

# Blackberry Clinic - Walsall

## Inspection report

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Walsall  
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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 – Walsall as part of our inspection programme.

Blackberry Clinic – Walsall provides a pain clinic service. Treatments are provided by pain specialists who specialise in the management of back, joint and neck pain.

## **Our key findings were:**

- There were systems to assess, monitor and manage risks to patient safety.
- Services provided were organised and delivered to meet patients identified and assessed needs.
- The provider had systems and processes in place to minimise the risk of infection.
- Appropriate medicines and equipment were available to manage medical emergencies.
- Staff had received training and guidance to deal with medical and other health and safety emergencies.
- The provider maintained a central register of any complaints and incidents that had occurred across all its locations. This supported sharing learning and improvements across the organisation. There had not been any complaints or any incidents specific to this location however, staff were aware of the systems in place for identifying, reporting and acting on complaints and incidents.
- We saw examples where information was shared with a patients NHS GP to support the continuity of safe care and treatment.
- Patients were supported to live healthier lives, through education, support and had access to care and treatment in a timely manner.
- Staff treated patients with respect and involved them in decisions about their care.
- Governance arrangements in place ensured the provider had effective management oversight of systems to support ongoing learning, monitoring and improvement.

**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 a GP specialist adviser to CQC.

## Background to Blackberry Clinic - Walsall

Blackberry Clinic Limited head office is located at the following address in Milton Keynes.

Blackberry Clinic Group,  
3 Blackberry Court, Walnut Tree,  
Milton Keynes, MK7 7PB

The provider Blackberry Clinic Limited is registered with the Care Quality Commission and provides regulated activities at 12 registered locations. This includes Blackberry Clinic – Walsall.

The nominated individual and Medical Director, Dr Simon Petrides, has over 30 years' experience in treating back, muscle and joint pain. Based on this experience Blackberry Clinic Limited was founded to provide treatment for sports injuries and back, muscle and joint pain. The clinics are supported by a team of specialist doctors, physiotherapists, osteopaths and chiropractors who use a combined multidisciplinary approach to treat painful musculoskeletal conditions.

Blackberry Clinic – Walsall, team of specialist practitioners provide interventional pain management. Interventional pain management uses minimally invasive procedures to, intervene and disrupt the signals of pain. The practitioner specialists carry out consultations and treatment which require minimally invasive procedures instead of surgery. Consultations, procedures and treatments include physical examinations, diagnostic imaging/scanning, steroid injections, joint injections, musculoskeletal medicine and other therapies. Blackberry Clinic Limited is also partnered with Bupa Health Clinics to offer Bupa Health Assessments nationwide.

The staff team at Blackberry Clinic - Walsall consists of:

- A clinic centre manager who is also the registered manager
- Consultants in Sports, Pain and Musculoskeletal Medicine
- A quality and compliance officer who covers all the Blackberry clinics
- A receptionist

Blackberry Clinic – Walsall was previously known as Sport Medicine Partners from Blackberry Clinic Lichfield and was located in Lichfield. The clinic moved to new premises in Walsall and was renamed to reflect the area it is now situated. The clinic opening hours are Monday to Thursday 8am to 4pm and Friday, 9am to 1pm. The service operates from the basement floor of a shared leased building. Access to the clinic is via steps or a ramp for people with mobility problems. There is an onsite car park for patients. The service had a waiting room, three consulting rooms, one treatment room and patient accessible toilet facilities.

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

During the inspection we spoke with staff, reviewed information made available to us by the provider, reviewed a sample of clinical records, made observations and reviewed patient feedback.

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:

Blackberry Clinic – Walsall demonstrated that they provided services for patients in a manner that ensured the safety of patients' and staff.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance.
- Staff received safety information from the service as part of their induction.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service had not yet provided a service to children at its present location however there were systems in place to assure that an adult accompanying a child had the appropriate parental authority.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service was aware of the different local safeguarding agencies they may need to contact to support patients and protect them in the event of suspected neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We saw evidence that staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). Risk assessments completed included clinical practices, consulting and treatment rooms and hand hygiene. Records available showed that risk mitigation was also linked to COVID-19.
- An IPC review and legionella assessment, was completed by the landlord for the premises in March 2022, the outcome of this showed no evidence of concern.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The service did not provide urgent care, staff directed patients to appropriate emergency and urgent care services where required.
- Staff records we examined showed that they had received training in basic life support.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We saw there were appropriate indemnity arrangements in place for relevant staff, which includes clinical to cover and potential liabilities.

# Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Items recommended in national guidance were available.

## 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. A sample of five care records we examined showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence of where the provider had shared information with the patients GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service used secure systems for generating and issuing private prescriptions.
- The service carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Our review of clinical records found appropriate and safe prescribing practices were in place.
- There were effective protocols for verifying the identity of patients including children.

## 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.
- Records available showed that the maintenance of equipment, the environment and health and safety assessments and checks had been completed at various dates in 2022. These included for example, portable appliance testing (PAT) completed May 2022, X-Ray equipment and the flushing of taps and water temperature (legionella) checks all completed in November 2022. Further safety information showed that fire equipment had been checked and regular fire drills carried out. A record of a fire drill which took place in July 2022 was examined. The fire drill was carried out and organised by staff at Sycamore House Medical Centre where Blackberry Clinic – Walsall has its recently refurbished premises in the basement of the building. There were no concerns identified that related specifically to Blackberry Clinic staff

# Are services safe?

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was an effective system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider maintained a central register of any complaints and incidents that had occurred across all its locations. This supported shared learning and improvements across the organisation.
- At the time of this inspection there had not been any complaints or any incidents specific to this location however, staff were aware of the systems in place for identifying, reporting and acting on complaints and incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Alerts, other safety events/outcomes and guidance were disseminated to all members of the team including sessional and agency staff by the organisations quality team. The team were responsible for any checking and re-audit of changes made to running of the services.

# Are services effective?

## We rated effective as Good because:

We found that Blackberry Clinic – Walsall was providing effective care in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The service used NICE guidance on pain management. Staff could access guidance through a central weblink and a bi-monthly clinical governance bulletin was prepared and issued to clinical staff by the Medical Director.
- The five clinical records we examined showed that patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. Patient information shared with us showed that patients were asked to complete a health questionnaire before attending appointments.
- We saw no evidence of discrimination when care and treatment decisions were made.

### Monitoring care and treatment

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

- The service used information about care and treatment to make improvements. Clinical cases were discussed at clinical meetings and with individual clinicians for learning, investigation and auditing purposes.
- The service made improvements through the use of completed audits and the outcome of clinical audit had a positive impact on the quality of care provided for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider shared with us various audits that had been undertaken. These included the audit of identified clinical conditions related to musculoskeletal pain, the quality of clinical records and consultation notes, hand hygiene and clinical practice. We saw a copy of a clinical notes audit carried out in October 2022. Ten records had been audited using a formal audit tool and no concerns relating to their completion was identified.
- All clinical staff were sessional and the quality of care they provided was regularly monitored and appraised.

### 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.
- Professionals were registered with the relevant General Medical Council (GMC) and were up to date with revalidation. This is the process by which the GMC confirms a doctor's license to practice in the UK.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The provider had identified mandatory training for the service and we saw evidence that staff had completed this training.
- Clinical staff had undergone individual reviews with the nominated individual to audit and monitor record keeping and the quality of consultations carried out.

# Are services effective?

## 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. We saw examples of information shared with patients GP and secondary care where appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Details of a patients GP was obtained prior to consultation. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP if there was a need to do so.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. Clinical records showed that letters to patients GP were comprehensive in detail.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- A copy of the services consent form was shared with us. The form contained information for patients about potential side effects, risks and what to expect during the procedure.

## Supporting patients to live healthier lives

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

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

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The service monitored the process for seeking consent appropriately.
- Staff had received training in relation to the Mental Capacity Act. Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Information about the cost of individual services were available on the provider website so patients were aware of the cost before committing to a consultation.



# Are services caring?

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

Blackberry Clinic – Walsall provided a caring service in which people were treated with compassion, dignity and respect.

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

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

- The service sought feedback on the quality of clinical care patients received. The service carried out patient surveys following each consultation.
- Feedback from patients was positive about the way staff treated them. We viewed a sample of patient survey feedback completed over the past year. These showed that 60 of 63 patients were very satisfied with the service they received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental 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.**

- Interpretation services were available for patients who did not have English as a first language.
- Feedback from patients through the provider's own surveys told us, 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.**

- Staff recognised the importance of people's dignity and respect and took measures to ensure this was maintained.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- The practice used secure systems for recording patient information
- Staff signed confidentiality agreements as part of their employment contract and terms and conditions of employment.

# Are services responsive to people's needs?

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

Blackberry Clinic – Walsall provided a responsive service. Reasonable adjustments had been made to deliver services that met the needs of its patients in a timely way.

## **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.
- 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.
- Patients had access to detailed information about the procedures available. Information was provided in a format that was easily accessible to patients who used the service. For example, patient information leaflets we examined showed that they were easy to read and sufficiently detailed to ensure patients were aware of the procedures that would be carried out. Where necessary information could be made more easily accessible to patients, such as in different languages and large print if required.

## **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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us obtaining an appointment was prompt following referral.
- Referrals and transfers to other services where required 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.**

- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Information about how to make a complaint or raise concerns was available.
- Staff were aware of how to treat patients who made complaints and ensured they followed guidance and procedures implemented by the provider.
- 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.

# Are services well-led?

## We rated well-led as Good because:

The leadership, culture and development of clear policies and procedures supported staff at Blackberry Clinic – Walsall to deliver high quality care and provide a well led service.

## Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

## 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 plan described the responsibility of clinic staff in the event of an emergency.
- An up to date statement of purpose had been written to reflect the values and purpose of the services available at the Walsall based clinic.
- The service monitored progress against delivery of the strategy. Plans for the development and growth of the business was discussed at staff meetings.

## Culture

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

- Staff told us that they felt respected, supported and valued.
- The service focused on the individual needs of its patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider promoted a culture of openness, honesty and transparency. This was demonstrated within the policies and procedures for responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they felt confident to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Protected time was given for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training as part of the provider's mandatory training requirements. Staff felt they were treated equally.
- There were positive relationships between staff and the wider organisation.

# Are services well-led?

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Monthly staff meetings were held to share information. The minutes of the meetings were available to staff who were unable to attend.
- Clinical Governance Self-Assessments are completed annually to ensure the governance arrangements in place have a positive impact on the effective running of the service. Topics covered include the structure of the organisation and ownership of responsibilities, clinical audit and clinical risk assessments.
- Leaders had established comprehensive policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw that the provider updated its policies and procedures in response to the investigation of complaints, incidents and information received to support the effective running of the service.
- The service used performance information which was reported and monitored and management and staff were held to account
- 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. Staff were aware of the pathways to follow when responding to any concerns.
- Records were stored electronically using secure systems. The provider was registered with the Information Commissioner's Office.

## Managing risks, issues and performance

### **There were clear and effective clarity around processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

# Are services well-led?

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

**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 the public, patients, staff and external partners and acted on them to shape services and culture.
- The provider acted on information received through complaints, surveys and online reviews.
- There were systems to support improvement and innovation work. For example, the provider was reviewing its approach to monitoring the quality of the services provided. This included a review of the quality team to strengthen its remit, scope of responsibility and increase the number of staff within the team.
- Staff were able to provide informal feedback as a small team. We saw evidence of other feedback opportunities for staff, which included through the appraisal system meetings.
- The service was transparent, collaborative and open with stakeholders about performance. The provider held service level agreements with various services. Systems were in place for both parties to review performance to ensure high quality services would be provided and sustained.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- A designated group of external auditors was in place to review systems and processes across all sites.