

Blackberry Orthopaedic Clinic-Oxford

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 Orthopaedic Clinic – Oxford as part of our inspection programme.

Blackberry Orthopaedic Clinic – Oxford is an independent service provider and provides treatments for acute and chronic pain, sports injuries, health screening and health assessment services and a range of specialist diagnostic services and treatments which includes x-rays, joint injections and physiotherapy. They also provide ear wax removal.

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 Orthopaedic Clinic – Oxford is registered in respect of the provision of treatment of diseases, disorder or injury and diagnostic and screening procedures. Therefore, we only inspected the health screening service and treatment of musculoskeletal, sports injury and ear wax removal.

The area 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, recording and learning from significant events.
- There were systems to assess, monitor and manage risks to patient safety.
- The service operated clear and effective systems to safeguard patients.
- 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.
- Regular audits were completed to ensure and monitor quality and effectiveness.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider had facilities that were appropriate for the treatments offered and the provider was well equipped to meet their needs.

Overall summary

- The provider had a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was clear leadership within the service and the team worked together in a cohesive, supportive and open manner.
- Feedback was proactively sought from staff and patients. Regular surveys were carried out and their findings were reported on. Actions were taken where required.

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

- Implement an effective process to ensure the secure storage of prescription stationary.
- Take action to ensure audits document learning points and demonstrate improvements.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Blackberry Orthopaedic Clinic-Oxford

Blackberry Orthopaedic Clinic – Oxford is located at 7600 The Quorum, Alec Issigonis Way, Oxford Business Park North, Oxford, Oxfordshire, OX4 2JZ. The clinic is managed and overseen by the provider Blackberry Clinic Limited which also has 11 other clinics located across England which are registered separately with CQC. The service website can be accessed via the following link – www.blackberryclinic.co.uk.

The staff team at Blackberry Orthopaedic Clinic – Oxford consists of a centre manager, 2 GPs, 2 health advisers and a physio. Patients have the choice of seeing a male or female member of staff when booking an appointment with a GP or health adviser. The team is supported by an area manager who spends limited time at the clinic as they support several locations. The staff team is further supported by the following national roles; operations manager, quality and compliance manager, quality and compliance officer, training manager, recruitment manager, operations director and a clinical director.

The provider offers specialised treatment for musculoskeletal conditions including back pain, sports injuries and chronic pain conditions. The service is registered to treat adults and children however, the majority of patients treated were adults, mainly to adults over the age of 18. They also offer services including pain management, physiotherapy, osteopathy, chiropractic, podiatry, chiropody, ear wax removal and health assessments.

Appointments can be booked over the phone, online on the website or face to face by visiting the clinic. The service is open between 8am and 4pm Monday to Friday and is closed at 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 requested evidence which we reviewed prior to the inspection visit. During the inspection we spoke to staff in a range of roles and reviewed a variety of information and documents including samples of staff recruitment files and medical records.

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

- The provider had systems in place to assure that an adult accompanying a child had their parental authority to attend the appointment.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service had systems to safeguard children as well as vulnerable adults from abuse.
- The provider conducted safety risk assessments. It had appropriate safety policies in place which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The 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's recruitment policy stated all staff required a Disclosure and Barring Service (DBS) check before they commenced employment (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). If a DBS check had not been obtained before the start date for a non-clinical role, a DBS risk assessment would be in place until the DBS check was obtained. We reviewed 5 staff files and all contained evidence a DBS check had taken place.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC) and an IPC policy was in place.
- An IPC assessment and audit tool had been completed in November 2022 which identified risks and steps taken to mitigate the risks.
- We reviewed a Legionella test certificate and saw evidence of weekly and monthly testing of service's water supply which assured the provider the risk of water contamination was low. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safe management of healthcare waste.
- We saw sharps bins in the consultation rooms were securely assembled, dated and 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. A poster was displayed in the consulting and treatment rooms which included a flowchart on how to manage a sharps injury.
- The provider carried out appropriate environmental risk assessments which took into account the profile of people using the service and those who may be accompanying them. During the inspection, we found several blind pull cords not secured to the wall which the provider had not identified as a risk to the health and safety of patients or staff. If left to trail on the floor, these could pose a trip or choking hazard. Following the inspection, we were told that the provider would attach hooks by the pull cords on the wall so they would no longer trail on the floor.

Risks to patients

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

- There was an effective induction system for all staff including agency staff tailored to their role.

Are services safe?

- Agency staff were subject to the same pre-employment checks as permanent staff and had to complete the same induction process.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service did not see unwell patients however, staff knew how to identify and manage patients with severe infections such as sepsis and were suitably trained in emergency procedures.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. During the inspection, we reviewed the medical equipment and saw a new pulse oximeter did not contain batteries and was not working. This was addressed by the provider immediately.
- When there were changes to treatments or staff, the service assessed and monitored the impact on safety.
- The service had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.

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 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 the patient's registered GP to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. However, during the inspection, we saw prescription stationary was left out on the desk and was not stored securely. The provider told us this was not the established process and prescription stationary was usually stored in a locked drawer. Following the inspection, the provider told us they would instruct the prescribing doctor to only print a prescription when it was required.
- As part of their health assessment packages, the service offered onsite full blood count (FBC) tests, blood glucose testing and cholesterol level checks. There were arrangements in place for laboratory tests as well as for the storage of samples. During our inspection we noted the service operated effective quality control systems to support this service. These quality control systems reflected guidelines by the Medicines and Healthcare products Regulatory Agency (MHRA).
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- The service carried out environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Are services safe?

- We saw policies and formal risk assessments completed on various dates during 2022 and 2023 including a general health safety risk assessment carried out in January 2023. Fire alarms were checked regularly, most recently 5 February 2023 and an external company carried out a fire evacuation drill in November 2022.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. A monthly hazard-spotting checklist was carried out, most recently in January 2022.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording, acting and learning from 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 systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, a blood sample was sent off for analysis however, due to the delivery company's strike action, the sample was delayed in arriving at the laboratory and another sample had to be taken. The provider has now changed their delivery service to reduce the risk of this happening again.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. We saw evidence of Duty of Candour within the services' approach to managing complaints. In addition, staff we spoke with said that they were encouraged to report significant events, incidents and concerns if ever they occurred.
- The provider kept written records of verbal interactions as well as written correspondence.
- The provider had systems in place for knowing about notifiable safety incidents and disseminated alerts to all members of the clinic team. During our inspection, staff told us most medicine safety alerts were not applicable to the service provided in their clinic but alerts were shared as and when necessary.

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.

- During the inspection, we saw evidence that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance.
- Staff told us they would refer patients back to their registered GP if the service is unable to offer care and treatment for their condition.
- Staff assessed and managed patient's pain where appropriate.
- Patients who attended the health assessment service were first seen by a trained health advisor who carried out checks such as measuring the patient's height, weight and blood pressure. Patients were then seen by the GP and these checks were reviewed. As part of health assessments, patients were provided with access to mobile applications, personalised coaching and information tailored to their own health, lifestyle and goals.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to monitor their service. The provider undertook regular audits in relation to clinical notes, consent, hand hygiene, clinical waste, disability access and medicines management.
- The provider regularly collated feedback from patients which recently gave an overall average satisfaction score of 8.89 out of 10. The overall likelihood of the patient recommending the service was 8.84 out of 10. Patient feedback also indicated 84% of patients experienced an improvement in their pain levels (56% great improvement, 15% mild improvement and 13% slight improvement) with 9% reporting no improvement and 7% not leaving a comment.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff including agency staff.
- Professionals requiring registration with the General Medical Council (GMC) were registered and were up to date with revalidation. They participated in peer review, ongoing-training and formal appraisals in line with NHS England requirements.
- The provider understood the learning needs of staff and provided protected time and training so staff could meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a system in place which gave the centre manager an overview of when training was due.
- There was an appraisal system in place and all staff had received an annual appraisal.
- The service upskilled staff in various areas and roles. For example, during the inspection a health advisor told us they were about to start training to support the provider's national quality and compliance team.

Coordinating patient care and information sharing

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, staff told us they had been concerned about a patient's mental health and with the consent of the patient, contacted their registered GP to raise their concerns.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Patients were provided with a detailed report covering the findings of their assessment and recommendations for how to reduce the risk of ill health and how to improve their health through healthy lifestyle choices. If further tests were required, patients were referred to other health services, both privately and through the NHS.

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.

- The services provided focused proactively on health and wellbeing, and the overall aims and objectives of the service were to support patients to live healthier lives through a process of health assessments and screening. Staff were trained in providing personalised support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients. Where patient's 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 monitored the process for seeking consent appropriately and had completed an audit on consent.
- There was easily accessible information about the services available and the costs.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients collated by the service 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 surveys of patient satisfaction. This was an ongoing process and was regularly reported on. We saw the results of a patient feedback survey based on 29 patient responses in January 2023. The feedback indicated staff were thorough, professional, helpful and friendly.

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. This would be arranged in advance of a consultation.
- Feedback from patients shared with us by the provider indicated 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.
- During our inspection, we observed members of staff to be courteous and helpful when speaking to patients.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

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, patient feedback indicated there was a delay in an appointment taking place due to the limited availability of a female GP, so the service increased this availability in response.
- Patients were able to book in with the same clinical staff member for continuity of care. In addition, patients could choose from a selection of the other Blackberry clinics to suit their geographical needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The disability access audit had identified that there was no emergency call bell in the disabled toilet but there were no actions noted. Following the inspection, the provider told us this is something they will consider in the future and discuss installing a emergency call bell with the premises management team.

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.
- 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 and had received 7 complaints within the last 12 months. The service learned lessons from individual concerns, complaints and from analysis of trends. We saw examples of these complaints, how they had been managed and actions required. The service acted as a result to improve the quality of care. For example, a patient made a complaint as their electronic patient record with an external partnership provider was not accessible to the clinic during their health assessment. The provider has raised this with the external partnership provider and has taken steps to ensure this does not happen again.

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.

- There was a leadership and staff structure in place with clear lines of accountability.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. At the time of the inspection, the provider had applied to register more clinic locations around the country and the staff structure was in the process of changing due to the expansion of its services. Staff were supported to upskill and take on further responsibilities.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service focused on delivering preventative health strategies to patients to support them to live healthier lives. 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 we spoke with told us they felt respected, supported and valued and were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistently with the vision and values.
- We saw evidence that openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff members were considered valued members of the team.
- Staff were given protected time for professional development and evaluation of their clinical work.
- Staff told us they were supported with professional development to upskill and take on new roles and responsibilities if they chose to.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. Staff had access to equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Clinical governance meetings took place regularly to discuss issues such as audits, policies and procedures, safeguarding concerns, incidents and complaints.
- The service had established 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. Safety alerts were received by the quality team and if relevant, sent on to the clinic. There was a log of safety alerts which was discussed at clinical governance meetings.
- There were comprehensive assurance systems which were regularly reviewed and improved.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.
- We reviewed five staff recruitment files and all complied with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service reported and monitored performance information, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Are services well-led?

- The service communicated changes following feedback and suggestions, in the form of a “You said, we did” initiative which were available to view in the clinic’s patient information file. For example, patients indicated they were frustrated with having to wait for an email to give feedback so the service created a QR code which once scanned with a mobile phone, linked straight to an online platform so the patient could give instant feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

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. For example, there was a buddy system for new health advisors to be supported by other members of staff.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work and staff were encouraged to share their ideas.