Announced Inspection Report: Independent Healthcare

Service: Blackberry Clinic, Bridge of Don, Aberdeen
Service Provider: Blackberry Clinic Aberdeen Ltd

30 July 2019
## Contents

1. A summary of our inspection ........................................... 4

2. What we found during our inspection .............................. 7

Appendix 1 – Requirements and recommendations .......... 14
Appendix 2 – About our inspections ................................. 15
1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Blackberry Clinic on Tuesday 30 July 2019. We spoke with a number of staff. We also received feedback from four patients through an online survey we had issued, and from emails directly sent to us after the service displayed our inspection announcement poster. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Blackberry Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</tbody>
</table>
## Key quality indicators inspected (continued)

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Quality assurance policies, procedures and management strategies were in place to continuously improve the quality of the service provided and how it was delivered.</td>
<td>✔ ✔ Good</td>
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</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were clear and well completed. Comprehensive record keeping was in place for consultations, assessments and treatments. Patient care records were recently improved as a result of audit findings.</td>
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</tbody>
</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>The service’s recruitment policy was consistently followed. Staff told us they felt supported with their training and development needs, and had regular appraisals.</td>
</tr>
</tbody>
</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Blackberry Clinic Aberdeen Ltd to take after our inspection

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at Blackberry Clinic for their assistance during the inspection.
2  What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients felt confident in the service. The service encouraged feedback from patients in a number of ways and improvements were made as a result of feedback received. Feedback was shared with patients on an information board.

Patient information was available verbally, in leaflet form and on the service’s website. Information about the treatment costs was clear.

The quality management policy incorporates patient participation. The service collected feedback from patients in a number of ways. This included feedback forms and electronic feedback surveys sent to patients on completion of their health assessment or treatment. We saw feedback received by the service was mainly positive. Feedback was collated and presented at the monthly clinical governance meeting. This was attended remotely by the service’s national quality manager based in England. We saw minutes of the meetings showing that action plans and timescales were set. Actions were reviewed at the next meeting to check on progress and ensure completion. Changes and improvements made by the service as a result of patient feedback was displayed on a patient information board in the service’s waiting room.

Feedback we received directly from patients was positive and included:

- ‘I thought the staff were really great. Receptionist was very polite, the person who did the test prior to the appointment with the doctor, was exceptional. Her manner made you feel very relaxed and at ease - I passed this feedback onto them personally. The doctor, also made me feel very relaxed, which I also commented on.’
• ‘...was made to feel at ease.’
• ‘Very efficient and thorough would recommend.’

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). The service had carried out training for staff on this. The duty of candor policy was available to patients in the waiting room.

The complaints procedure was also available to patients in an information folder in the waiting room and a poster was displayed in the reception area. Staff that dealt with complaints had previous training in managing complaints. The service had not received any complaints since registration. We saw that complaints was a standing agenda item at the clinical governance meeting.

The service is a member of the Independent Sector Complaints Adjudication Service (ISCAS), a consumer complaints arbitrator. Complaints were discussed and action plans developed at the monthly clinical governance meeting.

**What needs to improve**
The service could consider developing a complaints leaflet to allow patients to take the information with them. The service told us it plans to further develop its website to include information specific to this Scottish clinic, including referencing Healthcare Improvement Scotland.

- No requirements.
- No recommendations.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients were treated in a clean and safe environment. Regular audits reviewing the safe delivery and quality of the service were carried out to ensure standards were maintained or improved.

Patients were treated in a clean and safe environment. Cleaning schedules were completed and were up to date. Relevant infection prevention and control policies were in place and implemented. A contract was in place for the safe disposal of clinical waste. We saw evidence of regular health and safety walkrounds carried out to ensure standards were maintained. For example, plans were under way to redecorate as a result of a recent walkround.

We saw certificates of completed safety work such as:

- fire safety equipment testing and servicing
- medical equipment servicing and calibration
- gas and electrical safety checks, and
- water quality checks.

Medical emergency equipment was readily available in the clinic. We saw checklists were regularly completed confirming that equipment was safe and ready to use. Staff had received training on how to use this equipment.

A regular programme of audits was carried out by staff. Audits included hand hygiene, patient care records and clinical waste management. Monthly clinical governance meetings were used to highlight and review issues. Action plans were developed, implemented and reviewed.
We reviewed the incident reporting information and found that the service reported all incidents including minor delays in processes. Many of these incidents were investigated and action were taken to reduce the risk of them reoccurring.

Risk assessments were carried out to identify new risks. The provider maintained a risk register and demonstrated to us how it actively worked towards reducing risks. We saw documentation of actions taken and completion or review dates.

Feedback we received directly from patients showed that patients were happy with the cleanliness and the environment.

We saw a safeguarding policy was in place.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were clear and well completed. Comprehensive record keeping was in place for consultations, assessments and treatments. Patient care records were recently improved as a result of audit findings.

We reviewed four electronic patient care records and found them to be clear and comprehensive. They showed that written consent from patients had been obtained, and verbal consent had been checked at each stage of consultation. This included consent for sharing information with their GP and other medical staff in an emergency, if required. Records of assessments carried out and treatments given were clearly documented.

We saw a number of different aftercare leaflets available for patients to take away. We were told that, if patients had specific aftercare requirements or an exercise programme they had to complete, leaflets could be downloaded and printed for individual needs. Follow-up appointments were recorded to the same standard as initial appointments.

All patient records were kept securely. Paper records were scanned into the electronic system. After checking the copy quality of the electronic version,
these were retained for 3 months, in line with the service’s retention policy, and then securely destroyed.

We saw evidence of audits of patient care records with corresponding action plans and improvements documented. Electronic templates had been improved as a result of audit findings. For example, the patient care record now prompted users to input pregnancy status for appropriate patients.

- No requirements.
- No recommendations.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

| Our findings |

**Quality indicator 7.1 - Staff recruitment, training and development**

The service’s recruitment policy was consistently followed. Staff told us they felt supported with their training and development needs, and had regular appraisals.

Safe and effective recruitment policies and procedures were in place and followed. We reviewed four staff files including one for a staff member granted practicing privileges (staff not employed by the provider but given permission to work in the service). We saw processes in place to ensure staff had up-to-date Disclosure Scotland checks, and maintained their registration and insurance. We saw letters of engagement and contracts of employment. Staff had clear roles, responsibilities and accountabilities.

The service used internal and external training and education materials to keep staff up to date with relevant practice.

Staff told us they enjoyed working in the service. They felt supported by both local and area management, were able to make suggestions and were included in decision making. They told us they had regular appraisals. We noted the staff noticeboard had appropriate up-to-date information displayed, such as the recently introduced duty of candor policy. Information was clearly presented.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Quality assurance policies, procedures and management strategies were in place to continuously improve the quality of the service provided and how it was delivered.

We saw evidence of regular staff and governance meetings. Staff told us they felt involved and engaged with both local and area management. Staff told us they felt able to make suggestions which would be evaluated fairly, and implemented, if appropriate. Staff told us the service was a small, friendly and approachable team.

The quality management policy detailed the quality assurance measures in place including audits, action plans, investigation of incident and reviews, and governance meetings. Clinical governance meetings included discussions of complaints received and patient feedback. We saw evidence that improvement action plans were developed, implemented and reviewed with the majority of actions completed.

The service is a Scottish branch of a national provider. This provides support and allows the sharing of good practice across the wider provider group of services. The area management team supports the service to meet its goals. Another national organisation that the provider supplies services for gives access to education and additional quality assurance support, such as carrying out sample audits.
What needs to improve
The provider could develop a process to benchmark this service against others in its wider provider group of services, or other types of services of a similar size.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in no requirements and no recommendations.
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

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**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

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**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

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**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

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More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

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Blackberry Clinic, Blackberry Clinic Aberdeen Ltd: 30 July 2019
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net