

# Broadgate Spine & Joint Clinic Limited

## Inspection report

65 London Wall  
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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.** Previous inspection 17 January 2019, when we found the provider was meeting the relevant standards.

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

Broadgate Spine & Joint Clinic Limited (the provider) offers private general practice appointments, including blood tests; dietary advice; psychiatric support; flu vaccinations; travel clinic, providing travel vaccinations; sexual health, such as pregnancy and sexually transmitted disease testing; and health screening including cervical and breast cancer screening. Services are provided only to adults, aged over 18 years.

We last inspected the service in January 2019, using our previous methodology. We found the provider was meeting the requirements of regulations, but we did not apply a rating. We carried out this announced comprehensive inspection on 30 September 2019, as part of our current inspection programme, to apply a rating.

## Our key findings were:

- The provider had good systems to manage risk so that safety incidents were less likely to happen. There were processes in place to ensure when incidents did occur they were investigated and learned from.
- Patients could access care and treatment from the provider within an appropriate timescale to meet their needs. Patients received coordinated and person-centred care.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- The provider had implemented appropriate policies for safeguarding of vulnerable adults and children, and all staff had received up-to-date safeguarding training appropriate to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- We saw no evidence of discrimination when making care and treatment decisions.

We received feedback from 50 patients using the service. Patients were consistently positive about the service they received, telling us that: they found it easy to access care, all staff treated them with dignity and respect and they felt involved in all decisions about their care.

**Dr Rosie Benneworth 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 GP specialist adviser and a practice nurse specialist adviser.

## Background to Broadgate Spine & Joint Clinic Limited

The service is provided from rented premises at 65 London Wall, London, EC2M 5TU. The provider is registered with the Care Quality Commission to carry out the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder; and injury.

The provider began operating in 2003 offering services relating to spine and joint conditions. It later introduced a general practice service which now predominates, accounting for 90% of the business. The business is currently being further reorganised.

The service is provided only to adults over the age of 18 and offers private GP appointments including: blood tests; dietary advice; psychiatric support; flu vaccinations; travel clinic, providing travel vaccinations; sexual health, such as pregnancy and sexually transmitted disease testing; and health screening including cervical and breast cancer screening. The service is not intended to provide care for patients with long-term health conditions. Details of the service can be found on the provider's website - [www.broadgategp.co.uk](http://www.broadgategp.co.uk)

The service operates Mondays to Thursdays between 8.00am – 6.30pm and Fridays between 8.30 am – 6.00pm. Standard appointments, 15 minutes long, are available throughout the day. In addition, patients may attend on a walk-in basis, but may be required to wait for the next available slot. An average of 400 patient appointments are provided per month. There is a lead GP and a consultant psychiatrist. Planned occasional absence is covered by locums. The administrative team is made up of a lead receptionist, who is currently training for the role of practice manager, and two receptionists.

Before visiting, we reviewed a range of information we hold about the service. The provider's lead GP, and administrative staff were present on the day of our visit. As part of the ongoing business reorganisation, the lead GP will be applying for registration as Registered Manager, replacing the current one. 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. The reorganisation was due to be finalised shortly after our inspection and involved new rooms at the location being taken over to be used for service provision.

During our inspection we:

- Spoke to the lead GP and service staff.
- Looked at information used to deliver the service and a sample of patients' healthcare records.
- Reviewed feedback from 50 patients who completed CQC comments cards as part of the inspection process.

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 and communicated to staff, including locums. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies had been reviewed in September 2019; the lead GP was the named lead for safeguarding issues. The policies outlined clearly who to go to for further guidance and to report concerns. We saw evidence staff had received training appropriate to their roles. The provider 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. Staff who acted as chaperones were trained for the role and had received a DBS check. The provider's chaperone policy had been reviewed in September 2019. Notices informing patients of the availability of chaperones were displayed.
- There was an effective system to manage infection prevention and control (IPC) issues. An IPC audit had been conducted in November 2018 and a further one was planned for shortly after our inspection, when the service's new rooms were due to be taken over. Staff, including those responsible for cleaning the premises, had received IPC training appropriate to their role. A detailed cleaning schedule had been introduced before our previous inspection and would be reviewed to include the new rooms. In addition, the provider had cleaning schedules for medical equipment, such as the ear irrigator and spirometer. Guidance on needlestick injuries had been drawn up. We saw evidence that the

building landlord had conducted legionella risk assessments in December 2017 and December 2018. Legionella is a bacterium that can contaminate water systems in buildings. The risk assessments included appropriate management plans and arrangements for sampling and testing.

- The provider ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Medical equipment had been inspected and calibrated and electrical equipment had been PAT tested and certified in September 2019. There were arrangements in place for safely managing healthcare waste generated by the service and by other healthcare providers operating in the building. The provider's clinical waste policy was up to date and was due to be reviewed shortly after our inspection when new rooms were taken over.

### Risks to patients

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

- There were arrangements for planning and monitoring the number of staff needed to provide the service. Occasional planned absences of the lead GP were covered by using a regular locum whenever possible. An effective 2-day induction process for agency staff had been introduced just prior to our previous inspection and a locum handbook had been prepared giving instruction and advice on service issues. If the lead GP was absent in unforeseen circumstances, for example due to ill health, we were told the service might close temporarily if the preferred locum was not available to cover. The provider only permitted one member of the administration team to be on holiday at a time. During busy periods, and when staff were absent due to ill-health, administrative staff worked additional hours to provide cover.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They had received training and knew how to identify and manage patients with severe infections, such as sepsis. In addition, there was guidance in the reception area to assist staff in identifying the symptoms.
- There were suitable medicines to deal with medical emergencies that were stored appropriately and which we saw were monitored monthly. We checked the

# Are services safe?

provider's emergency equipment, including the defibrillator, a device used to restart a person's heart, the pulse oximeter and emergency oxygen supply and found it was ready and safe for use. There was evidence that staff checked the equipment on a regular basis. We saw evidence all staff had received up to date training in basic life support.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate insurance indemnity arrangements in place for the clinicians.
- The provider had a business continuity plan, which had been updated since our last inspection to include emergency contact details for suppliers, contractors and staff. The lead GP told us hard copies would be made available to staff.

## **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 staff and other agencies to enable them to deliver safe care and treatment.
- The provider had arrangements in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if it ceased operating.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The provider's medicines management policy had been reviewed in October 2019.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current local and national guidance.

Processes were in place for checking and accurately recording medicines. Where there was a different approach taken from guidance there was a clear rationale for this that protected patient safety.

- The provider kept prescription stationery securely and monitored its use.
- The provider's vaccines fridge was monitored to ensure it was maintained at the appropriate temperature and the monitoring was recorded. No controlled drugs were kept at the premises.
- The provider had recently obtained a new records management system which allowed prescribing to be easily and closely monitored. The lead GP told us a prescribing audit was planned in relation to antibiotics to ensure prescribing was in line with best practice guidelines for safe prescribing.

## **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's health and safety policy had been reviewed in October 2018 and health and safety and fire safety risk assessments had been carried out in December 2018. These were due to be reviewed again, following the room reallocation after our inspection. Staff had received training in health and safety and fire safety. We saw records of weekly fire alarm testing and monthly fire safety and extinguisher checks carried out by the building landlord.
- The provider 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**

- There was a system for recording and acting on significant events. The provider's Significant / Critical Event toolkit had been reviewed in September 2019 and staff understood their duty to raise concerns and report incidents and near misses. The provider supported them to do so.
- The provider made improvements when things went wrong. Following an incident when a locum GP had failed to make notes of a patient consultation, the provider had introduced the new patient records management system, which ensured detailed records were kept of all patient interactions. The provider had

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revised its significant events policy to ensure more information was recorded for each event and all staff had received further training to recognise and deal with vulnerable adults.

- The provider was aware of and complied with the requirements of the Duty of Candour - a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The provider encouraged a culture of openness and honesty. The provider had systems in place for identifying and reporting notifiable safety incidents.

- When there were unexpected or unintended safety incidents, the provider gave affected people reasonable support, truthful information and a verbal and written apology. It kept written records of verbal interactions as well as written correspondence. The provider acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence that alerts, such as those issued by the MHRA were received and reviewed by the lead GP and that effective systems were in place for these to be disseminated to staff and locums.

# 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. These included, where relevant, National Institute for Health and Care Excellence (NICE) best practice guidelines. The service was not intended for use by patients with long term health conditions.

- 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. Clinicians could access details of previous patient consultations and previous prescriptions provided to patients.
- Staff assessed and managed patients' pain where appropriate.
- The provider used the City and Hackney Clinical Commissioning Group's guidelines in relation to anti-biotic prescribing.
- The provider had recently introduced a new patient records management system. The new system offered greater control over all patient-related activities, including controls to ensure that full records were kept of patient interactions and all prescribing decisions.

### Monitoring care and treatment

We saw the provider had undertaken a range of quality improvement activities.

- The provider carried out regular monitoring of all medicines stocked, most recently in June 2019. Where any medicines were due to expire, prior to the next review, coloured tabs were attached to the container to ensure that soonest expiring stocks were used first. In addition, it had carried out regular audits of cervical screening tests results, and we saw that an audit of co-amoxiclav prescribing (an antibiotic from the penicillin group of medicines) was planned. There was ongoing quality improvement activity involving peer reviews of medical notes.

- The provider made improvements using completed audits, which had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

### 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 and an ongoing training programme.
- Appropriate professional registration was maintained with up to date revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of staff members' skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop, for example the lead receptionist was undertaking practice management training.
- The lead GP, whose role included immunisations and cervical screening, had received specific training and could demonstrate how they maintained up to date knowledge.

### 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, for example when referring patients to specialist services.
- Before providing treatment, staff ensured they had adequate knowledge of the patients' health, any relevant test results and their medicines history.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider used the services of a consultant psychiatrist in relation to patients who might be in vulnerable circumstances.
- Patient information was shared appropriately, 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 patients who had been referred to other services.

# Are services effective?

## 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 on self-care.
- Risk factors were identified, highlighted to patients and where appropriate shared with patients' NHS GPs. The provider offered dietary advice, which included producing dietary plans for patients, and provided health screening services, including sexual health.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate alternative service providers.

## Consent to care and treatment

The provider obtained patients' 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 lead GP had undertaken Mental Capacity Act training relating to patients' consent to treatment in January 2019.
- The provider monitored the process for seeking consent appropriately. It had written forms relating to patients' consent for various procedures, including where an interpreter might be needed for patients whose first language was not English.



# Are services caring?

## We rated caring as Good because:

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was sought via comments forms in the reception area and on the provider's website. We saw the feedback was positive about the way staff treated people.
- Staff 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.

- An interpreting service was available for patients who did not have English as a first language, but staff told us it had never been requested nor had there been need for it to be offered.
- The provider had a mobile hearing loop to assist patients with hearing impairment.
- Patients told us via 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.

### Privacy and Dignity

The provider 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.

# 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 service was focussed on providing a private GP service primarily to patients who commuted to work into the local area, and who otherwise would need to take time off work to see their NHS GPs. The service operated Mondays to Thursdays between 8.00am – 6.30pm and Fridays between 8.30 am – 6.00pm. Standard appointments, 15 minutes long, were available throughout the day. In addition, patients could attend on a walk-in basis, but might be required to wait for the next available slot. By arrangement, the provider could extend the clinic times to enable patients to attend at a time convenient to them.
- 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.

- 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. The provider had referral pathways to a range of local private specialist services.

### Listening and learning from concerns and complaints

The provider had a complaints policy and procedures in place. It took complaints and concerns seriously and responded to them appropriately to improve the service and the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider learned lessons from individual concerns, complaints and also by analysing trend. It acted as a result to improve the quality of care. We saw that two complaints had been made the last 12 months which had been addressed appropriately and speedily.
- The provider had introduced a process of sending test results via pass-word protected emails following patient feedback.

# Are services well-led?

## We rated well-led as Good because:

### Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service and arrangements regarding the registered manager's role and responsibilities.

### 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. The provider had a realistic strategy and supporting business plans to achieve priorities, including a business reorganisation that was being implemented at the time of our inspection.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The provider monitored progress against delivery of the strategy.
- The provider had clearly defined objectives which were set out in its recently revised statement of purpose.

### 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.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and felt respected, supported and valued.
- There was a strong emphasis on the safety and well-being of all staff.

- The provider 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.

### Governance arrangements

- The provider had implemented a full range of written governance policies before our last inspection and we saw they had been reviewed and updated since then as part of an ongoing process.
- The provider had put in place systems to monitor and improve the quality and safety of the services or to identify and mitigate risks to people's health safety and welfare. We saw evidence of quality monitoring activity and completed audits.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities and had received training in information governance, including relation to the European Union General Data Protection Regulation (GDPR).

### 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 provider had processes to manage current and future performance. Performance could be demonstrated through monitoring and audit of patient consultations, prescribing and referral decisions, using the new computer management system. The lead GP had oversight of safety alerts, incidents, and complaints.
- Quality monitoring and clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had a business continuity plan in place and had trained staff for major incidents.

### Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

## Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. The process had been improved following the implementation of a new practice management and records system.
- The provider 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 provider involved patients and staff to support high-quality sustainable services.

- Patients' and staff members' views and concerns were encouraged, heard and acted on to shape services and culture. Patients could provide feedback on comments forms or via the provider's website. Staff were encouraged to raise concerns, and patients could complete forms in reception or on the provider's website. Staff were able to describe to us the systems in place to give feedback. Staff told us they could raise concerns in meetings, or directly with the lead GP.

- The provider had a whistleblowing policy, last reviewed in September 2019. A whistle-blower is someone who can raise concerns about practice or staff within the organisation.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- In addition to patients providing general feedback on the service, there was a process in place for patients to provide specific feedback on the consultations with the lead GP, allowing for reflection and, where necessary, action to improve the patient experience.
- The newly acquired practice and records management system allowed for improved record keeping together with assisting in management issues such as quality monitoring, staff records maintenance and practice governance.