

Blackberry Orthopaedic Clinic - Exeter

Inspection report

Holmdale Health, The Consulting Rooms
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Exeter
Devon
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This provider is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the Blackberry Orthopaedic Clinic - Exeter on 15 August 2019 as part of our inspection programme.

Blackberry Orthopaedic Clinic - Exeter is a small clinic which offers a range of Bupa Health screening assessments aiming to give a clear picture of the patient's health and how it can be improved. The provider offers screening to private patients only.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the provider is run.

Our key findings were:

- The care provided was safe. There was a culture of placing safety at the core of activity. Staff told us they were encouraged to contribute to the organisation as a whole whether on safety or any other matters.

- Screening services were comprehensive. There were failsafe systems to ensure abnormal screening results were acted upon.

- There was a strong emphasis on encouraging patients to adopt healthier lifestyles and staff followed this up with patients to stress its importance.

- There was effective leadership and staff expressed satisfaction about the work. There was a low staff turnover.

The areas where the provider should make improvements are:

- Risk assess the provision of emergency medicine to determine what emergency medicines should be stocked at the Clinic.

We saw the following outstanding practice:

There was a strong ethos to provide effective health and lifestyle advice. Any lifestyle advice was and proactively followed up. After three months and six months intervals, staff called the patients to see if the advice had led to any longer lifestyle changes. Although staff had begun to collect data it was too early to assess the positive impact.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Blackberry Orthopaedic Clinic - Exeter

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Holmdale Health, The Consulting Rooms

34 Denmark Road

Exeter

Devon

EX1 1SE

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www.blackberryclinic.co.uk/clinics/exeter/

This provider was registered with the Care Quality Commission, in April 2016, under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the Blackberry Orthopaedic Clinic - Exeter services are provided to patients under arrangements made by their employer and/or an insurance provider with whom the patient holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Blackberry Orthopaedic Clinic - Exeter, we were only able to inspect the services which are not arranged for patients by their employers and/or an insurance provider with whom the patient holds a policy. In the case of the Blackberry Orthopaedic Clinic - Exeter about 80% of the patients seen fall outside of the scope of CQC regulation.

The clinic was set up to provide a musculoskeletal service and a health screening service. At the time of the inspection the provider did not have a suitably qualified musculoskeletal consultant and so was not providing that service. It continued to provide health screening services. The provider was therefore not providing any treatment services. The provider worked closely with another provider, Bupa Health and Wellbeing. The health screen referrals come to the Blackberry Clinic through BUPA. The provider had their own suite of policies and processes, but these were compatible with BUPA's own policies.

The provider occupied two clinical rooms, a storage room and a staff room in a building where other rooms were occupied by other healthcare providers. Some were registered with the CQC some were not required to be registered. Most of the patients, about 80-85%, are either funded by their employer or by health insurance policies and are outside of the scope of CQC regulation.

The health screening comprises different levels of tests from basic "Health Core assessment" giving a general report covering most aspects of the patients' health to "Health Enhance assessment" giving a detailed assessment with male or female health checks.

The Provider is open two days one week and three days the next. A maximum of six patients are seen each day. Staff comprised a qualified doctor, a health adviser, who was also the registered manager and a part time receptionist. The provider sees only adult patients.

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

We interviewed staff, reviewed documents, inspected the facilities and the building. The provider did not receive the CQC comments cards, that are normally completed by patients, but we did see patients' feedback that was collected by the provider.

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 conducted safety risk assessments. It had appropriate safety policies, 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 refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider saw only adult patients. 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. All staff had had Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The qualified doctor had been trained to level three in safeguarding. The health adviser had also been trained to level three which was a higher level than required by the role. Staff who acted as chaperones were trained for the role and had received a DBS check. We examined notes where patients had been accompanied by chaperones and the chaperone details were properly recorded.
- There was an effective system to manage infection prevention and control. For example, we saw that there had been a risk assessment for Legionella completed in July 2019. The mitigating actions and water testing had been carried out
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance testing had been completed in July 2019. There were systems for safely managing healthcare waste.

- 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The provider did not use any agency staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The doctor had completed training in how to identify and manage patients with severe infections, for example sepsis. Other staff had also received training and there were posters at various places in the facility to remind staff of the action that they might need to take in an emergency.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider did not carry any Midazolam, used for treatment for an epileptic fit. However, we saw that there had been a recommendation to the provider's clinical governance board that this medicine should be stocked.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There was a system for managing test results such as blood tests. These were received centrally and there was always a doctor available to review them. Abnormal tests were therefore actioned quickly, irrespective of whether there was a doctor on duty at the time at the Blackberry Clinic – Exeter.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff to enable them to deliver safe care and treatment.

Are services safe?

- 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 provider did not prescribe or hold medicines apart from emergency medicines.

Track record on safety

The provider had a good safety record.

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

Lessons learned and improvements made

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

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

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

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

The provider had a system to act on external safety events as well as patient and medicine safety alerts.

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.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. There had been three audits during the past year these included an infection control audit, a clinical waste disposal audit and a self-assessment audit. The clinical waste audit had not identified any issues. The infection control audit had identified the need for more signage to remind staff about infection prevention control, such as hand washing signs. These improvements had been implemented. An earlier Infection prevention control audit had identified the need for a new examination couch which had been provided.
- The self-assessment audit was an examination of policies and processes against a set of criteria designed to assess if the provider was meeting the CQC regulations and the BUPA compliance standards. It had identified several issues including for example, the need for more effective clinical governance meetings. This had been implemented.
- There had been reviews of the doctors' notes by clinical staff. These recorded effective interpersonal skills and history taking. These had identified areas for improvement such as the number of blood tests requested. A follow up review was scheduled for after the date of the inspection.

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 any newly appointed staff. There had been no recent staff appointments.

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked 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, where a screening test had identified the need for further investigation patients were referred on to other services such as cardiology.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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. There was a strong ethos amongst staff to provide effective health and lifestyle advice. Following screening any issues that were identified were discussed with the patients and advice about for example, exercise and diet was provided. The advice was proactively followed up. After three months and six months staff called the patients to see if the advice had led to any longer lifestyle changes.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Are services effective?

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The provider sought feedback on the quality of clinical care patients received as well as their general satisfaction with the service. The staff were proactive in caring for patients. The patients were telephoned before the appointment to allay any concerns, to give directions and outline arrangements such as parking. Each patient was given a survey to complete after the appointment. The doctor called the patients after the survey had been received to discuss any comments.
- Feedback from patients was positive about the way they were treated.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

- The provider gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- There were interpretation services available for patients who did not have English as a first language.
- The provider had not had any patients with learning disabilities or complex social needs but understood that, if this happened, family, carers or social workers would need to be appropriately involved.

Privacy and Dignity

The provider respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Several patients' survey forms commended the care taken by the health adviser to explain the long-term benefits of the diet and exercise recommendations.

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, all patients had a two hour appointment with the health adviser and follow up appointment with the doctor.
- 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. All the examination rooms were on the ground floor and were accessible to people with limited mobility. There was an accessible toilet.

Timely access to the service

Patients were able to access care 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 reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, where test results identified the need for urgent referral, such as under the two week wait criteria, there was a central, systematic response which help to ensure that these were not delayed.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded 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 a complaint policy and procedure. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. There had been two complaints about the service at the Blackberry Clinic Exeter. They had been investigated and the results of the investigation communicated with the patients. The complaints had resulted in training being identified for specific staff. We saw that the training had been carried out.

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. For example, they had been unable to recruit a suitable musculoskeletal consultant. This was a challenge to the model on which the clinic had been established. The provider was actively trying to recruit a suitable member of staff.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy with staff.
- 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. There was low turnover of staff both in this clinic and within the Blackberry Clinic organisation.
- The service 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 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. We saw that staff were able to develop within the organisation. For example, former health advisers were working as quality improvement officers. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- 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. For example, there was close working between the Blackberry Clinic and Bupa Health and Wellbeing. We saw that policies and processes were closely aligned to help ensure that patients were placed at the centre of both organisations activities.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints. Samples of the doctor's consultations were routinely audited and advice given where areas for improvement were identified. We saw that complaints and concerns raised by patients with the doctor were discussed with supervising clinicians. For example, one complaint had highlighted that the doctors' safety netting advice, designed to protect both the patient and the doctor, was of a high quality.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were 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, staff and external partners

The service involved patients, 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. For example, there had been learning from a complaint arising at a sister clinic. This had involved the disclosure of confidential personal information at the reception desk. Staff had routinely asked patients to confirm, verbally, various personal details, to check that the provider held up to date information. Thus, personal information had been repeated at the reception desk. As a result of changes following the complaint, staff now printed off the patients' details and asked them to check that they were correct, before disposing of the printed sheet as confidential waste.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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. We saw that the clinic was committed to promoting healthy lifestyle changes for patients. Staff had undergone training in this field. They had taken the contact with the patients to a more sustained level. They spoke to the patients after three months and six months to try and see how much behavioural change had been achieved and what other steps they could undertake to try and sustain it. Staff were in the process of gathering information on this approach. Their objective was to try and evidence whether this more proactive approach improved longer term outcomes.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.