

The Hand to Elbow Clinic

Inspection report

29A James Street West

Bath

Avon

BA1 2BT

Tel: 01225 316895

Website: www.handtoelbow.com

Date of inspection visit: 30 August 2019

Date of publication: 15/11/2019

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

A previous inspection was carried out at The Hand to Elbow Clinic on 14 November 2012 when we inspected the provision of private doctor consultation and treatment services. At that time, we did not rate the service but found the provider had met the requirements of the key questions for providing safe, effective, caring, responsive and well led care.

We carried out this comprehensive inspection at The Hand to Elbow Clinic on 30 August 2019 and 5 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This announced inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to check that the provider had maintained the standards we saw at our last inspection.

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

The service has a registered manager. Like registered providers, they are 'registered persons' who have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

Our key findings were:

- The service had systems in place to manage significant events.
- The provider had a clear vision to deliver high quality care for patients.
- There were clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff had been trained in areas relevant to their role.
- The service had systems in place for monitoring and auditing the care that had been provided.
- The clinicians assessed patients' needs and delivered care in line with current evidence-based guidance.
- Information about services provided was available and easy to understand.
- The clinicians had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service was aware of and complied with the requirements of the Duty of Candour.

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 second inspector on the 30 August 2019 inspection and a GP specialist adviser on the 5 September inspection.

Background to The Hand to Elbow Clinic

The Hand to Elbow Clinic is a consultative, diagnostic, and treatment clinic. The clinic operates with three Orthopaedic Consultants specialising in treatment and surgery relating to the fingers, hand, wrist, forearm and elbow. The clinic also runs specialist physiotherapy sessions, providing treatment for hands, elbows and shoulders. All services are provided from a converted residential property at 29a James St West, Bath, BA1 2BT.

The premises consist of a reception area, three consulting rooms, a store room, a treatment room, bathroom and kitchen. Wheelchair access to the building is by way of moveable ramp. There is a low step into each of the consulting rooms and wheelchair access to the bathroom.

The service has one clinical lead and one non-clinical lead. There are also three self-employed Consultant Orthopaedic Surgeons and two self-employed Chartered Physiotherapists. The clinical staff are supported by two administrative staff members, one of whom is the practice manager and medico-legal personal assistant whilst the other is the NHS Co-ordinator and private medical secretary.

The service operates from 8am to 6pm on a Monday, Tuesday, Wednesday and Thursday and from 8am to 4pm

on Friday. Appointments are available on Monday afternoon, all day Tuesday, Wednesday morning and some Friday afternoons. The clinic does not offer out of hours services.

We carried out this inspection on 30 August 2019 and 5 September 2019 and before visiting, we looked at a range of information that we hold about the provider. We reviewed the last inspection report from November 2012 and from information submitted by the service in response to our provider information request.

During our visit we spoke with the clinical lead and the administrative staff, observed practice and reviewed documents.

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 found that this service was **good** in providing safe services in accordance with the relevant regulations.

Safety systems and processes.

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

- There were clearly defined policies and procedures. The service had not had any significant events during the last 12 months, but we found there was a system in place for reporting and recording significant events and complaints. We also saw how an action plan would be used and learning shared if there was a significant event.
- Safety risk assessments, including health and safety assessments, portable appliance testing and calibration of equipment had been completed. The service had appropriate safety policies, which were regularly reviewed dependent upon the requirements of the policy.
- There were systems to safeguard children and vulnerable adults from abuse. Policies were in place for adult and child safeguarding and staff were aware of things to look out for. Staff had received safeguarding training at the level appropriate for their role.
- The service could offer a pre-assessment phone call with patients prior to them visiting. Due to the nature of the service provided, chaperones had never been requested but the patient would be advised during this phone call that if they wanted to bring someone along for support then they could do so. We saw a chaperone policy which evidenced this.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to oversee and manage infection prevention and control. A legionella risk assessment had been completed in 2018 (legionella is a term for a particular bacterium which can contaminate water systems in buildings) together with procedures for monitoring water quality and water temperature.
- The service carried out staff checks in line with regulations at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where

required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff were suitably trained in emergency procedures and the practice had an automated external defibrillator (AED) to deal with relevant medical emergencies as well as medicines to deal with anaphylactic shock.
- Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.
- Staff had received annual basic life support training.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.

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, accessible and accurate.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included necessary information.
- There was a system in place to securely manage medical records.
- The service had a system for requesting and checking patient identity, including checks at the registration stage, at appointment booking and before consultation

Are services safe?

or treatment. The clinic offered services to children and had systems in place to ensure any adult consenting on the child's behalf had appropriate parental responsibility.

Safe and appropriate use of medicines

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

- The clinic had appropriate medicines to treat an emergency situation.
- All potential patients were assessed over the phone prior to being seen face to face. If, during the initial phone call, the clinician believed that any symptoms described related to an urgent or acute problem they would guide them to an acute hospital trust, the patient's own NHS GP, NHS 111 or the emergency services via 999.
- The service kept prescription stationery securely and monitored its use.
- If medicines needed to be prescribed to patients we saw that this was done, and advice given, in line with legal requirements and current national guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to areas such as health and safety, and fire.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- Staff were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- All staff understood what constituted a serious incident or significant event and confirmed that they were aware of how to deal with unexpected or unintended safety incidents. The service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose.
- There was a system for receiving and acting on safety alerts. The service received national patient safety, medical devices and medicines alerts. All relevant alerts were discussed with staff, acted on and stored for future reference.

Are services effective?

We found that this service was **good** in providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice.

- We saw evidence that the clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. such as the National Institute for Health and Care Excellence (NICE).
- Patient's immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history.
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinicians assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had a programme of quality monitoring and improvement activity to review the effectiveness and appropriateness of the care provided. Completed audit and compliance checking activity included infection prevention and control audits, fire and health and safety risk assessments.

Effective staffing

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

- All staff had the skills, knowledge and experience to carry out their role.
- The service 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.
- All staff were appropriately qualified, and we saw several certificates which demonstrated relevant and up to date knowledge.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

- Staff had access to and used e-learning training modules, external learning and in-house training.
- The clinicians were registered with the General Medical Council (GMC).
- The service provided staff with ongoing support. Although there had been no recent recruitment of staff we saw evidence of an induction process as well as one-to-one meetings, appraisals, clinical supervision and support for revalidation. All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Registered professionals were up-to-date with their Continuing Professional Development (CPD) and were supported to meet the requirements of their professional registration.

Coordinating patient care and information sharing

The clinicians worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, the clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- 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.

Supporting patients to live healthier lives

The clinicians were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the clinicians gave patients advice, so that they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients' needs could not be met by the service, the clinicians 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.

- The clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

- There was a system in place to ensure that adults accompanying children had the authority to do so, and that consent to care and treatment was clearly authorised by the child's parent or guardian. The service also made additional checks with parents or guardians during these appointments where required.
- The clinicians 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 found that this service was **good** in providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The clinicians understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- We received 28 Care Quality Commission comment cards from patients and all were positive about the service experienced.
- Feedback from patients confirmed that staff treated them well and with kindness. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.
- Consultation room doors were closed during consultations; conversations taking place in the waiting area could not be overheard.
- Staff cared for patients with compassion.

Involvement in decisions about care and treatment

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

- Staff worked hard to make the patient experience as pleasant as possible. The clinicians ensured patients

were involved in decision making about their care and treatment; and were given time to ask questions. Patient feedback was positive about the care and treatment they received.

- We were told that any treatment, including fees, was fully explained to patients prior to their appointments. Standard information about fees was available in a patient leaflet.
- The service had access to but did not use an interpretation service as patients were told about multi-lingual staff who might be able to support them if they did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.

Privacy and Dignity

The service respected and promoted 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. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients.

Are services responsive to people's needs?

We found that this service was **good** in providing responsive services in accordance with the relevant regulations.

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 service understood the needs of their patients and improved services in response to those needs. For example, prior to attending the clinic, the clinicians would, on occasion, speak to the patient to determine their needs and invite them to attend an appointment or refer them to an alternative and more appropriate service such as NHS 111 or the local accident and emergency department.
- Although appointment times were available on Monday afternoon, all day on Tuesday and on Wednesday morning, the service was flexible in relation to times of appointments and would make the service more accessible to those patients who worked or who relied on friends or colleagues for transport.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there was a ramp available for patients with wheelchair mobility needs.
- The service had a system in place to gather regular feedback from patients. They obtained feedback from patients after each consultation and the patients could

also submit their feedback through online reviews. They also used in-house patient surveys to obtain patients' views about the service. Feedback that we saw was positive and complimentary about the service and staff.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

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.
- 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.
- There was information available if patients wanted to make a complaint. Although there had been no complaints in the previous year, we did review the complaints policy, saw how complaints would be dealt with and the processes that were in place for learning from complaints.

Are services well-led?

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

Leadership capacity and capability

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

- The registered manager had overall responsibility for the management and day to day running of the service and clinical leadership of the service.
- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- The service planned its services to meet the needs of patients.
- Leaders had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high-quality care and promoted good outcomes for patients.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to 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.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. 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.
- Staff were clear on their roles and accountabilities
- The practice had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a focus on continuous learning and improvement.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice manager had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.