

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Droitwich Knee Clinic

St Andrews Road, Droitwich Spa, WR9 8YX

Tel: 01905794858

Date of Inspection: 20 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Droitwich Knee Clinic Limited
Registered Manager	Mr. Mohi El Shazly
Overview of the service	Droitwich Knee Clinic provides a dedicated out patient service for the diagnosis of knee and shoulder disorders for adults and children from the age of three years. The service includes a physiotherapy department that people may be asked to attend.
Type of service	Doctors consultation service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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During our inspection we looked at the care notes of three people, spoke with two people who attended the clinic, a senior doctor, the clinic nurse, the physiotherapist and the receptionist.

We received positive comments about the information that was provided to people. One person said, "Excellent, I don't have to ask for it." People told us that all options for treatment were fully explained to them so they were able to make informed decisions about their treatment. People who used the service experienced safe and appropriate care for their disorders. A person said, "Just had physio. Always discuss progress levels and amount of pain since last visit."

We found that there were good standards of hygiene throughout all areas of the clinic. This meant that staff actively promoted infection control procedures.

There was an effective complaints procedure in place. We found that the clinic staff had not received a formal complaint during the last twelve months.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences had been taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We observed that people expressed their views and were involved with making decisions about their care. We spoke with two people who attended the clinic. They told us that staff treated them with respect and answered their questions fully.

We asked people how they made decisions about their treatment. They told us they were given explanations of the various options and the likely success of each one. One person said, "Treatment options were thoroughly explained to me, I made the decision. I was also given a diagram, they used a model and diagrams on a wall chart."

We heard staff talking with people. Staff asked them for and provided information about the service and what they could expect to receive.

The clinic nurse told us that all females who attended the clinic unaccompanied were chaperoned by a member of staff when they were examined by the doctor. This meant that staff had put practices in place that respected people's human rights.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We were shown a pack that people received prior to their first appointment. It included information about the service, tests, physiotherapy and the service they could expect to receive.

The clinic opens during weekdays only. We asked if there was an out of hour's service. The clinic nurse explained that the answer phone provided the mobile phone number of the senior doctor who would ring them back and provide advice to people. This meant that if people were experiencing difficulty in coping with their disorder they could receive information about what to do about it.

We spoke with the receptionist and asked them what they would do if someone was asked to return and the clinic was fully booked. They told us there were no problems with accommodating return visits, they would be fitted in.

We asked the physiotherapist how they accommodated people's appointments. They commented that they worked flexible hours to ensure that people received their appointments when they needed them. One person said, "Getting an appointment is not difficult."

We looked the care files of three people and saw that for their first visit they were asked to complete a questionnaire so that the doctor had an overview of their condition. The care files included information about various tests that had been carried out to assist the doctor in making an accurate diagnosis.

Any invasive tests or surgical procedures were carried out by the adjoining hospital. We spoke with a person who was receiving regular physiotherapy sessions. They said, "Fantastic, I am guided by them. X knows what I want to achieve and worked out an exercise programme for me."

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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We were shown a file that contained a list of the policies and procedures in respect of hygiene and infection control and where to find them. The file included details about about the accountable officer for infection control. We saw that the clinic also had an appointed member of staff for 'Head of infection Prevention and Control.'

The clinic nurse showed us three of the consulting rooms. They explained the cleaning schedule that was carried out after each person had attended. We found them to be tidy and very clean.

We saw that all other areas of the clinic were well maintained and hygienic. The toilet used by people who attended for appointments included a wall chart with instructions for thorough hand washing technique. This meant that systems were in place to prevent infections from occurring.

Monthly infection audits were carried out. These were linked to the main hospital and included in a report that was presented to the chief executive. The areas audited included the environment, hand hygiene practices, linen, waste, sharps disposal methods, general and specialist equipment cleansing.

An annual report was developed which included the results of all of the monthly audits that had been completed. We saw the report that was dated 2011 and that the overall score was 95.5% success.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The Droitwich Knee Clinic usually held one clinic session but the clinic nurse told us that sometimes two clinics ran at the same time. On those occasions there would be a senior doctor present for each one.

We enquired about the numbers of nursing staff allocated for each clinic. The clinic nurse explained that when two clinics were in operation at the same time that they were well able to cope the demands of these. They explained that they only chaperoned when an unaccompanied female attended the clinic. We asked what would happen if two unaccompanied females were being seen at the same time in each clinic. We were told that the physiotherapist's assistant would chaperone someone. The clinic nurse advised that they had ample time to carry out any requests made by the doctors.

The clinic nurse told us that in the event of an urgent situation occurring that they could request help from staff in the adjoining hospital.

The clinic had its own dedicated receptionist. The physiotherapist told us that they worked flexible hours to accommodate the needs of people who required treatment, including unplanned appointments.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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We saw that there was a copy of the complaints procedure was available to the people who used the service. We asked the two people who we spoke with if they knew how to make a complaint. They demonstrated that they knew what to do if they were not happy with the service. One person said, "I haven't needed to make a complaint, it's an excellent service."

We were shown a copy of the complaints procedure. It included relevant information that indicated any complaints received would be dealt with appropriately. We found that the clinic had not received any complaints during the last twelve months.

We talked with the nominated individual. They told us that depending on the severity of the complaint they would ask other company directors to assist with the investigation. They told us that a report was developed for every complaint received following which they would write to the complainant. This indicated that complaints were treated seriously and would be dealt with appropriately.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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