people safe and safeguarded from abuse.
- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed. These policies were accessible to all staff.
- The provider informed us they had not made any safeguarding referrals in the last year. However, the provider was able to share with us details of a safeguarding referral they made in another clinic under their management.
- Safeguarding policies did not have information on the lead names and details of local authorities to refer to. However, they had a safeguarding poster displayed in their clinics with a flowchart of what staff had to do if they witnessed a safeguarding concern, contact details of local and national safeguarding lead names and contact details of local authorities.
- We found the health advisors were trained to safeguarding children level two and other clinical and management staff were trained to safeguarding children level three. Staff we spoke to in general knew how to identify and report concerns. One of the staff we spoke to were not able to give us an example of a safeguarding concern; however, they knew how to seek support if they came across a safeguarding concern. The centre manager was trained to level four safeguarding and there was a clinician trained to level four safeguarding available at a corporate level for referral and discussion of cases where required. Staff told us that they also see patients under the age of 18. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The service had systems in place to assure that an adult accompanying a child had parental authority when they attended.
- 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 had recruitment procedures to ensure staff were suitable for the role and to protect the public. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We looked at staff recruitment files for clinical and non-clinical staff and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The provider's policy was to request DBS checks for all staff working in the service. 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 professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.
- The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. The provider carried out regular infection prevention and control (IPC) audits and hand hygiene audits. The premises were clean and tidy.
- There were systems for safely managing healthcare waste. The provider undertook waste disposal audits on a quarterly basis.

# Are services safe?

- We saw sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. Staff had access to sharps injury protocol which provided staff with quick access to information on the steps to be taken in the event of a sharps injury. The provider informed us that they had made changes to their sharps injury protocol following needle stick injuries in their clinics. A poster was displayed in the consulting and treatment rooms which included a flowchart on how to manage a sharps injury.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. We saw evidence that equipment had been undergone portable appliance testing and calibration where necessary.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. These risk assessments included fire and health and safety.
- A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had been carried out by the provider in November 2021; however, it was brief and they had not identified any actions. The provider had tested a sample of hot water from the premises for legionella in November 2021 which had not identified any legionella bacteria. They regularly checked hot and cold-water temperatures and flushed their taps.

## 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 induction system for all staff tailored to their role. Staff were given a generic induction of the building and required to complete training the provider deemed mandatory which included basic or intermediate life support, fire safety, manual handling, information governance and health and safety.
- Clinicians and health advisors undertook comprehensive role specific inductions. Health advisors had two-week, three month and six-month competency reviews where they were observed in practice.
- There were full competency reviews of all staff undertaken on a minimum of an annual basis. These were documented and any areas for consideration or further training were noted.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were emergency medicines in place and the medicines we checked were in date. However, diclofenac (a medicine used for analgesia) was not stocked as part of their emergency medicines in line with their own policy. Following the inspection, the provider informed us that they had reviewed their risk assessment and decided not to stock this medicine as part of their emergency medicines and sent us evidence to support this. We reviewed the risk assessment and found it to be satisfactory.
- The service had a defibrillator and oxygen in case of an emergency. Medicines and equipment were reviewed weekly to ensure they were in date and in a suitable condition to use.
- The provider completed a daily and weekly checklist which included checks for oxygen, defibrillator, nitrous oxide, cleaning of the facilities, temperature of the medicine cupboards and cleaning of equipment.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Staff were knowledgeable about which treatments were covered by their insurance and would refer patients back to their GP if they had any concerns.
- The provider had a detailed staff handbook for managing their service during the COVID-19 pandemic. The provider completed a pre-appointment COVID-19 screening for patients and measured and recorded the temperatures of staff and patients on entry.

## **Information to deliver safe care and treatment**

# Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the service recorded the patient's GP details and requested consent for information sharing purposes when required. We saw examples of when the service had referred patients back to their GP for further investigation.
- New patients to the service were required to complete a registration form before the first appointment with the service.
- Clinicians made appropriate and timely referrals where required 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 and equipment minimised risks.
- Staff did not regularly prescribe medicines to patients with the exception of pain killers. If doctors thought a medicine would be beneficial, they would refer them back to their GP. Processes were in place for checking medicines and staff kept accurate records of medicines, such as emergency medicines records. However, we found a pack of lidocaine (a local anaesthetic) which expired in May 2022. During the inspection, the provider discarded the expired medicine and replaced it with a new one.
- There were effective protocols for verifying the identity of patients including children.

## **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 undertook a monthly health and safety hazard spotting audit which included the areas general environment, equipment, fire, first aid, storage and sharps.
- 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 incidents and 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 acted to improve safety in the service. There had been no serious incidents within the service, however, they shared learning from other clinics under the same provider.
- 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 policy and process indicated the service would give affected people reasonable support, truthful information and a verbal and written apology where there were unexpected or unintended safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

## We rated effective as Good because:

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.*

## 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.**

- The provider assessed needs and delivered care in line with relevant and current national evidence-based guidance and standards. Where staff acted outside of NICE guidelines, this was justified and in the best interests of the patients.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service would refer patients back to their GP where required.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Staff had access to a visual analogue scale to measure pain where required.
- The patients who attended the health assessment service were first seen by a trained health advisor who checked the patient's height and weight, measured blood pressure, carried out an electrocardiogram and took bloods as needed; the patients were then seen by the doctors and their results reviewed. As part of this health assessment, they provided patients access to helpful mobile applications, personalised coaching and information tailored to their own health, lifestyle and goals.
- The provider informed us they did not hold any clinical meetings as the doctors employed by the service worked part-time and it was difficult to arrange clinical meetings; clinical staff we spoke to informed us they were invited to staff meetings; however, they were unable to attend as they worked part-time. The provider informed us that clinical staff were sent staff meeting minutes, clinical updates and a monthly quality bulletin and clinical staff we spoke to confirmed this.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to monitor their service. The provider undertook regular audits in relation to consent for injections, clinical notes audits and medicines audits for all clinicians working at the service. However, the results of these audits were not consistently shared with the clinicians. Following the inspection, the provider informed us that they would arrange regular meetings with clinicians to discuss the outcomes of these audits.
- The provider also regularly obtained patient feedback which included outcomes for pain, mobility and lifestyle. The latest results for 2021 (65 patients) showed that 100% of patients had some improvement in their condition. For example, 44% of patients saw a great improvement in lifestyle and 30% saw a moderate improvement; 50% saw a great improvement in mobility and 21% saw a moderate improvement; 52% of patients saw a great improvement to their pain and 21% saw a moderate improvement.

## Effective staffing

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



# Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical 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. There was a training matrix in place to give the manager an overview of when training was due.
- There was an appraisal system in place and all staff had an annual appraisal completed.
- The service had developed a 'professional practice review' for all doctors working in their services to adequately assess the competence of their doctors. This was based on elements of the Joint Royal Colleges Physician Training Board assessment framework. The proformas for this included a workplace-based assessment, a clinical notes audit, direct observation of procedural skills and a skills log. These reviews were completed annually by the senior doctor.

## 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.
- Before providing treatment, the doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was evident on the new patient forms we reviewed and was recorded during the first consultation with a clinician.
- All patients were asked for consent to share details of their consultation when required; they had also considered the impact if patients refused to share the details.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate 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.
- The service had a detailed consent form for procedures that required consent and the provider regularly audited the consent process and use of consent forms.
- Verbal consent was documented in the patients notes.
- Staff supported patients to make decisions.

# Are services caring?

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

*The service sought to treat service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.*

### **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.
- The service completed audits of patient satisfaction. This was an ongoing process and was reported on every six months.
- The results for 2021 (65 patients) for the musculoskeletal and sports medicine part of the service showed that:
  - 96% of patients were likely to recommend the service.
  - 95% of patients were satisfied with their care.
- For the health assessment part of their service they obtained a Net Promoter Score (NPS) similar to the NHS Friends and Family Test; they obtained 59% out of a target of 65% between January and March 2022. The provider indicated that they had taken the following actions to improve their health assessment service:
  - Calls and emails for every patient prior to their appointment with detailed information about the clinic's location, public transport and parking arrangements.
  - Information cards provided for each patient about the customer satisfaction survey after their appointment.
  - Providing patients assistance with downloading the wellbeing mobile application whilst they were in the clinic if required.
  - A follow-up lifestyle call a month after their appointment to discuss their progress on the goals they had set during their health assessment.
  - Regular review of the NPS results and discussion with staff.

### **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, if this was required. This could be arranged in advance of a consultation.
- Feedback from patients shared with us by the provider indicated that the patients 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, easy read materials were available.

### **Privacy and Dignity**

# Are services caring?

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

- Staff recognised the importance of people's dignity and respect. There was a policy on dignity, care and protection of patients.
- 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 provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place, and it used service users' feedback to tailor services to meet user needs and improve the service provided.*

## 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, translation services were available.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.

## 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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 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. 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. There had been one complaint in the past 12 months. The provider informed us that learning from complaints was shared to staff across all their clinics. We saw examples of when the service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

# Are services well-led?

## We rated well-led as Good because:

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need.*

### Leadership capacity and capability

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

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager, quality and compliance manager and quality and compliance officer were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff commented positively on the leadership within the service and felt their concerns would be acted on.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- There was a management structure in place across the service and the provider. There were clear lines of communication between staff based within the service and the wider management structure.

### Vision and strategy

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

- The service told us they had a clear vision and ethos which was:

“We are experts in treating acute and chronic back pain, muscle sprains and strains, arthritis and many other joint conditions causing pain. We specialise in Prolotherapy. 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 another provider”.

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, supported and valued. They were proud to work for the service and reported they felt the service treated patients holistically.
- Staff we spoke to indicated they were provided with developmental opportunities and could progress in their role.
- The provider shared a monthly quality bulletin with staff which had updates in relation to safeguarding, infection prevention and control, staff training, clinical guidelines, medicines and safety alerts and incidents.
- The service focused on the needs of patients who wished to access their services. The service aimed to increase the physiotherapy and musculoskeletal service offered at the Croydon clinic as patient need increased.

# Are services well-led?

- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. Incidents were shared across all services to promote learning and to reduce the risk of repeated incidents.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations which happened on an annual basis.
- The service actively promoted equality and diversity. However, only the registered manager undertook the equality and diversity training. Following the inspection, the provider informed us that they would make this training available for all members of staff.

## 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 service had regular clinical governance meetings to discuss a range of topics relating to audits and quality improvement activities, updates on policies, safeguarding concerns, incidents, complaints, key performance indicators, patient feedback, staff training and medicines and safety alerts. These meetings were attended by the registered manager, quality and compliance manager and quality and compliance officer. Any updates for staff were shared in a timely manner.
- The provider had established policies, procedures and activities.
- The provider undertook an annual clinical governance self-assessment with covered areas including organisational structure and responsibility, clinical risk management, consultations and patient involvement, clinical audit, research and development, use of information, resources and staff management.

## Managing risks, issues and performance

### **There were 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.
- There was a clear task rota in place which also included review of fire equipment and fire alarms.
- The service had processes to manage current and future performance.

## Appropriate and accurate information

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

- There were regular staff meetings. Staff reported they were able to raise concerns. General clinical governance meetings were held monthly and feedback was given at site level.
- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.

## Engagement with patients, the public, staff and external partners

# Are services well-led?

**The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- Patients, staff and external partners' views and concerns were heard and acted on. The provider informed us they had made the following changes following patient feedback:
  - Courtesy calls and information sent to patients before their appointment with general advice and parking arrangements.
  - Additional clinics and arrangements in place for sports and exercise medicine consultants and musculoskeletal consultants working alongside during clinics.
- Staff reported their views were heard and they felt part of the team, involved in decision making and were happy to work at the service.

## **Continuous improvement and innovation**

**There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement within the service. For example, staff were given opportunities for development and encouraged to attend training courses.
- The provider had made improvements to the issues we had identified in their last inspection.
- The provider offered a prolotherapy (injections that work by stimulating the body to make new collagen fibres that strengthens the ligaments) service and they informed us that this service was only available in a few clinics across the country.
- The provider had plans to develop the service, based on patient need. For example, they had plans to offer an ear wax removal service in their clinics and informed us that the health advisors were being trained in ear wax removal and that the service will commence in the near future.