

# Blackberry Clinic - Worcester

## Inspection report

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

## Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Blackberry Clinic - Worcester as part of our inspection programme. Blackberry Clinic - Worcester provides Bupa health assessments, ear wax removal and other specific health checks to adults.

## **Our key findings were:**

- There were systems to assess, monitor and manage risks to patient safety. The service operated clear and effective systems for safeguarding patients.
- Staff had the information they needed to deliver safe care and treatment to patients. The provider had systems to keep clinicians up to date with current evidence based practice.
- Service performance was continuously monitored and analysed across a number of areas which included turn-around time for health assessments, referrals and failsafe systems for medical tests.
- The service learned and made changes to improve systems and processes following feedback from patients and staff.
- There was evidence of engagement and shared learning amongst the providers other clinics. There were clear lines of reporting and accountability in place at both local clinic and provider level.
- Patient feedback was positive about clinical care as well as timeliness of services. Feedback from staff was positive about the culture and working at the clinic.

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

## Our inspection team

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

## Background to Blackberry Clinic - Worcester

Blackberry Clinic - Worcester provides Bupa health assessments, ear wax removal and specific health checks to adults. The service is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Depending on the health and wellbeing plan of the patient, following the assessment and screening process patients can undergo a consultation with a GP to discuss the findings of the health assessment results and any recommended lifestyle changes or treatment planning. The GPs also carry out specific health checks when booked by patients, these are mature health checks for patients aged 65 and over as well as screening and checking for breast, cervical, prostate and testicular cancer. Ear wax removal is provided by trained members of the health assessment team who are trained as healthcare advisors (HCAs) to offer this service. Full details of the services provided are available on the Blackberry Clinic website at [www.blackberryclinic.co.uk](http://www.blackberryclinic.co.uk)

Blackberry Clinic – Worcester, is one of 14 clinics managed and overseen by a provider organisation called Blackberry Clinic Limited. The clinic is based in the city of Worcester and was set up in August 2021. A centre manager manages the day to day running of the clinic, the manager is also the CQC 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.

Three GPs are employed to work at the clinic, one of which is a lead GP; patients have a choice to be seen by a male or female GP at the clinic. There are also two health advisors (male and female) employed at the clinic. The leadership team at the clinic reports into a senior leadership team at provider level through Blackberry Clinic Limited. This includes quality, compliance and area management. The senior leadership team is overseen by an operational director and a clinical director.

Appointments at the clinic can be booked over the telephone, face to face and online via the providers website. There is a designated bookings team, facilitated by the provider, who manage the appointment booking systems. The clinic is open from 8am to 4pm on weekdays and at the time of our inspection, health assessments were available on Tuesdays, Thursdays and every other Monday. Ear wax removal is available Monday to Friday.

### How we inspected this service

Before the inspection we reviewed the information submitted by the provider about the services available at the clinic. During the inspection we spoke with a range of staff and viewed a range of information and documents, including medical records.

To get to the heart of patients’ experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

**Systems and processes were effectively operated and continuously monitored to ensure safe care to patients as well as a safe service for both patients and staff.**

## **Safety systems and processes**

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

- Staff spoken with were aware of safeguarding policies, they knew who the services safeguarding leads were and how to report any concerns. Staff received up-to-date safeguarding training appropriate to their role. Although services were offered to people aged 18 and over at this clinic, the service also had policies in place to protect children from abuse and staff had been trained in child safeguarding in addition to safeguarding vulnerable adults.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. There was evidence of regular service meetings where safeguarding discussions took place.
- Staff who acted as chaperones were trained for the role and all staff at the service had received a Disclosure and Barring Service (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 services recruitment process involved carrying out appropriate staff checks at the time of recruitment. We saw evidence to confirm that recruitment checks were carried out in accordance with regulations. In addition, we saw that staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.
- We observed the clinic to be visibly clean during our inspection. Infection prevention and control audits took place on a quarterly basis and we saw previous examples of actions taken to mitigate risks where identified. For instance, staff were reminded of the correct labelling system for sharps bins following an infection prevention and control audit in quarter one (April-June 2022).
- There were systems for safely managing healthcare waste. The service had a policy and a formal risk assessment (October 2022) for the management, testing and investigation of legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The service had a formal system for regular water flushing temperature monitoring to minimise any potential risks.

## **Risks to patients**

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections including sepsis and staff were suitably trained in emergency procedures. There were suitable medicines and equipment to deal with medical emergencies which were supported by safe and effective monitoring systems.
- There were effective arrangements for planning and monitoring the number and mix of staff needed. When there were changes to services or staff the service assessed and monitored the impact on safety. Members of the management team explained that there had been no major staffing resource issues since opening the clinic (approximately 16 months ago) however if needed, they could liaise with the other clinics across the provider to utilise available staff for support.
- There was an effective induction system for agency staff tailored to their role. Service managers demonstrated that they routinely checked whether clinical staff had appropriate indemnity insurance in place and renewal dates were monitored. There were appropriate indemnity arrangements in place to cover all potential liabilities.

# Are services safe?

## Information to deliver safe care and treatment

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

- There was a system in place for verifying a patient's identity upon arrival and during face to face consultations.
- 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.
- There were systems for sharing information with the patients registered GP and other agencies when required to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.

## Safe and appropriate use of medicines

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

- There was no prescribing carried out at this location. There were no medicines held on the premises, with the exception of emergency medicines for use in a medical emergency. These medicines were stored appropriately, securely and checked regularly.
- As part of their health assessment packages, the service offered onsite FBC tests (full blood count), blood glucose testing and cholesterol level checks. There were adequate arrangements in place for laboratory tests as well as for the storage of samples. During our inspection we noted that the service operated effective quality control systems to support this service. These quality control systems reflected guidelines by The Medicines and Healthcare products Regulatory Agency (MHRA).

## Track record on safety and incidents

### The service had a good safety record.

- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- We saw policies and formal risk assessments completed on various dates during 2022; which covered health, safety and fire risk. Weekly checks of fire alarms were carried out as well as six monthly fire drills.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

## Lessons learned and improvements made

### The service learned and made improvements when 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. No incidents were reported at the clinic during the last 12 months, but staff were able to tell us how the service would learn and share lessons, identify themes and take appropriate action to improve safety in the service.
- Although no incidents had been reported locally during the last 12 months. we could see that incidents that occurred at any of the other providers clinics were shared across all services to encourage shared learning on a wider scale.

# Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Although this was not demonstrated through incident reporting we saw evidence of Duty of Candour within the services approach to managing complaints. In addition, staff we spoke with said that they were encouraged to report significant events, incidents and concerns if ever they occurred.
- The service had systems in place for knowing about notifiable safety incidents and there was a system in place to disseminate alerts to all members of the clinic team. Conversations with staff during our inspection highlighted that most medicine safety alerts were not applicable to the service provided in their clinic, particularly during the last 12 months where they had not had to make any changes following alerts.
- However, we could see that the provider encouraged wider reflection of alerts which were applicable to the other clinics. For instance, an alert regarding a specific vaccine was featured in the providers monthly bulletin. The alert did not apply to this clinic but was featured to share awareness on a wider scale.

# Are services effective?

**We rated effective as Good because:**

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

## **Effective needs assessment, care and treatment**

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

- There was evidence in place to support that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- Clinicians used standardised tools to measure health outcomes and health assessments took place using clear clinical care pathways and protocols.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity**

Inspection findings highlighted that the scope for clinical audits focussing on improved outcomes to care were limited as the services offered at this clinic were predominantly health assessments and ear wax removal services. However, there was evidence of regular monitoring of care provided as well as continued assessment of local needs. For example,

- Feedback from patients was obtained after each appointment. This was analysed and used to drive changes and improvements.
- The service carried out random audits to review standards of record keeping across a range of areas including records of specific test results as well as for information governance. The most recent range of audits completed in December 2022, showed that record keeping was 100% compliant with the services standards.
- Patients mostly received their test results on the same day however some tests, including additional blood tests, could take longer. The provider operated a 14 day turnaround time for the completion of more comprehensive health assessment reports which included additional blood tests, this acted as a further failsafe mechanism to ensure that results were received and reviewed for each test carried out. A report on turnaround time for this clinic showed that they were in the top five performers across the provider.
- Test results were communicated to patients through written reports and telephone calls were also made to patients where needed, we saw that these were also recorded on the patient record system.

## **Effective staffing**

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

- The provider had a structured induction programme for all newly appointed staff. 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. Records demonstrated that all staff were appropriately qualified.
- The service had upskilled staff in various areas. For instance, a member of the health advisor team had been trained to carry out ear wax removal which was offered as an additional service to health assessments, at this clinic.
- All staff had access to regular appraisals, one to ones, coaching and mentoring, as well as formal clinical supervision. There was a clear approach for supporting and managing staff when their performance was poor or variable.
- GPs were registered with the General Medical Council (GMC) and were up to date with revalidation. They participated in peer review, ongoing-training and formal appraisals in line with NHS England requirements.

# Are services effective?

- In addition to health assessments and ear wax removal, GPs offered mature health checks for people aged 65 and over as well as some cancer screening services. Cancer screening services included screening and checking for breast, cervical, prostate and testicular cancer. Both female and male GPs were available to offer these services, records demonstrated that they were appropriately qualified, and we were assured that they participated in ongoing-training and formal appraisals in line with NHS England requirements; the GPs were also practicing NHS GPs.
- We saw that the service operated effective failsafe systems to ensure results were received for every sample sent for testing, this was reflected across all areas of testing and screening. Records were available to demonstrate that sampling adequacy rates were also monitored for GPs undertaking cervical screening.

## Coordinating patient care and information sharing

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

- Before providing treatment, GPs at the service 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 health assessment with their registered GP on each occasion they used the service. Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Onward referrals resulted in a letter back to the GP, we saw evidence of this during our inspection.
- Staff knew how to make an urgent referral when needed. There were protocols in place to support this. The service adapted a process to ensure that all urgent referrals were followed up within 24 hours. The practitioner in charge (lead GP at the clinic) was responsible for managing any urgent and abnormal results, any urgent clinical issues and any safeguarding concerns.
- Patients were provided with a detailed report covering the findings of their assessment and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices. If further tests were required then patients were referred to other health experts, both privately and through the NHS.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- The services provided focused on preventative health and the overall aims and objectives of the service were to support patients to live healthier lives. This was done through a process of health assessments and screening. Staff were trained in providing personalised support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.
- Where appropriate, staff gave people advice so they could self-care. Patients were provided with information about procedures including the benefits and risks of services provided. They were also provided with information on after care
- On the day of our inspection we saw that there was health assessment material on display in the clinic waiting area, the organisations website also contained detailed information on each health assessment including cost.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, for the management of patients with specific long term conditions; where complex care needs were present and not in scope of the services offered at this clinic.
- The service offered lifestyle coaching calls to all patients after each appointment as well as access to personalised guidance and support through the providers health and wellbeing app.

## Consent to care and treatment



# Are services effective?

## **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.
- There was clear information available with regards to the services provided and the cost of these.

# Are services caring?

**We rated caring as Good because:**

**There was evidence to demonstrate that patient needs were respected, and GPs involved them in decisions about their treatment options.**

## **Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. A report from the clinics feedback analysis in November 2022 showed that out of 66 responses, feedback from patients was positive about the way staff treat people and positive about the quality of care. Some comments from patients highlighted improvements to their health following assessments and treatments at the clinic. This was an internal (unverified) patient-survey report.
- The service gave patients timely support and information. Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with were passionate about their work and demonstrated a patient centred approach.

## **Involvement in decisions about care and treatment**

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

- Feedback gathered within the service showed that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

Staff recognised the importance of people's dignity and respect. Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw that confidentiality training was included in the services induction training package and regularly monitored through spot checks and record keeping audits.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

**The service was responsive to patients' needs and the clinic was fully equipped to deliver services in a safe and responsive way.**

## **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.**

- A designated booking team was available to help patients with the booking of appointments. Appointments could be booked over the telephone, face to face and online. Patients had a choice of time and day when booking their appointment; they also had a choice of male and female GPs.
- Patients were able to book in with the same clinical staff member for continuity of care. In addition, patients could choose from a selection of the other Blackberry clinics to suit their geographical needs.
- The provider understood the needs of their patients and improved services in response to those needs. For example, due to demand, ear wax removal was introduced at this service and staff were upskilled in order to offer this treatment.
- The facilities and premises were appropriate for the services delivered.
- Personal needs and any needs around access or adjustments to accessing the service were checked ahead of patient's appointments through a pre-appointment telephone call.
- Reasonable adjustments had been made so that people could access and use services on an equal basis. There was a portable ramp available for those who needed mobility support, including for wheelchair users. In addition, patients with could be seen on the ground floor if more suitable.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- The provider continuously monitored local service need, this included liaison with the providers booking team and local input from the clinic manager. At the time of our inspection, health assessments were available on Tuesdays, Thursdays and every other Monday. Due to demand, ear wax removal was available Monday to Friday. The clinic was open from 8am to 4pm on weekdays.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Many tests and results were available the same day. Referrals and transfers to other services were undertaken in a timely way. Waiting times, delays and cancellations were minimal and managed appropriately.
- Results from the clinics internal patient survey (November 2022) highlighted that patients found the appointment booking process easy to use and we noted many comments describing efficient care and treatment accessed at the service.

## **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.**

- The service had complaint policy and procedures in place. Information about how to make a complaint or raise concerns was available.

# Are services responsive to people's needs?

- 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. This included signposting to the Independent Sector Complaints Adjudication Service (ICAS) if they were not happy with how their complaint had been managed or with the outcome of their complaint.
- Our review of the services complaints system demonstrated that staff treated patients who made complaints compassionately. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, improvements to record keeping were reiterated to staff following a complaint.

# Are services well-led?

**We rated well-led as Good because:**

**There were clear lines of accountability in place with clear clinical and operational oversight of systems and processes. Systems were well governed and staff we spoke with described a well-led, open culture at the clinic.**

**Leadership capacity and capability;**

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

- There was a leadership and staffing structure in place with clear lines of accountability. There was evidence of regular communication between clinic and provider level. Staff we spoke with were aware of their roles and responsibilities as well as the limitations of their roles.
- 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. Staff had been upskilled in areas and supported to develop professionally. For example, a member of the management team had developed from a role in another of the providers clinics and was involved in the setting up of this clinic.

**Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service focused on preventative health and supporting to live healthier lives. Staff we spoke with 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. Service performance was continuously monitored and analysed across a number of areas including turn-around time for health assessments, urgent referrals, failsafe systems for medical tests and patient satisfaction responses.

**Culture**

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

- Staff said that they felt respected, supported and valued. Staff spoken with expressed pride in working for the service, they described a close knit team at the clinic but with an open culture.
- There were systems and processes in place to support leaders and managers in the event that they needed to manage any behaviour and performance which was inconsistent with the vision and values. Staff could access Human Resources (HR) and support through the provider and an external HR provider.
- We saw that openness, honesty and transparency was demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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, regular reviews, supervision and one to ones. Staff were given protected time for professional development and clinicians had time protected for evaluation of their clinical work.

# Are services well-led?

- There was an emphasis on the safety and well-being of all staff. Staff told us they could raise concerns and were encouraged to do so. There was an employee handbook in place and a policy which outlined the steps and support in place for raising concerns at work.

## 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 service had established clear policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We noted that policies and procedures were accessible to staff and well embedded at the clinic. Managers routinely monitored compliance with clinic policies.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There were comprehensive assurance systems which were regularly reviewed and improved.
- There were effective arrangements for identifying, managing and mitigating risks. The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- 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, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service communicated changes following feedback and suggestions, in the form of a “You said, we did” initiative, results of this were available to view in the clinics patient information file. For example, the service introduced a pre-appointment telephone call following patient feedback gathered through surveys.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

- Regular meetings took place which included monthly clinical governance meetings, clinic meetings, manager meetings and training meetings. These were supported by formal agendas and minuted, with attendance from staff across the other clinics within the provider to encourage joined-up working, shared learning and standardisation where appropriate.
- In addition to meetings, appraisal and one to one opportunities, the provider produced a bulletin which was cascaded to staff across the clinics on a monthly basis. We saw that the bulletin included key updates and useful information such as medicine safety updates, infection prevention and control information and tips on topics such as data protection and confidentiality.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support clinic improvements and staff expressed that they were encouraged to offer suggestions and improvement ideas at work. We saw that changes to cleaning records were introduced to reflect a more comprehensive system following staff feedback.