

A & R Limited

Snowberry Lane Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 December 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

Background

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.

Snowberry Lane Clinic is a private clinic offering medical and cosmetic procedures and weight loss programmes to adults and children over 12 years of age. Not all procedures are available to patients between the ages of 12 and 18. The service is based in Melksham in Wiltshire. The clinic's facilities include five treatment rooms, a minor operations room and a range of specialist equipment used in the delivery of their services, such as lasers. There was a waiting area, patient toilets and an automatic front door that facilitated easy access. The clinic is open six days a week. Opening times are: 9am to 7.30pm, Monday to Thursday; 9am to 4pm on Friday; and 8.30am to 1.30pm on Saturday. There are three part-time GPs, a part-time ophthalmologist, three nurses, two health care assistants, four therapists, a practice manager and deputy practice manager, four receptionist administrators and a domestic assistant.

This service is registered with 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

Summary of findings

regulation by CQC which relate to particular types of service, such as botox treatments, and these are set out in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all highly positive about the service overall and about the standard of care received from GPs and Nurses.

Our key findings were:

- The clinic had checked that the GPs and nurses working at the clinic were appropriately registered and revalidated in line with their professional requirements.
- The clinic had a range of systems, processes and practices in place to minimise risks to patient safety.
- We saw evidence the clinic was following NICE guidelines where appropriate, such as their guidelines for treating skin lesions.
- The consultation and treatment rooms were well equipped, clean and comfortable.
- We saw evidence that the clinic had a consistent focus on service improvements.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients. For example, with regard to appropriate equipment and medicines for use in an emergency.

The areas where the provider should make improvements are:

- Put guidance in place to help staff decide what which phone calls to their out-of-hours phone number should be escalated to medical staff.
- Revise their complaints policy to ensure patients are given information on how to escalate a complaint if they are not satisfied with the practice response.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low assuming corrective action is taken.

- Arrangements for safeguarding reflected relevant legislation and local requirements.
- We saw evidence the clinic had checked that the GPs and nurses working at the clinic were appropriately registered and revalidated in line with their professional requirements.
- The clinic had a range of systems, processes and practices in place to minimise risks to patient safety.
- However, on the day of our inspection the practice did not have a risk assessment in place stating which emergency medicines they should hold on site and the equipment and medicines they had available for use in an emergency were not in line with nationally recognised guidance. When we pointed this out to the clinic they immediately took steps to rectify the situation.

Are services effective?

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

- We saw evidence the clinic was following NICE guidelines where appropriate, such as their guidelines for treating skin lesions.
- All staff had annual appraisals and we saw evidence that staff were encouraged and supported to develop their skills and complete further training.
- The service had links with local NHS hospitals and GP practices who occasionally referred patients to the clinic.
- The practice had a program of clinical and non-clinical audits for the year ahead and had completed ten audits in the last year.
- The clinic always obtained written consent from patients before any treatment was started and had a standard two week 'cooling-off' period prior to treatment starting. This cooling off period could be waived if appropriate.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Patients said 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.
- The clinic had a Welcome Pack of information that was given to all patients at the initial consultation.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The facilities were appropriate for the services being delivered and the reception was staffed during the clinic's opening hours.

Summary of findings

- The consultation and treatment rooms were well equipped, clean and comfortable.
 - All patients were requested to complete a feedback form following treatment from which the clinic compiled an annual patient satisfaction report which was made public on their website and included in the patients welcome pack.
 - There was a complaints policy and a copy was given to all patients as part of the welcome pack.
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Are services well-led?

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

- There was a clear leadership structure at the clinic. Staff we spoke to told us they felt supported, respected and valued by the Registered Manager and Nominated Individual.
 - The practice had a clear vision and strategy which was shared with all staff and was communicated to patients through the practice website and welcome pack.
 - The clinic had a clear focus on continuous service improvements.
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Snowberry Lane Clinic

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection of Snowberry Lane Clinic on 5 December 2017. The inspection was led by a CQC Lead Inspector accompanied by a GP Special Advisor.

Before visiting the clinic, we looked at the notifications received and information submitted to us in response to our provider information request.

The methods used during the inspection included, interviewing staff, reviewing documents and observing.

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

Safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and how to report an incident or significant event. They made additional checks where the patient was under 18 years of age. They had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices advising patients that chaperones were available if required were on display in all of the locations and we saw evidence staff had received chaperone training.
- A Disclosure and Barring Services (DBS) check had been obtained for all staff, in line with the clinic's policy.
- We saw evidence the clinic had checked that the GPs and nurses working at the clinic were appropriately registered and revalidated in line with their professional requirements.
- There was a cleaning schedule and we saw the premises were clean and tidy.

Risks to patients

The clinic had a range of systems, processes and practices in place to minimise risks to patient safety.

- There was a health and safety policy available.
- The clinic had an up to date fire risk assessment and carried out regular fire drills.
- The clinic had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The clinic had a system to ensure that electrical and clinical equipment was checked and calibrated to ensure it was safe to use and in good working order.

- All the clinic's laser equipment was inspected annually by a specialist Laser Protection Advisor and the risk assessment for the equipment updated.
- On the day of our inspection the practice did not have a risk assessment in place stating which emergency medicines they should hold on site. The equipment and medicines they had available for use in an emergency were not in line with nationally recognised guidance. (See the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary.) Specifically, the clinic did not have oxygen or appropriate medicines to treat bradycardia (a slow heart rate) and hypoglycaemia (a low blood glucose level). However, as soon as we pointed this out to the clinic they took steps to rectify the situation. On the day of the inspection they ordered oxygen and the appropriate medicines (atropine and glucagon). The next day the clinic confirmed the medicines had arrived and were available in an emergency. They said the oxygen would take longer to be delivered.
- We saw evidence that all clinical staff had appropriate professional indemnity arrangements.

Information to deliver safe care and treatment

The clinic assessed all patients seeking treatment at a consultation meeting prior to any treatment being given. Patients' medical information and record of medicines supplied were documented on record cards and stored securely at the clinic. These were updated after each patient appointment.

Safe and appropriate use of medicines

The service supplied analgesic and antibiotic medicines to patients who had undergone minor surgery where appropriate. We looked at the clinic's records relating to the supply of medicines which were in line with the regulations. The clinic told us they no longer prescribed or supplied controlled medicines or medicines in relation to their weight loss treatments.

Track record on safety

The clinic carried out regular audits of medicines supplied and had systems in place for knowing about notifiable safety incidents.

Lessons learned and improvements made

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.

We were told that when there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

For example, one incident involved a procedure which had to be carried out differently than planned due to a new item of equipment malfunctioning. The patient was given an explanation, an apology and the revised procedure discussed and agreed. Following the incident the practice discussed the incident at a staff meeting and agreed that older models of equipment should be kept as a backup until new replacement equipment had been used and successfully integrated into their procedures.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, they followed NICE guidance on the treatment of skin lesions and the British Association of Body Sculptors guidance for some of their other procedures.

At the first consultation appointment, the clinic collected a range of information about the patient depending on the service they were seeking. We were told all patients were asked to complete a psychological questionnaire in order to help them assess the appropriateness of the treatments being considered.

Monitoring care and treatment

- The practice had a program of clinical and non-clinical audits for the year ahead and had completed ten audits in the last year. For example they had carried out an audit on Botox treatments they had carried out and on the additional checks they had made when treating patients under 18 years of age.

Effective staffing

- The practice had an induction programme for all newly-appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. We saw the induction programme did not include infection control as recommended in recognised guidance. We raised this with the clinic who took immediate steps to rectify this and sent us a revised induction checklist which included infection control within 24 hours.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We saw evidence that staff were encouraged and supported to develop their skills and complete further training. All staff had received an appraisal within the last 12 months.
- The clinic had a list of compulsory training that all staff were required to complete. This compulsory training included; safeguarding, the Mental Capacity Act, infection control, basic life support, fire awareness and information governance. We saw evidence that all staff had completed the compulsory training.

Coordinating patient care and information sharing

Subject to patient consent, the clinic sent letters to their GP informing them of the treatments the patient had received.

The service had links with local NHS hospitals and GP practices who occasionally referred patients to the clinic.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The clinic always obtained written consent from patients before any treatment is started and had a standard two week cooling off period prior to treatment starting. This cooling off period could be waived as appropriate.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services caring?

Our findings

Kindness, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all highly positive about the service overall and about the standard of care received from GPs and Nurses. Patients said 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.

Involvement in decisions about care and treatment

The clinic had a Welcome Pack of information that was given to all patients at the initial consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The facilities were appropriate for the services being delivered and the reception was manned during the clinic's opening hours. The consultation and treatment rooms were well equipped, clean and comfortable.

- The clinic was open six days a week including Saturday morning.
- All patients attending for a consultation prior to treatment were given a Welcome Pack which included a range of information including the patient's pathway from initial consultation to and the clinics complaint policy.
- All patients were requested to complete a feedback form following treatment from which the clinic compiled an annual patient satisfaction report which was made public on their website and included in the patient's welcome pack.
- The clinic routinely asked patients to complete a psychological questionnaire prior to any treatment being given in order to help them assess the appropriateness of the treatments being considered.
- The clinic was able to refer patients to an independent psychotherapist who was able to see patients at the clinic.
- The clinic provided an out of hours service for all patients receiving medical treatment. They were given a mobile phone number to contact the Registered Manager, who would then contact a doctor if required. However, there was no protocol in place to help the registered manager decide when medical advice was warranted.

Timely access to the service

The clinic was open on six days a week, 9am to 7.30pm Monday to Thursday, 9am to 4pm on Friday and 8.30am to 1.30pm on Saturday. Appointments for an initial consultation and requests for a copy of the clinics brochure could be made by phone, email, via the clinics website or in person.

Listening and learning from concerns and complaints

The clinic had a system for handling complaints and concerns.

- There was a complaints policy and a copy was given to all patients as part of the welcome pack.
- There was a designated responsible person who handled all complaints in the practice.
- The practice had received three complaints in the past year and we saw that these had been responded to and investigated in line with the practice policy. For example, when a patient complained that the treatment for their wrinkles had not produced the expected results, the clinic wrote to the patient acknowledging their complaint and invited them in to discuss it. They subsequently wrote to the patient giving them a full refund of the treatment costs. The clinic also reviewed their procedures and decided that they need to be clearer about the degree to which being a heavy smoker and having sun damaged skin, limited the benefits of using fillers to treat wrinkles.

On the day of our inspection we found the practice policy and procedure was not in line with recognised guidance. Specifically; the information given to patients and the final letter to patients from the clinic about complaints, did not include how they could escalate these to the appropriate external body if they were not satisfied with the response (such as the Ombudsman for NHS funded services). However, the clinic immediately took steps to rectify this issue and within 48 hours they had sent us a revised copy of their policy and procedure which included this information.

Are services well-led?

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

Our findings

Leadership capacity and capability;

There was a clear leadership structure at the clinic. The practice manager was the Registered Manager and the senior GP, who was also one of the company Directors, was the Nominated Individual. (The registered manager is the person responsible for the day-to-day management of the service while the nominated individual has responsibility for supervising the management of regulated activities.) Staff we spoke to told us they felt supported, respected and valued by the Registered Manager and Nominated Individual.

Vision and strategy

The practice had a clear vision and strategy which was shared with all staff and was communicated to patients through the practice website and welcome pack.

Culture

Staff were aware of the need to be open and transparent, particularly if things went wrong. All staff we interviewed understood the requirements of the clinic's Duty of Candour. They also informed us that they had opportunities to raise any issues with their managers. The culture of the service encouraged candour, openness, and honesty.

Governance arrangements

The clinic had policies and procedures in place, which were available for staff to access. They covered all activities undertaken at the clinic and were accompanied by a programme of audits to monitor the service. The staff were clear about their roles and responsibilities.

Managing risks, issues and performance

There was a range of processes in place to identify and minimise risks to staff and patients. In a number of cases, such as for fire risks and the risks of Legionella, the clinic used outside consultants and we saw evidence the clinic followed the advice given.

The practice had a plan of audits for the coming year to support ongoing learning and improvements. They had completed ten audits in the last 12 months.

Appropriate and accurate information

Patient assessments from consultations were recorded on paper records, these were then securely stored. These records were then used for subsequent visits and updated where appropriate.

Engagement with patients

The practice sought feedback from all patients which they published annually in a patients' feedback report. These showed that patients were pleased with the service.

Continuous improvement and innovation

The clinic had a clear focus on continuous service improvements. They had a plan for a range of improvements they were introducing in the coming year. This included an increased number of audits to be conducted and an increase in the frequency of staff meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <ul style="list-style-type: none">• The equipment and medicines they had available for use in an emergency were not in line with nationally recognised guidance and they have not adequately risk assessed this. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>