

Ravenscroft Healthcare Limited

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Inspection report

Westfield Road
Bletchley
Milton Keynes
Buckinghamshire
MK2 2RA

Tel: 01908 270 175

Website: www.ravenscroftphysio.co.uk

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Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 16 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

Summary of findings

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 for the provision of treatment of diseases, disorder or injury. Some services provided by Ravenscroft Healthcare Bletchley were out of scope of regulation; therefore, we were only able to inspect the GPs' consulting clinics which offered treatment for Musculoskeletal concerns (injuries and disorders that affect the human body's movement) and health assessments.

The clinical lead 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.

We asked for CQC patient comment cards to be completed by clients in advance of the inspection. We received 14 completed comment cards, which were all positive about the standard of care received. Clients felt that the care and treatment they received was excellent, efficient and caring with all staff being polite, knowledgeable, respectful and helpful.

Our key findings were:

- The service had clear systems to respond to incidents and measures were taken to ensure incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Systems were in place to deal with some medical emergencies and clinical staff were trained in basic life support. However, systems for checking emergency equipment and medicines needed closer monitoring.
- The service carried out risk assessments such as fire, and health and safety to support the monitoring and mitigation of potential risks. There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks to ensure staff had access to personal protective equipment.
- Patients were provided with information about their procedures, possible side effects and after care.
- Systems were in place to protect personal information about patients.
- An induction programme was in place for all staff and staff received induction training linked to their roles and responsibilities.
- Clinical staff were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The service encouraged and acted on feedback from patients. Patient survey information we reviewed as well as completed CQC comment cards showed that people who used the service were positive about their experience.
- Information about services and how to complain was available.
- The service had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- There were governance systems and processes in place to ensure the quality of service provision.

There were areas where the provider could make improvements and should:

- Review systems for monitoring emergency medicines, emergency equipment and the processes for checking that appropriate indemnity insurance are in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations. However, we found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not operate an effective system for monitoring emergency equipment, medicines or checking clinical staff had appropriate indemnity insurance in place.

- The provider had clearly defined and embedded systems, processes and practices in place to keep people safeguarded from abuse.
- There were arrangements in place for the safe prescribing and administration of medicines. However, systems for checking emergency equipment and medicines were not operated effectively.
- Systems were in place for identifying, investigating and learning from incidents.
- There were systems in place to meet health and safety legislation and mitigate risks to patients. Health and safety related checks were carried out on the premises and on equipment on a regular basis
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection including effective clinical waste management.
- There were sufficient clinical and non-clinical staff to meet the demand of the service and recruitment checks were in place.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients' needs were assessed and care was planned and delivered effectively.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- The service had a programme of ongoing quality improvement activity. For example, there was a range of checks and audits in place to promote the effective running of the service.
- There were staff training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was sought in line with the provider policy. Clinical staff had received training on the Mental Capacity Act.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We did not speak to patients directly on the day of the inspection. However, we reviewed the provider's patient satisfaction survey information. This showed that patients were happy with the care and treatment they had received.
- We reviewed completed CQC comment cards which contained positive feedback about people's experiences of the service including; consultations, the quality of treatment, the environment, and the conduct as well as helpfulness of staff.
- Staff we spoke with demonstrated a patient centred approach to their work.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

Summary of findings

- There was information available to patients detailing how the service operated; information also enabled patients to manage their treatment expectations.
 - Feedback from patients showed that appointment availability was good and that they had received timely treatments.
 - The premises were fully accessible and well equipped to meet people's needs.
 - Information about how to complain was readily available to patients. The provider responded quickly to issues raised.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
 - There were systems in place to govern the service and support the provision of good quality care and treatment. However, areas such as monitoring emergency equipment, medicines as well checking clinicians' medical indemnity required closer monitoring.
 - There was a clear leadership structure and staff felt supported by management.
 - The provider was aware of and complied with the requirements of the duty of candour. Staff told us the provider encouraged a culture of openness and honesty.
 - The provider actively encouraged patient as well as staff feedback.
 - Systems were in place to ensure that all patient information was stored securely and kept confidential.
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Ravenscroft Healthcare Limited

Detailed findings

Background to this inspection

Ravenscroft Healthcare Bletchley operates from a large single-story building on Westfield Road,

Bletchley, Milton Keynes MK2 2RA.

The location consists of two treatment rooms, one gym and seven patient consultation rooms. The provider is Ravenscroft Healthcare Limited who has six other locations which do not fall under the scope of registration. We did not visit any of the other locations as part of this inspection.

The clinic offers a complete cycle of care; from initial assessment, the immediate treatment of patient's pain and sports injury rehabilitation through to lifestyle changes and preventative exercise for complete body and mind well-being. The clinic is staffed by two GPs with specialist interests in Musculoskeletal (conditions affect the joints, bones and muscles, and also include rarer autoimmune diseases and back pain), six extended scope physiotherapists and one specialist scope psychotherapist. The service receives up to a maximum of 700 referrals per month.

The clinic an independent provider who provides NHS funded care commissioned by Milton Keynes Clinical

Commissioning Group (CCG). Patients can self refer to this service, referrals are also received from GPs, consultants both NHS and independent as well as other health care professionals.

The Bletchley clinic is open from 8am to 6pm Mondays to Fridays, except for Wednesdays when the clinic is open until 7pm. Saturday opening times are from 9am to 3pm. The clinic has a central customer service team to manage appointment bookings and queries.

The inspection was led by a CQC inspector who had access to advice from a GP specialist advisor who attended the inspection.

Information such as quality improvement activities, management of incidents and complaints was received from the provider and reviewed before the inspection.

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?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- Staff who acted as chaperones were trained for their role. The service recruitment policy requested staff to carry out Disclosure and Barring Service checks and we saw that all staff had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The service recruitment process involved carrying out appropriate staff checks at the time of recruitment. Staff were able to demonstrate checks carried out to ensure clinical staff were registered with a professional body.
- Infection prevention and control audits took place and any improvements identified for action were completed.
- Staff ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for managing healthcare waste; and we found that the segregation of clinical waste was managed effectively
- The clinic had a policy for the management, testing and investigation of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw a risk assessment had been carried as well as regular water flushing process and water temperature monitoring to minimise any potential risks.

Risks to patients

The systems to assess, monitor and manage risks to patient safety required closer monitoring.

- Clinical staff explained that they had appropriate indemnity insurance in place and we saw evidence of this for some clinicians. However, the service was

unable to demonstrate that they routinely checked whether clinical staff had appropriate indemnity insurance in place. Following our inspection, the service provided evidence of appropriate indemnity insurance.

- In the event an emergency did occur, the provider had systems in place to respond appropriately. All staff had received training in basic life support. Emergency equipment was available including access to a defibrillator as well as oxygen. However, systems for monitoring emergency equipment was not always effective and we found out of date defibrillator pads during our inspection. Following our inspection, staff confirmed that defibrillator pads had been replaced.
- Emergency medicines were in a secure area of the clinic and easily accessible to staff and all staff knew of their location. Staff maintained a stock list for their emergency medicines. However, we found that the clinic stocked a medicine that was not appropriate for the treatment of anaphylaxis. During our inspection, the clinic contacted the local pharmacy and ordered the appropriate medicine.
- There were arrangements for planning and monitoring the number and mix of staff needed and staff we spoke with felt that staffing levels were sufficient to meet the demands.
- There was a first aid kit available and staff had received training in its usage.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The clinic had systems for sharing information with the patient's registered GP and other agencies when required to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Safe and appropriate use of medicines

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

- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Clinicians used Patient Group Directions (PGDs) to administer medicines, PGDs had been produced in line with legal requirements and national guidance. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The practice had systems for receiving, disseminating and acting on patient and medicine safety alerts such as alerts received from Medicines and Healthcare products Regulatory Agency (MHRA).

Track record on safety

There were risk assessments in relation to environmental safety issues. For example, the service carried out fire, control of substances' hazardous to health (COSHH) as well as health and safety risk assessments.

The clinic had arrangements in place to ensure yearly inspection of fire equipment such as fire extinguishers and weekly checks of fire alarms were carried out as well as six monthly fire drills.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The clinic learned and shared lessons, identified themes and acted to improve safety in the practice. For example, following an incident changes were made to clinical rooms and training provided to staff to reduce the risk of infections following minor surgery.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff explained that in the event of unexpected or unintended safety incidents the service would provide affected people reasonable support, truthful information; a verbal and written apology.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing an effective service in accordance with the relevant regulations.

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. For example, doctors explained that they followed NICE guidance in relation to not offering Acupuncture for the treatment of pain (a form of alternative therapy in which thin needles are inserted into the body). Doctors we spoke with explained that the service were promoting self-management strategies to reduce pain and improve function. We saw self-management videos playing in the patient waiting areas and supporting leaflets.

Doctors explained how they gained assurance that patients understood the likely effectiveness of treatment received. Records we viewed and patient feedback demonstrated positive outcomes for patients. The service used a standardised tool to measure health outcomes. Patients were asked to complete a health questionnaire during their first appointment and at discharge following their Musculoskeletal treatment.

Monitoring care and treatment

The clinic had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care and services provided. For example:

- Staff told us audits were ongoing and although not fully completed at the time of our inspection, actions had been implemented and records we viewed showed improvements. For example, an audit of patients receiving pain management showed improvements following treatment. An audit on the patients needing surgery showed 92% of patients received timely referral to secondary care.
- The service carried out random audits of patient records to review compliance with the clinics standards of record keeping which showed clinic recording was compliant with the clinical standards.

Effective staffing

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

- Staff were required to complete induction training and on-going training linked to their roles and responsibilities. A system was in place to ensure staff received regular performance reviews.
- The provider had a clear staffing structure that included senior staff and clinical leads to support staff in all aspects of their role.
- The management team 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. Doctors participated in peer review, ongoing-training and formal appraisals in line with NHS England requirements'.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring clients to other specialists or colleagues based on current guidelines. When clients were referred to another professional or service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way.

Systems were in place to support the sharing of patient treatment with their registered GP in line with General Medical Council (GMC guidance). An anonymised sample of records we viewed showed that there was contact with the patients GP for procedures where this would be advisable.

Supporting patients to live healthier lives

Patients were provided with information about procedures including the benefits and risks of therapies provided. They were also provided with information on after care.

The clinic offered a seven-week pain management programme where patients attended a three-hour session each week which included advice, education and self-management exercises.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

There was clear information available about the services provided. Staff obtained consent to care and treatment in line with legislation and guidance.

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. Clinical staff had received training on the Mental Capacity Act 2005.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. All the 14 completed comment cards were very positive and indicated that patients were treated with kindness and respect. Comments showed that patients felt the service was excellent and staff were caring, professional and treated them with dignity and respect.

Following their procedures, patients were invited to complete a survey asking for their feedback on their experience. Analysis of feedback showed that patients were satisfied with the service they had received and patients were satisfied with the treatment outcomes.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards as well as through the provider's patient feedback results.

Involvement in decisions about care and treatment

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

- Patients were provided with information about procedures including the benefits and risks. Any signposting or referring of patients to other services was discussed and their consent was sought before referring to other services.
- The service provided access to translation services for patients whose first language was not English. Staff explained that patient's requiring an interpreter would be identified at referral stage and they had access to a telephone translation service.

Privacy and Dignity

- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff had access to private rooms to maintain patients' privacy and dignity during confidential and sensitive discussions.
- Chaperones were available should a patient choose to have a chaperone. Staff who were designated to provide chaperoning had undergone required employment checks and received training to carry out this role.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

Responding to and meeting people's needs

The provider organised and delivered services to meet the needs of people who accessed the clinic. The clinic took account of patient needs and preferences.

- The service understood the needs of their client group and ensured services were accommodating to their needs. For example, appointments were available outside of normal working hours such as evenings and weekends.
- The facilities and premises were appropriate for the services delivered.
- During initial conversations the clinic discussed with patients the types of services offered and the limitations of the service as well as patients expectations.
- The provider offered NHS funded consultations to anyone over the age of 18, they did not discriminate against any client group. Staff checked patients name and date of birth prior to commencing consultations to verify identity.
- Discussions with staff indicated that the service was person centred and flexible to accommodate people's needs.
- The clinic was accessible to patients who were physically disabled, consultation and treatment room was all on the ground floor.
- Staff explained that they had access to a clinical room in the North and South of Milton Keynes where Doctors were able to see patients.

Timely access to the service

The clinic was open Monday to Saturday between 8am and 6pm except for Wednesdays when they were open between 8am and 7pm. Saturdays opening times were between 9am and 3pm. In addition, the clinic received support from a central customer service team who managed their appointment bookings. The central customer team

supported all the provider's locations. Existing patients had access to a direct number to discuss individual concerns. We saw no feedback from patients to indicate concerns regarding delays in getting through to the service or delays in access to treatments.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The provider had a complaints policy and procedure in place, which contained appropriate timescales for dealing with complaints.
- Information about how to make a complaint or raise concerns was available. The complaints information detailed that the complainant could escalate their complaint through different stages with the provider or could approach a designated organisation if they were not happy with how their complaint had been handled.
- Staff treated patients who made complaints compassionately.

There was a lead member of staff for managing complaints and all complaints were reported to the lead person. We found there had been 10 formal complaints received in the past 12 months. Records we viewed showed they had been investigated, responded to in a timely manner and learning had been shared with all staff.

The provider used patient satisfaction questionnaires. This enabled patients to leave feedback on their experiences of the service. The survey results we viewed demonstrated positive patient satisfaction. For example, a total of 550 patient surveys were handed out and completed in the last 12 months. Data showed 100% of patients were satisfied with the overall treatment they received. Where feedback from patients indicated there could be improvements made to the service, we saw this was acted upon and improvements made in response. For example, to reduce the queue at reception during patient check in, the service installed a self-check in kiosk in July 2018.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing a well-led service in accordance with the relevant regulations.

Leadership capacity and capability;

Ravenscroft Healthcare Limited consists of six other locations which do not fall under the scope of registration. Ravenscroft Healthcare Bletchley is part of a larger organisation providing a range of services in different parts of the country. The management team consists of a clinical director, a clinical lead and a practice manager. During our inspection, we did not visit any of the other locations.

During our inspection, we spoke to the clinical director, clinical lead who was the nominated individual and a clinic manager. They demonstrated that they had the capacity and skills to deliver high-quality services at the Milton Keynes clinic. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing all identified concerns as they arose.

There was a leadership and staffing structure and staff were aware of their roles and responsibilities as well as the limitations of their roles. Staff we spoke with felt well supported and described leaders at all levels as approachable. Staff explained that they had regular meetings as well as daily one-to-one interaction with managers and clinical leads provided clinical support to the doctors. There were systems which enabled the clinic manager and doctors to access senior support when required.

Staff we spoke with were appropriately trained and experienced to meet their responsibilities.

Vision and strategy

There was a vision to provide a high quality, patient-centred, responsive and ethical services that places care and patient safety at the heart of service delivery. A business plan was in place and the service was monitored to ensure it continued sustainably and continued to grow.

Culture

The provider had a whistleblowing policy in place (a whistle blower is someone who can raise concerns about

practice or staff within the organisation). Staff told us they felt the service had an open and transparent culture. They told us they felt confident to report concerns or incidents and felt they would be supported through the process.

There were processes for providing all staff with the development they needed. This included appraisal as well as allocated time to complete training.

Regular meetings were held to promote effective communication and these meetings provided a means for staff to suggest improvements to management.

Governance arrangements

Although there were specific responsibilities, roles and systems of accountability to support governance and management arrangements; there were areas that needed strengthening to ensure arrangements that were in place worked consistently in practice.

- The clinic had a range of processes in place to govern activities. However, we found that oversight of processes such as monitoring emergency equipment, emergency medicines and gaining assurance that clinicians had a valid indemnity insurance were not always effective.
- There was a range of service specific policies that were well organised and available to all staff. These were reviewed regularly and updated when necessary.
- Staff were clear on their roles and accountabilities in respect of safeguarding. But less clear in respect of requirements' to ensure effective checking of emergency equipment and emergency medicines.
- A range of meetings were held; for example, clinical meetings, non-clinical meetings as well as continuous professional development meetings.
- Systems were in place to monitor and support staff at all levels as well as monitoring the quality of the service and making improvements where necessary. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.

Managing risks, issues and performance

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

There were arrangements for identifying, recording and managing risks and implementing mitigating actions. Risk assessments we viewed were comprehensive and had been reviewed.

The clinic carried out a variety of checks to monitor the performance of the service.

There were arrangements in place to respond to most medical emergencies. Staff were trained to respond to major incidents such as fire and medical emergencies. However, emergency equipment checks carried out by staff was not effective.

We saw effective arrangements in place for identifying, recording and learning from incidents, complaints and comments.

Appropriate and accurate information

The clinic had systems in place to ensure that all patient information was stored and kept confidential in line with data security standards. All staff had signed a confidentiality agreement as part of their job contract. Business contingency plans were in place, which included minimising the risk of not being able to access or losing patient data.

Engagement with patients, the public, staff and external partners

Patients were actively encouraged to provide feedback on the service they received. The service invited patients to complete a survey at initial contact and after every consultation. Findings were constantly monitored and the manager explained that action was taken when feedback indicated that the quality of the service could be improved. Staff explained that patients were concerned that conversations could be overheard due to consultation rooms being cubicles. As a result, the practice arranged for building work to be carried out and the cubicles were removed and replaced with consultation rooms which enabled doors to be closed during consultations.

Continuous improvement and innovation

The clinical manager explained that the provider and staff at this location consistently sought ways to improve the service. For example, the service carried out an audit on their pain management programme which showed positive improvements in both the outcome measures over the course of the treatment. Audit results showed 90% of patients showed positive improvements. To further improve the programme the clinic planned to incorporate occupational therapist into the programme to enable education for participants in everyday tasks.

Staff were encouraged to identify opportunities to improve the service delivered through team meetings and the appraisal process.