

Blackberry Clinic Limited

# Blackberry Clinic - Milton Keynes

## Inspection report

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### Ratings

#### Overall rating for this service

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 practice was previously inspected by CQC on 17 July 2018 before ratings were introduced.

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 on 24 September 2019 as part of our inspection programme to rate independent health

# Summary of findings

providers. Blackberry Clinic is an independent provider of general medical services to adults and children based in Milton Keynes. The provider has other locations which were not inspected on this occasion.

The service had clear systems to respond to incidents and measures were taken to ensure incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

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

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Blackberry Clinic – Milton Keynes

## Detailed findings

### Background to this inspection

Blackberry Clinic provides diagnoses and treatment for musculoskeletal conditions and physiotherapy, particularly sport and exercise related. Health assessments are offered under contract to Bupa Health Clinics. Blackberry Clinic works with other providers who offer radiology, pathology and cardiology services. Patients refer themselves to the service.

The service was previously inspected by CQC on 17 July 2018 before ratings were introduced for independent healthcare services. The following Regulated Activities are delivered: diagnostic and screening procedures and treatment of disease, disorder or injury.

The service opened at this location in 1988 and is part of a group of ten clinics. The Milton Keynes clinic is open from 8am to 5pm on Mondays and Fridays, 8am to 8pm on Tuesdays, Wednesdays and Thursdays, and from 9am to 2pm Saturdays. Health assessments are available between 8am and 4pm Monday to Friday.

Blackberry Clinic is managed by the Centre Manager (who is also the CQC Registered Manager), the Clinic Medical Director, who is also the service's musculoskeletal and sports physician and an Operations/Finance Director. The clinic is staffed by three consultant pain specialists and five musculoskeletal consultant specialists, two health care assistants, two health advisers who are also trained as Health Care Assistants (HCAs) and one health adviser. There

are 20 consultants within the Blackberry group who can work at any location when the need arises. The non-clinical team consists of a clinic manager, two account administrators, five receptionists and 12 practitioners. The clinic sees 35-40 patients each week and only patients suitable for day surgery are treated.

Full details of the services provided are available on the Blackberry Clinic website at [www.blackberryclinic.co.uk](http://www.blackberryclinic.co.uk)

#### How we inspected this service

Before the inspection we reviewed the information submitted by the provider about the services available at Blackberry Clinic.

During the inspection we spoke with a range of staff, reviewed documents, including medical records, and comment cards where patients had shared their views and experiences of the service.

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

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

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

# Are services safe?

## Our findings

**We rated safe as Good because:**

**Blackberry Clinic demonstrated that they provided services for patients in a manner that ensured patients' and staff safety.**

### Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- Staff who acted as chaperones were trained for their role. The service recruitment policy required staff to carry out Disclosure and Barring Service checks and we saw that staff had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). In the absence of an up to date DBS the service carried out risk assessments to mitigate identified risks while checks were being carried out.
- The service recruitment process involved carrying out appropriate staff checks at the time of recruitment. Staff were able to demonstrate checks carried out to ensure clinical staff were registered with a professional body.
- Infection prevention and control audits took place and any improvements identified for action were completed. The latest was in May 2019.
- Staff ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for managing healthcare waste; and we found that segregation of clinical waste was managed effectively.
- The clinic had a policy for the management, testing and investigation of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw a risk assessment had been carried as well as a regular water flushing process and water temperature monitoring to minimise any potential risks.

### Risks to patients

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

- Staff were able to demonstrate that they routinely checked whether clinical staff had appropriate indemnity insurance in place and renewal dates were monitored.
- In the event an emergency did occur, the provider had systems in place to respond appropriately. All staff had received training in basic life support. Emergency equipment was available including access to a defibrillator and oxygen. Records viewed demonstrated regular monitoring of emergency equipment.
- Emergency medicines were in a secure area of the clinic but easily accessible to staff and all staff knew of their location. Staff carried out risk assessments on the stock of emergency medicines to ensure they were appropriate.
- There were arrangements for planning and monitoring the number and mix of staff needed and staff we spoke with felt that staffing levels were sufficient to meet the demands of the service.
- There was a first aid kit available and staff had received training in its usage.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### 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 to relevant staff in an accessible way.
- The clinic had systems for sharing information with the patients registered GP and other agencies when required to enable them to deliver safe care and treatment. Staff used a variety of letter templates when sharing information regarding treatment received.
- Clinicians made timely referrals in line with protocols.
- There was a system in place for verifying a patient's identity upon arrival and during face to face consultations. For example, text reminders included the

## Are services safe?

practitioner's name which patients were required to mention at reception. During consultations patients date of birth as well as first line of address were cross referenced.

### Safe and appropriate use of medicines

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

- Systems were in place for monitoring and tracking prescriptions both on delivery and when they were distributed through the clinic. Prescription stationery was kept securely.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Clinicians used Patient Group Directions (PGDs) to administer medicines, PGDs had been produced in line with legal requirements and national guidance. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The practice had systems for receiving, disseminating and acting on patient and medicine safety alerts such as alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).

### Track record on safety and incidents

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

- There were comprehensive risk assessments in relation to safety issues.
- 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.
- The clinic had arrangements in place to ensure yearly inspection of fire equipment such as fire extinguishers. Weekly checks of fire alarms were carried out as well as six monthly fire drills.

### 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 were able to explain the system for reporting incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. No incidents were reported in 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.
- 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 had systems for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was an effective mechanism to disseminate alerts to all members of the team.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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

**Blackberry Clinic 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).**

- Doctors explained how they gained assurance that patients understood the likely effectiveness of treatment received. Records we viewed and patient feedback demonstrated changes and positive outcomes for patients.
- The service used a standardised tool to measure health outcomes. Patients were asked to complete a health questionnaire during their first appointment and at discharge following their musculoskeletal treatment (conditions that affect the joints, bones and muscles, and also include rarer autoimmune diseases and back pain).

### Monitoring care and treatment

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

- Staff carried out several audits where actions had been implemented and records we viewed showed improvements. For example, an audit carried out in 2019 of patients receiving pain management showed a positive impact on daily life and a reduction in pain following treatment.
- The service carried out random audits of patient records to review compliance with the clinics standards of record keeping. These showed clinic recording was 100% compliant with the clinical standards.

### Effective staffing

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

- Staff were required to complete induction training and on-going training linked to their roles and responsibilities. A system was in place to ensure clinical

staff received regular performance reviews. For example, clinical leads carried out annual Professional Practice Review (PPR) on clinical staff which incorporated a workplace-based assessment, direct observations of procedural skills and case based discussion along with discussion of patient management data, referral pathways, complaints and critical incidents.

- The provider had a clear staffing structure that included senior staff and clinical leads to support staff in all aspects of their role.
- The management team understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Doctors employed participated in peer review, ongoing-training and formal appraisals in line with NHS England requirements.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

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

- Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring patients to other specialists or colleagues based on current guidelines. When patients were referred to another professional or service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way.
- Systems were in place to support the sharing of patient treatment with their registered GP in line with General Medical Council (GMC guidance). An anonymised sample of records we viewed showed that there was contact with the patient's GP for procedures where this would be advisable.

### 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.

# Are services effective?

(for example, treatment is effective)

- Patients were provided with information about procedures including the benefits and risks of therapies provided. They were also provided with information on after care.
- A consultant pain specialist carried out a dedicated weekly clinic specifically to deal with the treatment of chronic pain conditions. Patients were required to complete a before and after questionnaire to measure effectiveness of treatment.
- The clinic offered a health assessment and screening service where patients who needed support were identified. Staff explained that assessment findings were shared with the patient's own GP for further intervention. There was a failsafe system in place which included the tracking of urgent referrals and test results.

## 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 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?

## Our findings

### We rated caring as Good because:

We found that Blackberry Clinic was providing care for patients in a compassionate and supportive manner. Patients' needs were always respected and doctors involved them in decisions about their treatment options.

### Kindness, respect and compassion

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

- Feedback from patients was positive about the way staff treated people. Posts on social media highlighted the caring, kind and professional staff.
- All feedback we saw about patient experience of the service was positive. All the 23 completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect. Comments showed that patients felt the service was of a high level and staff were caring, professional, empowering and treated them with dignity and respect.
- Following their procedures, patients were invited to complete a survey asking for their feedback on their experience. Analysis of feedback showed that patients were satisfied with the service they had received and with their treatment outcomes.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

- The service gave patients timely support and information.

### Involvement in decisions about care and treatment

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

- Staff told us that no patients had needed interpretation services, but that they knew how to arrange this if necessary.
- Patients told us through comment cards that they 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.

### Privacy and Dignity

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

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

We found that Blackberry Clinic staff were responsive to patients' needs and fully equipped to deliver services.

### 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 provider understood the needs of their patients and improved services in response to those needs. For example, improvements had been made to written communication.
- The facilities and premises were appropriate for the services delivered. Hot and cold drinks were available in reception for patients.

### 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, test results, diagnosis and treatment. We were told that many tests could be carried out on the same day as the initial appointment and that results were often available that day.
- The clinic was open 8am to 5pm on Mondays and Fridays, 8am to 8pm on Tuesdays, Wednesdays and Thursdays; 9am to 2pm Saturdays. Health assessments were available between 8am and 4pm Monday to Friday.

Existing patients had access to a direct number to discuss individual concerns. We saw no feedback from patients to indicate concerns regarding delays in getting through to the service or delays in accessing treatments.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Patients usually had appointments within a short time of their request and appointments could be accommodated at short notice.
- Referrals and transfers to other services were undertaken in a timely way.

### 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, details were displayed in the reception area. Learning lessons from individual concerns, complaints and from analysis of potential trends.
- The provider used patient satisfaction questionnaires. This enabled patients to leave feedback on their experiences of the service. The survey results we viewed demonstrated 100% positive patient satisfaction

# Are services well-led?

Good 

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

## Our findings

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

Blackberry Clinic was well organised and had a range of clear policies and procedures. All staff shared the vision to promote a high-quality service with the focus on continuity of care.

#### 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.
- There was a leadership and staffing structure and staff were aware of their roles and responsibilities as well as the limitations of their roles. Staff we spoke with felt well supported and described leaders at all levels as approachable. Staff explained that they had regular meetings as well as daily one-to-one interaction with managers and clinical leads provided clinical support to the doctors. There were systems which enabled the clinic manager and doctors to access senior support when required.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Business development was discussed at business and Board meetings.

#### Vision and strategy

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

- There was a vision to provide high quality, patient-centred, responsive and ethical services that placed care and patient safety at the heart of service delivery.
- The service had a strategy and supporting business plans to achieve business goals and priorities. We were told that the objective was to develop a service with timely and high-quality appointments, diagnosis and treatment.
- The service developed its vision, values and strategy jointly with staff.
- 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.

#### Culture

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

- Staff told us that they felt respected, supported and that their contribution was valued.
- The service had a patient centred ethos.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the service.
- 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 had confidence that these would be addressed when they did so.
- There were processes for providing all staff with the development they required. This included appraisal and career development conversations. We saw that the doctors carried out the annual staff appraisals.
- 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.
- Staff commented on the strong working relationship in the team.

#### Governance arrangements

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

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

- The clinic had a range of processes in place to govern the service in all aspects of service delivery including the clinical aspects of the service.
- There was a range of service specific policies that were well organised and available to all staff. These were reviewed regularly and updated when necessary.

# Are services well-led?

Good 

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

Quality compliance managers completed General Data Protection Regulation training to aid dissemination of policy changes within the Milton Keynes clinic and across the other locations.

- Staff were clear on their roles and accountabilities in respect of safeguarding.
- A range of meetings were held; for example, clinical meetings, non-clinical meetings as well as continuous professional development meetings.
- Systems were in place to monitor and support staff as well as for monitoring the quality of the service and making improvements where necessary. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for clinical staff to carry out regular quality checks and actively seeking feedback from patients.
- Since our previous inspection in July 2018, management had strengthened annual appraisals for non-clinical staff. Staff we spoke with confirmed they had received an annual appraisal.
- The clinic's human resources process was supported by an external group who also covered the clinic's health and safety management, insurance and employee well-being through an employment assistance programme.

## Managing risks, issues and performance

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

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

- The clinic carried out a variety of checks to monitor the performance of the service.
- There were arrangements in place to respond to medical emergencies. Staff were trained to respond to major incidents such as fire and medical emergencies.
- We saw effective arrangements in place for identifying, recording and learning from incidents, complaints and comments.

## 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 patients.
- 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 patient identifiable data, records and data management systems. All patient medical records were stored electronically.

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

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

- Patients were actively encouraged to provide feedback on the service they received. The service invited patients to complete a survey at initial contact and after every consultation. Findings were constantly monitored and the manager explained that action was taken when feedback indicated that the quality of the service could be improved. For example, in patient waiting areas the service replaced water bottles with water jugs.
- The service carried out an in-house patient satisfaction survey after every appointment. All respondents rated the service excellent and would recommend it to family and friends.
- Staff were able to give feedback on an informal basis or at the regular meetings.

## Continuous innovation

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

- The clinical manager explained that the provider and staff at this location consistently sought ways to improve the service.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings and the appraisal process.