

A & R Limited

# Snowberry Lane Clinic

## Inspection report

Snowberry Lane Clinic  
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Melksham  
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SN12 6DF  
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Website: [www.snowberrylane.co.uk](http://www.snowberrylane.co.uk)

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### Ratings

Overall rating for this service	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.** (Previous inspection December 2017) The clinic was not rated.

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 Snowberry Lane Clinic as part of our inspection programme.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

# Summary of findings

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of: -

- Treatment of diseases, injury and disorder
- Diagnostic and Screening Procedures
- Surgical Procedures
- Slimming Services with no prescribed medication

The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the provision of advice and treatment and not the aesthetic cosmetic services.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Thirty-three clients provided written feedback about the clinic via CQC Comments Cards. All clients commented on the high standard of care provided by clinical staff as well as the kindness and courtesy offered by reception staff. All clients said they felt involved in decision-making about the care and treatment they received. They told us 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.

## Our key findings were:

- The service was offered on a private, fee paying basis and was accessible to people who chose to use it.
- Procedures were safely managed and there were effective levels of client support and aftercare advice.
- There were systems, processes and practices in place to safeguard clients from abuse.
- Information for service users was comprehensive and accessible. Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service encouraged, valued feedback from service users via in-house surveys and the website.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Snowberry Lane Clinic

## Detailed findings

### Background to this inspection

Snowberry Lane Clinic was founded in 2003 and is a private clinic offering medical and cosmetic procedures to adults. For children aged between 12 and 18 years the clinic is only able to offer radiosurgery, (Radiosurgery is a way of removing moles and cysts using radio-waves that are passed along a wire allowing the doctor to cut and cauterise (a process of sealing the blood vessels), the skin at the same time, and reducing bleeding) laser hair removal and treatments for acne. The clinic also provides a weight loss therapy programme for adults.

The service operates from Ridgeway House, 49 Shurnhold, Melksham, Wiltshire, SN12 6DF. The clinic's facilities are spread over two floors and include seven treatment rooms, a minor operations room and a range of specialist medical equipment used in the delivery of their services, such as lasers. An automatic front door facilitated easy access to a waiting area where clients had access to leaflets explaining the treatments on offer.

The clinic is open six days a week. Opening times are: 9am to 7.30pm, Monday to Thursday; 9am to 4pm on Friday; and 8.30am to 1.30pm on Saturday. The clinic has two directors; one a doctor, the other a registered nurse who own the company. They employ a practice manager, a deputy manager, two nurses, three clinical therapists, two health

care assistants, a domestic assistant and additional administrative staff. There are also three GPs, one nurse and a health care assistant who are self employed working at the clinic.

### How we inspected this service

As part of the preparation for the inspection, we reviewed information provided to us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we toured the building, interviewed the provider, looked at the clinical systems, reviewed documents relating to the service and CQC comment cards sent prior to our inspection.

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

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

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

# Are services safe?

## Our findings

**We rated safe as Good because:**

### 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 and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to ensure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The clinic was visibly clean and tidy. Clients commented that the service appeared hygienic and clean. There was an effective system to manage infection prevention and control. Audits were undertaken annually with spot checks throughout the year. Cleaning checks were also undertaken.
- 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.
- 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.

### Risks to clients

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

- The clinic had arrangements in place to respond to emergencies and major incidents.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage clients with severe infections, for example sepsis.
- The staff had received basic life support training. A defibrillator, emergency medicines first aid kit and accident book were also available on-site.
- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly and had been calibrated.
- The laser equipment was professionally maintained to ensure safe operation and staff had received training for its use.
- All treatment rooms where laser treatments could be used had additional security so that they could not be entered whilst treatment was being carried out.
- Records showed fridge temperature checks were carried out to ensure medicines were stored at the appropriate temperature and the provider was aware of the procedure to follow in the event of a fridge failure.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment to clients.**

- The provider worked with other services when this was necessary and appropriate. For example, the provider would advise the client to consult with their registered GP prior to any treatment if this was necessary. The clients had the option of giving consent for the provider to share information with their own GP in emergency situations.
- If a procedure was unsuitable for a client, we saw records to demonstrate that the service would not carry out the procedures and advice given about other available options.

## Are services safe?

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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.

### Safe and appropriate use of medicines

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

- Staff supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines stored and supplied.
- Antibiotics were dispensed after the body contouring treatment, skin cleaning treatments. Creams and tablets for pain relief.
- All possible side effects and contra indications of medicines were explained to the clients.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Fire Risk and environmental risk assessments were carried out in February 2019.
- The clinic kept a spreadsheet detailing the equipment used with annual service dates.
- 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.

### Lessons learned and improvements made

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

- There were adequate 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. For example, incorrect client details were written on a specimen to be sent away for testing although the accompanying paperwork was correct. This incident was discovered prior to being sent, but following a clinical meeting, further checking measures were put in place.
- The service acted on and learned from external safety events as well as client and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

**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. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- Clients who used the service had an initial consultation where a detailed medical history was taken. Clients were also able to access detailed information regarding the procedures and different procedures which were offered by the provider. This included advice on the treatments and after care. Clients were given a 'cooling off' period. This allowed the person to return at a later date for the treatment. Occasionally when the client had come a long way, the treatment might be given at the initial consultation.
- After the procedure, staff discussed after-care advice with clients and informed them of what to expect over the recovery period. This was both to allay concern and anxiety and to avoid them attending other primary or secondary care services unnecessarily.
- The provider was aware of evidence-based guidance and had access to written guidance should this be required. For example, NICE (National Institute for Health and Care) guidance. The provider told us the client demographic were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell client. For example, in the event of anaphylaxis (a severe potentially life-threatening allergic reaction).
- The provider received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and acted on them where relevant.

### Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements through, for example, the use of completed audits. Clinical auditing had a positive impact on quality of care and outcomes for clients.

- The practice held a register of all audits carried out which included timescales for further re-audit. These included audits of minor surgery, clients notes, and an audit of clients receiving body contouring, (a process used following major weight loss which removes excess sagging skin and fat while improving the shape of the underlying support tissue).

### 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- 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. Staff were encouraged and given opportunities to develop. For example, through apprenticeship courses to become theatre assistants and nutritional courses to encourage healthy eating.

### Coordinating client care and information sharing

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

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health. The clinic always took a medical history and completed a psychological questionnaire prior to any treatment. They also asked lifestyle questions for example, occupation, smoking status, alcohol consumption and UV exposure, especially about sun damage for those clients who had spent time living abroad.
- Clients on the weight loss programme had blood tests done before starting and monthly during their programme. The programme was not commenced until the blood test results were available. Clients were also monitored using a bio-impedance machine which measures proportions of muscle, fat etc., to ensure they were not breaking down muscle.
- Clients had access to a psychotherapist for mental health management and a personal trainer for physical health.

# Are services effective?

(for example, treatment is effective)

## 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.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. For clients under the age of 16 years parental consent was sought.

# Are services caring?

## Our findings

**We rated caring as Good because:**

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

**Staff treated clients with kindness, respect and compassion.**

- Feedback from clients was positive about the way staff treat people
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

### **Involvement in decisions about care and treatment**

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

- Feedback from comment cards showed that clients had been involved in the decision-making process and could make choices on the treatment available. The staff actively discussed the procedure with clients and recorded discussion in the client record.
- All clients received a consultation appointment to discuss treatments available. Following this

consultation, they were provided with written information on the treatments and the costs, to take away and consider. There was an option for clients to ask further questions as needed to help them make a decision before starting any treatment plan.

- The provider made extensive use of client feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from client surveys.

### **Privacy and Dignity**

**The service respected clients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- The provider told us that time was spent with clients both pre and post procedure to carefully explain the after care, recovery process and options to reduce any anxieties they may have.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good because:**

### **Responding to and meeting people's needs**

**The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.**

- The provider had a range of information and support resources which were available to clients. Literature also contained information regarding treatment and procedures available, fees payable and aftercare.
- 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 for example, level access and disabled parking next to the entrance.

### **Timely access to the service**

**Clients were able access care and treatment from the service within an appropriate timescale for their needs.**

- The clinic operated six days a week. All appointments were pre-bookable and times were flexible to suit the clients needs. Enquiries could be made by telephone, using the website or visiting the clinic in person.
- Referrals to other services were undertaken in a timely way. For example, any significant skin complaints that could be treated by the NHS would, with the client's consent, be photographed and sent to their own GP for onward referral.

### **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 clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had 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.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good because:**

### **Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver a high-quality, sustainable service.**

- The directors were responsible for the organisational direction and development of the service and aware of their scope of competencies and services offered.
- 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.

### **Vision and strategy**

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

- The directors had a clear vision which was; to provide care and treatment options in response to customer demand, within their clinical competencies and within a clinically clean and safe atmosphere.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- Staff informed us that they felt respected, supported and valued. They were proud to work for the practice and felt that they worked well together as a team.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

### **Governance arrangements**

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

- A statement of purpose was in place. The clinic had policies and procedures to govern their activities.
- Staff were clear on their roles and accountabilities
- Leaders had established proper 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 clarity around processes for managing risks, issues and performance.**

- Arrangements were in place for identifying, recording and managing risks and issues. This included methods of reducing risk in infection control, the building, medicines management, clinical governance, reputational risk and security, and information technology. We saw evidence of these processes and systems in place.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to client safety.
- The provider had plans in place and had trained staff for major incidents.

### **Engagement with clients, the public, staff and external partners**

# Are services well-led?

Good 

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

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

- The provider encouraged and valued feedback from clients and staff. It proactively sought and acted on feedback from:
- Compliments and complaints.
- Verbal feedback post procedure and at reviews.
- Internal surveys.
- Staff could describe to us the systems in place to give feedback for example at clinical meetings and appraisals. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. For example, an apprentice health care assistant (HCA) had undertaken further training and had qualified as a theatre assistant. Another HCA was taking a nutrition course and training in the technique of microblading (semi-permanent make up) and three clinicians were attending a dermoscopy course.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.