

Snowberry Lane Clinic

Quality 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.

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Letter from the Chief Inspector of General Practice

When we carried out an announced comprehensive inspection of Snowberry Lane Clinic on 5 December 2017 we identified one area where the provider was not providing safe care in accordance with the relevant regulations. We said they 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.

We also advised the service they should:

- Put guidance in place to help staff decide 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 service response.

Following our inspection the provider sent us an action plan setting out the action they would take to meet the relevant regulation.

This inspection was an announced focused inspection carried out on 21 March 2018 to confirm that the service

Key findings

had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 December 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found that the service was meeting the regulation they had previously breached and was providing safe care in accordance with the relevant regulations.

Our key findings were as follows:

- The practice now had oxygen available for use in emergency and had developed protocols and systems to ensure it was kept safe and fit for use.
- The service had developed a protocol giving guidance to staff who answered the out-of-hours phone on when a doctor should be contacted.
- The practice had revised their complaints policy to include information on how to escalate a complaint.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Snowberry Lane Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC Inspector.

Background to Snowberry Lane Clinic

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 children. 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 were: 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 service manager and deputy service 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 regulation by CQC which relate to particular types of service and these are set out in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service 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.

Snowberry Lane Clinic provides regulated activities from its sole site at:

- Ridgway House, 49 Shurnhold, Melksham, Wiltshire, SN12 8DF

Why we carried out this inspection

We undertook a comprehensive inspection of Snowberry Lane Clinic on 5 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We identified one area where the provider was not providing safe care in accordance with the relevant regulations. The full comprehensive report following the inspection on 5 December 2017 can be found by selecting the 'all reports' link for Snowberry Lane Clinic on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Snowberry Lane Clinic on 21 March 2018. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 5 December 2017, we found the service was not providing safe care in accordance with the relevant regulations. The equipment and medicines they had available for use in an emergency were not in line with nationally recognised guidance. Specifically we found that on the day of our inspection:

- The service did not have a risk assessment in place stating which emergency medicines they should hold on site.
- The clinic did not have oxygen or appropriate medicines to treat bradycardia (a slow heart rate) and hypoglycaemia (a low blood glucose level).

On this inspection we saw the service had taken appropriate action and was now meeting the relevant regulations.

Safety systems and processes

- Since our inspection in December 2017 the service had reviewed the emergency medicines they held on site. They had undertaken a risk assessment to determine which emergency medicines would be held on site. These included medicines to treat bradycardia (a slow heart rate) and hypoglycaemia (a low blood glucose level). We saw from minutes of meetings that this had been discussed at a management meeting. There was a protocol in place to ensure the medicines required were on site and regularly checked to ensure they were fit and ready to be used.

- The service now had oxygen available for use in an emergency.
- The service had reviewed and amended their fire risk assessment and evacuation plan in line with advice from an independent contractor. Clinical staff had been trained to use the equipment and we saw evidence the service had added use of the equipment to the basic life support training all staff completed annually. There was an annual maintenance contract in place and a protocol to ensure the equipment was regularly checked to ensure it was fit and ready to be used.

Other developments since our inspection in December 2017

The provider had also made improvements to other areas that were suggested following our last inspection. For example:

- The service had developed a protocol giving guidance to staff who answered the out-of-hours phone on when a doctor should be contacted.
- The practice had revised their complaints policy to include information on how to escalate a complaint. This information was available to patients in the clinic and had been added to the standard complaint letter template.