

Blackberry Clinic - Fareham

Inspection report

Suites 1 and 2, Faretec
Carnac Court, Cams Hall Estate
Fareham
PO16 8UY
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www.blackberryclinic.co.uk

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

Ratings

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Blackberry Clinic – Fareham on 23 August 2023. The service was registered with the Care Quality Commission (CQC) in July 2021. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 services, and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Blackberry Clinic – Fareham is registered with the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

Therefore, we only inspected the health screening service, private GP and treatment of musculoskeletal, sports injury and ear wax removal.

Blackberry Clinic – Fareham is an independent service provider which provides treatments for acute and chronic pain, health screening, health assessment services and a range of specialist diagnostic services and treatments which includes x-rays, joint injections and physiotherapy. The service specialises in the treatment of muscle, bone and joint problems including back pain, repetitive strain and sports injuries, private GP appointments and ear wax removal.

The centre 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:

- There were systems to assess, monitor and manage risks to patient safety.
- The provider operated clear and effective systems to safeguard patients.

Overall summary

- Staff had the skills, knowledge, qualifications and experience to deliver effective care and treatment.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Regular audits were completed to ensure and monitor quality and effectiveness of care and treatments.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider had facilities that were appropriate for the treatments offered and the provider was well equipped to meet patient's needs.
- The provider had a range of policies and procedures in place to govern activity; staff were able to access these policies.
- Feedback was proactively sought from staff and patients and actions were taken to address any concerns raised.

The areas where the provider **should** make improvements are:

- Implement and embed the new process to request and maintain evidence of staff vaccinations.
- Improve the efficiency of the system and process to monitor emergency equipment.
- Take action to update the complaints policy and procedure to include reference to the Independent Sector Complaints Adjudication Service.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Blackberry Clinic - Fareham

Blackberry Clinic – Fareham is located at:

Suites 1 and 2

Faretec

Carnec Court

Cams Hall Estate

Fareham

PO16 8UY

The clinic is managed and overseen by the provider Blackberry Clinic Limited which has 19 other clinics located across England which are registered separately with CQC. The service website can be accessed via the following link – www.blackberryclinic.co.uk.

The staff team at Blackberry Clinic – Fareham consists of a centre manager, a musculoskeletal doctor, 4 GPs, 3 health advisors and a physiotherapist. Patients have the choice of seeing a male or female member of staff when booking an appointment with a GP or health advisor. The team is supported by an area manager who is responsible for several clinics over a geographical location. The staff team is further supported by the following national roles; operations manager, quality and compliance manager, quality and compliance officer, training manager, recruitment manager, operations director and a clinical director.

The provider offers specialised treatment for musculoskeletal conditions including back pain, sports injuries and chronic pain conditions. The service is registered to treat adults and children however, most patients treated were adults. The provider also offers services including pain management, physiotherapy, osteopathy, chiropractic, podiatry, chiropody, private GP appointments, ear wax removal and health assessments.

Appointments can be booked over the phone, online, on the website or face to face by visiting the clinic. The service is open between 8am and 4pm Monday to Friday and is closed at weekends. Patients who need to contact the clinic outside of the core business hours are given out of hours contact details.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and requested evidence which we reviewed prior to the inspection visit. During the onsite visit, we spoke to staff in a range of roles and reviewed information and documents which were not able to be sent and needed to be inspected on site. These included samples of staff recruitment files, medical records, reviewing clinical spaces and checking emergency medicines and equipment.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- All staff had completed up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- The service had systems to safeguard children as well as vulnerable adults from abuse.
- The provider conducted safety risk assessments. It had appropriate safety policies in place 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.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The provider worked with other agencies to support patients and protect them from neglect and abuse.
- The provider's recruitment policy confirmed all staff required a Disclosure and Barring Service (DBS) check before they commenced employment (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). If a DBS check had not been obtained before the start date for a non-clinical role, a DBS risk assessment would be in place until the DBS check was obtained. We reviewed 4 staff files, and all contained evidence a DBS check had been completed.
- Staff who acted as chaperones were trained for the role.

Risks to patients

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

- There was an effective induction system for all staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service did not see unwell patients; however, staff knew how to identify and manage patients with severe infections such as sepsis and were suitably trained in emergency procedures.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately.
- The service had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.
- There was an infection prevention and control (IPC) policy in place and an effective system to manage IPC risks.
- An IPC assessment and audit had been completed in June 2023 which identified risks and steps had been taken to mitigate them.
- We reviewed a Legionella test certificate and evidence of weekly testing of the service's water supply which assured the provider the risk of water contamination from Legionella was low. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safe management of healthcare waste.
- We saw sharps bins in the consultation rooms were securely assembled, dated and not over-filled. Staff had access to a sharps injury protocol which provided staff with quick access to information on the steps to be taken in the event of a sharps injury.
- The provider carried out appropriate environmental risk assessments which took into account the profile of people using the service and those who may be accompanying them.

Are services safe?

- The provider had a designated room to carry out fluoroscopy procedures (using x-rays to give real-time images of the body). During the inspection, we found the room did not have any signage on the door warning of the use of radiation. Following the inspection, the provider sent us evidence that they had immediately placed appropriate signs on the door of this treatment room.

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 were recorded on a standardised template and included the information needed to deliver safe care and treatment. The records were readily accessible to relevant staff.
- The provider had systems for sharing information with the patient's registered GP to enable them to deliver safe care and treatment. Patients were given copies of their health reports or referrals.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The provider 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 ceased trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks. However, during the inspection, we reviewed the medical equipment and found 2 intravenous giving sets (used to administer fluids and medicines directly to the bloodstream) were out of date and a pulse oximeter (used to monitor heart rate and oxygen levels) was not working. This was addressed by the provider immediately.
- As part of the health assessment packages, the provider offered onsite full blood count tests, blood glucose testing and cholesterol level checks. There were arrangements in place for laboratory tests as well as for the storage of samples. During our inspection we found the service operated effective quality control systems to support this service. These quality control systems reflected guidelines by the Medicines and Healthcare products Regulatory Agency (MHRA).
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- The provider carried out environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- We saw policies and formal risk assessments completed on various dates during 2022 and 2023 including a general health safety risk assessment carried out in March 2023. Fire alarms were checked regularly by an external company most recently on 1 August 2023. Emergency lighting was checked weekly most recently on 22 August 2023 and fire extinguishers had an annual service most recently in August 2023. During the inspection, we identified a routine fire drill had not taken place since April 2022. Following the inspection, we saw evidence that this had now taken place.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. During the inspection, we saw evidence the x-ray machine had been serviced in May 2023.

Lessons learned and improvements made

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording, acting and learning from 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 were systems for reviewing and investigating when things went wrong. The service 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. We saw evidence of Duty of Candour within the services' approach to managing complaints. In addition, staff we spoke with said that they were encouraged to report significant events, incidents and concerns if ever they occurred.
- The provider kept written records of verbal interactions as well as written correspondence.
- The provider had systems in place for knowing about notifiable safety incidents and disseminated alerts to all members of the clinic team. During our inspection, staff told us most Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not applicable to the service provided in their clinic, but alerts were received and shared as and when necessary.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- During the inspection, we saw evidence that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance.
- Staff told us they would refer patients back to their registered GP if the service was unable to offer care and treatment for their condition.
- Staff assessed and managed patient's pain where appropriate.
- Patients who attended the health assessment service were first seen by a trained health advisor who carried out health checks such as measuring the patient's height, weight and blood pressure. Patients were then seen by the GP who reviewed the results of the health checks. As part of health assessments, patients were provided with access to mobile applications, personalised coaching and information tailored to their own health, lifestyle and goals.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to monitor the quality of their service. The provider undertook regular audits in relation to clinical notes, consent, hand hygiene, clinical waste, disability access and medicines management. For example, a consent audit was completed in July 2023 had identified information was missing from patient records. The clinicians involved were spoken to and advised of the information that was omitted to try and improve their recording and ensure essential information is recorded in the future.
- The provider delivers services for a third-party partner organisation who carry out clinical audits on the effectiveness of some of the services at this clinic. We saw an audit carried out in April 2023 by the partner organisation on the prescribing of high doses of oestrogen across its service which identified high doses are only prescribed in exceptional circumstances. The audit is due to be repeated after 6 months.
- The provider regularly collated feedback from patients which recently gave an overall score of 85.5% of respondents being satisfied or extremely satisfied with the service they had received.

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. All health advisors at this service are training facilitators and have completed additional training to support the induction and training of new health advisors. During the inspection, we found evidence of this system being used for a new member of staff.
- Professionals requiring registration with the General Medical Council (GMC) were registered and up to date with revalidation. They participated in peer review, ongoing training and formal appraisals in line with NHS England requirements.
- The provider understood the learning needs of staff and provided protected time and training so staff could meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

- There was a system in place which gave the centre manager an overview of when training was due. However, during the inspection we found a member of staff's training in IR(ME)R (Ionising Radiation (Medical Exposure) Regulations) had expired 1 month prior to the inspection (specialist training for staff working with radiation). This member of staff carries out these procedures 1 day a week to a low number of patients and is always accompanied by another member of staff who has completed up to date training. Following the inspection, the provider told us they had suspended all affected procedures until the member of staff had completed IR(ME)R training.
- There was an appraisal system in place and all staff had received an annual appraisal. The service upskilled staff in various areas and roles. For example, 1 of the health advisors is about to take on additional responsibilities while the centre manager takes a planned absence from the service.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, we saw the recording of an incident where a patient presented at the service with mental health concerns. They were referred immediately to the local accident and emergency mental health crisis team and the GP called ahead to ensure the team was to expect the patient to arrive.
- Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were asked to complete a pre-assessment questionnaire which helped to identify aspects of their lifestyle which the GP may be able to offer support with.
- Patients 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.
- Patients were provided with a detailed report covering the findings of their assessment and recommendations for how to reduce the risk of ill health and how to improve their health through healthy lifestyle choices. If further tests were required, patients were referred to other health services, both privately and through the NHS.
- Patient information was shared appropriately (this included when patients 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.

Supporting patients to live healthier lives

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

- The services provided focused proactively on health and wellbeing, and the overall aims and objectives of the service were to support patients to live healthier lives through a process of health assessments and screening. Staff were trained in providing personalised support to patients in an aim to support them to make healthier lifestyle choices and improve their health.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients. Where patient's 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.

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately and had completed an audit on consent.
- There was easily accessible information about the services available and the costs.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients collated by the service was positive about the way staff treated people.
- 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.
- The service completed surveys of patient satisfaction. This was an ongoing process and was regularly reported on. We saw the results of a patient feedback survey based on 404 responses received between January and August 2023 and 85% of responses were positive. The feedback indicated staff were professional and friendly.

Involvement in decisions about care and treatment

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

- Patients are required to complete a pre-assessment questionnaire and are contacted by phone before their appointment to identify any additional requirements to support their attendance.
- Interpretation services were available for patients who did not speak English as a first language.
- Feedback from patients collected by the provider indicated patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The provider contacted patients to follow up concerns when patients had not been completely satisfied with the service. For example, a patient had given a score of 1/10 as they had been unable to access their report online following their appointment. The provider sent an email containing an apology, offered to email the report to the patient and suggested they phone the clinic to discuss the matter further if they wanted to.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.
- During our inspection, we observed members of staff to be courteous and helpful when speaking to patients.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of respecting people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Privacy screens were available in clinical rooms.

Are services responsive to people's needs?

We rated responsive as Good because:

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, 1 of the GPs had recently started to offer menopause appointments line with the third-party partner's service offering.
- Patients were able to book in with the same staff member for continuity of care. In addition, patients could choose from a selection of the other Blackberry clinics to suit their geographical needs.
- The 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.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. However, the complaints policy and process did not provide the complainant with information on escalating their complaint to the Independent Sector Complaints Adjudication Service.
- Complaints was a standing item on the agenda for the weekly governance meetings. Minutes of these meetings were shared with all staff.
- The service had a complaint policy and procedures in place and had received 7 complaints within the last 12 months. The service learned lessons from individual concerns, complaints and from analysis of trends. We saw examples of these complaints, how they had been managed and actions required. The service acted as a result to improve the quality of care. For example, a patient had made a complaint that their annual health report did not include historical information from previous health assessments. The service investigated the issue and found the patient had 2 profiles on their online system and therefore, the data had not synced. The service merged the profiles, connected the data and re-issued the health assessment to contain all the relevant information. The patient was kept up to date with the progress of their complaint.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- There was a leadership and staff structure in place with clear lines of accountability.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Staff told us leaders at all levels were visible and approachable. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Staff were supported to upskill and take on further responsibilities.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service focused on delivering preventative health strategies to patients to support them to live healthier lives. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Staff told us they were committed to providing and delivering a high-quality service to all patients.
- The service monitored progress against delivery of the strategy which was reviewed monthly by the registered manager and area manager.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued and were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- We saw evidence that openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The service 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 they would be listened to, and concerns would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff members were considered valued members of the team.
- Staff were given protected time for professional development and evaluation of their clinical work.
- Staff told us they were supported with professional development to upskill and take on new roles and responsibilities if they chose to. All health advisors at the clinic had taken on a lead role. For example, 1 had completed additional training and was the infection prevention control lead for the clinic.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. 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.
- Governance meetings took place regularly to discuss matters such as audits, policies and procedures, safeguarding concerns, incidents and complaints. Although clinicians did not have an opportunity to take part in these meetings, we were told there were plans for this to happen in the future.
- The service had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received by the registered manager and quality team. If relevant, these were then sent on to the staff team.
- There were comprehensive assurance systems which were regularly reviewed and improved.
- Each clinic had a lead clinician who reviewed all abnormal test results. For example, the abnormal cervical screening results were reviewed monthly to ensure patient safety.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The service had plans in place and had trained staff for major incidents.
- We reviewed 4 staff recruitment files, and all complied with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider has asked staff to confirm their routine vaccinations to ensure staff and patient safety but did not ask staff to provide evidence in line with national guidance. Following the inspection, the provider told us they will request this evidence from current staff and have reviewed their recruitment processes.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service reported on and monitored performance information, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- The service communicated changes following feedback and suggestions, in the form of a “You said, we did” initiative which were available to view in the clinic’s reception area.
- 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. For example, there was a buddy system for new health advisors to be supported by other members of staff.
- The provider has a buddy clinic who they can seek support and guidance from.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work and staff were encouraged to share their ideas.