

# Snowberry Lane Clinic

## Inspection report

Ridgeway House  
49 Shurnhold  
Melksham  
SN12 8DF  
Tel: 01225700072  
[www.snowberrylane.co.uk](http://www.snowberrylane.co.uk)

Date of inspection visit: 27 July 2022  
Date of publication: 24/08/2022

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.**

We have rated the key questions 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 inspection at Snowberry Lane Clinic. This is the first time we have inspected this practice under the current registered provider.

It was inspected under a different registered provider in June 2019 and was rated as Good overall.

The full reports for previous inspections can be found by selecting the 'all reports' link for Snowberry Lane Clinic on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of: -

- Treatment of diseases, injury and disorder
- Diagnostic and Screening Procedures
- Surgical Procedures

The provider specialises in a combination of medical aesthetic treatments and anti-ageing medicine, as well as offering skin rejuvenation and a range of dermatology treatments. This service provides independent doctor-led dermatology services, offering a mix of regulated skin treatments and minor surgical procedures, as well as other non-regulated aesthetic treatments.

The aesthetic cosmetic treatments provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the provision of advice and treatment and not the aesthetic cosmetic services.

# Overall summary

The practice manager 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.

## **Our key findings were:**

- The service had systems to manage risk so that safety incidents were less likely to happen.
- Risks to clients were always assessed and well managed, including those relating to safeguarding and recruitment checks.
- The clinic had policies and procedures to govern activity.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.
- The service proactively sought feedback from staff and clients, which it acted on.
- The provider 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

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

## Background to Snowberry Lane Clinic

The service operates from Ridgeway House, 49 Shurnhold, Melksham, Wiltshire, SN12 6DF. The clinic's facilities are spread over two floors and include seven treatment rooms, a minor operations room and a range of specialist medical equipment used in the delivery of their services, such as

lasers. There was easy access to a waiting area where clients had access to leaflets explaining the treatments on offer. Further information can be found on the clinic's website [www.snowberrylane.co.uk](http://www.snowberrylane.co.uk).

The Registered Provider is Lasercare Clinics (Harrogate) Limited, who provide services from more than 50 locations across England.

The clinic is open six days a week, the opening times are Monday to Thursday 9am – 7:30pm, Friday 9am – 4pm and Saturdays 9am – 2:00pm.

### How we inspected this service

- During the site visit, we spoke with the clinic manager and one of the consultants.
- We looked at records related to client assessments and the provision of care and treatment.
- Reviewed personnel files, service policies and procedures and other records concerned with running the service.

To get to the heart of clients' 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:**

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.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service did not treat clients under the age of 18 years. Systems were in place to ensure that children should not attend unless chaperoned by another adult in addition to the client.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider had a policy to undertake Disclosure and Barring Service (DBS) checks 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Infection control audits were undertaken quarterly, the last being on 7 July 2022. The clinic's lead for infection control had completed further training in September 2019 and handwashing audits for all clinical staff were carried out quarterly to ensure continuing safe care.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms and the clinic had a contract with a company for the disposal of clinical waste.
- There were sufficient stocks of personal protective equipment, including aprons and gloves. The service performed minor surgical procedures for which they used single-use disposable items.
- There was a documented risk assessment in place to manage risk within the premises that was reviewed by the practice manager on a monthly basis. The risk assessment for legionella (a bacterium which can contaminate water systems in buildings) risk assessment dated November 2021 and evidence of water testing for the premises.
- The provider had carried out fire safety risk assessments. The last assessment was carried out in March 2022. We saw actions found had been completed, for example for one fire door it was considered the gap between the top of the door and frame was too excessive. A new fire seal had been fitted. There was appropriate fire-safety equipment located within the service such as fire extinguishers and emergency lighting which had been regularly serviced and maintained.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that electrical wiring and portable appliances had undergone testing in January 2022.

# Are services safe?

## Risks to clients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The clinic had arrangements in place to respond to emergencies and major incidents. Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage clients with severe infections, for example sepsis.
- The staff had received basic life support training. A defibrillator, oxygen, emergency medicines, first aid kit and accident book were also available on-site. We reviewed records demonstrating the equipment providing oxygen had been tested in February 2022. The defibrillator and emergency medicines were checked monthly.
- The laser equipment was professionally maintained to ensure safe operation, the last testing took place in February 2022. Standard operating procedures were in place for the operating of this equipment and staff had received training in its use and how to carry out emergency remedial treatment in the event of an incident. All treatment rooms where laser treatments could be used had additional security so that they could not be entered whilst treatment was being carried out.
- Records showed fridge and room temperature checks were carried out that ensured medicines were stored at the appropriate temperature and the provider was aware of the procedure to follow in the event of a fridge failure.
- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, for example the client's NHS GP, to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety and incidents

# Are services safe?

## **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The provider had produced an audit schedule to ensure ongoing monitoring and auditing of the service at specific intervals and to provide assurance to leaders that systems were operating as intended. Some of those process were implemented by regional and national support roles who worked closely with local managers to identify risks and implement improvements. For example, regional audit staff worked with local managers to undertake six-monthly auditing of all aspects of service delivery, including for example, a review of health and safety and premises safety, medicines management and infection, prevention and control.

## **Lessons learned and improvements made**

### **The service learned and made changes 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. Leaders and managers supported them when they did so. There had been no significant events recorded within the past 12 months.
- There were systems for reviewing and reflecting on incidents that did not meet the significant event criteria, when things went wrong. The service encouraged staff to reflect on their practice if an adverse reaction occurred. An example being: although clients were asked for any known allergies or sensitivities prior to treatment and this was recorded in their care plan, further questioning should take place prior to treatment. The provider learned and shared lessons, identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as client and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## **We rated effective as Good because:**

The provider reviewed and monitored care and treatment to ensure it provided effective services. They carried out audits to assess and improve quality, including those on clinical outcomes and infection rates. Staff received training appropriate to their roles.

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

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat clients. This included the booking of follow up appointments at the earliest opportunity.
- Staff assessed and managed clients' pain where appropriate.

### **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. Regional audit staff worked with local clinic managers to audit all areas of the service including premises safety and infection prevention and control. The clinic was awarded a score for each area of the audit and any areas requiring improvement.
- Regional audit staff monitored infection rates and client outcomes in the clinic by auditing client files. We were told if any trends were noticed an improvement plan would be created and the clinic manager would work with the local clinical team to ensure the necessary improvements were made.
- Quality Improvement Activity on clinical outcomes and incident rates are carried out monthly at a corporate level, with any required improvement activity reported both upwards to the Board and fed back down to clinics.

### **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

### **Coordinating client care and information sharing**



# Are services effective?

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, if the doctor sees a client at the clinic and recommends a medicine that will need ongoing prescription and its available within the NHS they will write the client a “discharge back to care of GP” letter to give to their GP detailing the diagnosis and what medicine they have recommended and ask that they can prescribe this and review them as necessary. They also communicate any adverse histology (microscopic anatomy) results back to the clients GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client’s health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All clients 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.
- Client information was shared appropriately (this included when clients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

## **Supporting clients to live healthier lives**

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support.
- Where clients’ needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client’s mental capacity to make a decision. Staff had completed training in the Mental Capacity Act 2005.

# Are services caring?

## **We rated caring as Good because:**

Staff treated clients with kindness and compassion and involved them in decisions about their care. The service asked all clients for feedback and their responses were positive. Staff protected clients' privacy and dignity.

### **Kindness, respect and compassion**

#### **Staff treated clients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care clients received.
- Feedback from clients was positive about the way staff treat people
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

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

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

- Interpretation services were available for clients 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.
- The provider told us that time was spent with clients both pre and post procedure to carefully explain the after care, recovery process and options to reduce any anxieties they may have.

### **Privacy and Dignity**

#### **The service respected clients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Clinic doors were shut when staff were with clients. Other staff knocked on the door and waited before entering, to maintain clients' privacy and dignity.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

The service organised and delivered services to meet clients' needs. There were short waiting times for dermatology and minor surgery appointments, clients were advised of treatment prices in advance and staff made clients aware of their complaints policy.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.**

- The provider understood the needs of their clients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, level access and disabled parking next to the entrance.
- Prices for different treatments were discussed in advance of any treatment programme.

## **Timely access to the service**

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

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients reported that the appointment system was easy to use.
- The provider had a central contact centre providing clients with access to a clinician to assess and give medical advice if an adverse reaction was experienced following treatment.

## **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. No complaints had been received however, the policy stated how the service would learn from individual concerns, complaints and undertake an analysis of trends.

# Are services well-led?

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

Leaders and managers understood the needs of the service and clients using the service. They created positive relationships in line with the provider's values and supported staff with their career development. There was a clear governance framework and risks were identified and managed.

There was a strong emphasis on client experience and service improvement.

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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, through the regional manager and the regional audit lead provided support to the clinic manager for the service.

## **Vision and strategy**

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

- There was a clear vision and set of values. The provider had a clear brand value which was to be accessible, approachable, expert and responsible. The clinics values were client focused, to promote positive client experiences and to support its own staff.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy. We saw evidence of a mock CQC inspection undertaken by the audit lead to assess quality of care against the CQC key lines of enquiry.

## **Culture**

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

- Staff felt respected, supported and valued. They told us they were proud to work for the service.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to client's feedback. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and training. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

# Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 client identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective clarity around 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 client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients.
- The provider had plans in place and had trained staff for major incidents. Emergency equipment was available on site. The clinic also held an emergency 'grab' box, which contained a wide range of items which might be needed in an emergency.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with clients, the public, staff and external partners

# Are services well-led?

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

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work. Findings from the corporate completed audits were shared with regional and national teams.
- Staff could describe to us the systems in place to give feedback. Clients would be sent a text message the day following their treatment asking for feedback on all aspects of the clinic. The clinic manager always responded to these comments the following day.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff in the monthly meetings. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- 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.