



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Blackberry Clinic, Aberdeen

**Service Provider:** Blackberry Clinic Aberdeen Ltd

1 August 2023

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## **1 Progress since our last inspection**

No requirements or recommendations were made at our last inspection on 30 July 2019.

## **2 A summary of our inspection**

### **Background**

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

### **Our focus**

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

### **About our inspection**

We carried out an announced inspection to Blackberry Clinic on Tuesday 1 August 2023. We spoke with a number of staff during the inspection. We received feedback from one patient through an online survey we had asked the service to issue to its patients for us before the inspection. We spoke with one patient during the inspection.

Based in Aberdeen, Blackberry Clinic is an independent clinic providing health assessments.

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.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
The service's leadership structure and governance framework helped deliver safe and effective person centred care in line with best practice. Staff felt valued, respected and supported. Regular staff meetings should take place along with an agenda and minutes that are shared with staff.		✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
The service actively sought patient feedback and used this information to continually improve. The service had comprehensive systems in place for monitoring and managing risk as well as safe and appropriate recruitment and induction processes. Clear procedures were in place for managing complaints and the service had a quality improvement plan.		✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Patients reported that the service was clean and tidy. Carpets in clinical areas must be replaced with wipeable flooring. The service should record next of kin and emergency contact details in patient care records.		✓✓ Good

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)

Further information about the Quality Assurance Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Blackberry Clinic Aberdeen Ltd to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and five recommendations.

Direction	
<b>Requirement</b>	
None	
<b>Recommendation</b>	
<b>a</b>	<p>The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
<b>Recommendations</b>	
<b>b</b>	<p>The service should ensure that all policies reflect Scottish legislation and best practice guidance (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

## Implementation and delivery (continued)

- c** The service should ensure that the complaints information for patients is accessible on its website (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

## Results

### Requirement

- 1** The provider must ensure that the flooring in clinical areas is replaced to allow for its effective decontamination (see page 19).

Timescale – by 1 February 2024

*Regulation 3(d)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- d** The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- e** The service should ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 19).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Blackberry Clinic Aberdeen Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Blackberry Clinic for their assistance during the inspection.



### 3 What we found during our inspection

#### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<b>Key question we ask:</b> <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The service's leadership structure and governance framework helped deliver safe and effective person centred care in line with best practice. Staff felt valued, respected and supported. Regular staff meetings should take place along with an agenda and minutes that are shared with staff.**

#### *Clear vision and purpose*

The service's vision was to provide a full range of health assessments designed to motivate its patients to lead a healthier lifestyle and stay healthy. The service's aims and objectives fed into this vision and were displayed in the reception area. Patients were encouraged to read a patient information folder in the waiting room and staff we spoke with were aware of the service's aims and objectives.

The service monitored its key performance indicators (KPI), which included customer satisfaction, staff appraisals and training schedules. The KPIs were measurable and discussed with staff. We saw evidence that the KPIs were monitored and evaluated through an annual report. Outcomes and actions for areas not met informed a cycle of improvement.

- No requirements.
- No recommendations.

#### *Leadership and culture*

Health assessors, medical staff and a service manager worked the service.

The service had an effective leadership structure with well-defined roles, responsibilities and support arrangements. All staff reported to the service manager. The service manager met with staff daily in one-to-ones and as a group to give updates on any service changes and review workload.

The service manager met weekly with the area manager to discuss standing agenda items. The meetings were minuted and reviewed at the next meeting.

The provider's clinical governance meetings were held monthly and staff in attendance included:

- area managers
- medical staff
- the compliance and quality manager, and
- the service manager.

We saw that the meetings had an agenda and minutes with actions were recorded.

Staff we spoke with told us that the service manager was very approachable and visible. Staff said they felt valued, respected and well supported. They told us they would feel comfortable raising any concerns and were aware of how to do so with management. Staff also told us the service manager carried out regular visual audits in the service, which any staff member could join.

The service was in partnership with BUPA. Since Blackberry Clinic was registered with Healthcare Improvement Scotland in 2019, another BUPA clinic in Edinburgh had been registered in 2023 in addition to the Glasgow clinic. All three services provide BUPA health assessments. The provider's three clinics allowed for movement of staff between the services to cover sickness. We were told that the service had not had to use this resource.

### **What needs to improve**

While the service manager met with staff daily to give updates on any service changes and review their workload, regular staff meetings were not documented (recommendation a).

- No requirements.

### **Recommendation a**

- The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<b>Key question we ask:</b> <i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**The service actively sought patient feedback and used this information to continually improve. The service had comprehensive systems in place for monitoring and managing risk as well as safe and appropriate recruitment and induction processes. Clear procedures were in place for managing complaints and the service had a quality improvement plan.**

#### ***Co-design, co-production (patients, staff and stakeholder engagement)***

Patient enquiries could be made over the phone directly or through a central enquiry services team, which monitored telephone calls to assess the quality of discussions between staff and patients.

The service used a variety of methods to collect patient feedback in line with its policies for patient satisfaction and quality and governance, such as:

- an electronic customer satisfaction survey sent to patients after treatment
- informal feedback from conversations with patients
- social media, and
- website testimonials.

The service updated a 'You said, we did' poster every 3 months, which detailed service improvements made as a result of patient feedback. These included:

- introduction of refreshments for patients, including tea, coffee and bottled water
- more appointments, and
- re-surfacing of the car park.

From minutes, we saw that local results from patient satisfaction survey-audits were reviewed at weekly service senior management meetings. The results of the surveys were also e-mailed to staff. This meant the service could quickly identify and make changes decided at senior management meetings to improve patients' experience of the service. A dedicated 'online' team also monitored

social media and online reviews. Although these were all very positive, the team would pass any negative comments or feedback to the service manager to follow up, should they receive any.

The service carried out a yearly staff satisfaction survey, the results of which were discussed with staff, who helped to develop an action plan where appropriate. The staff survey showed high levels of staff satisfaction and this was reflected in the low turnover of staff in the service. Staff told us that they felt valued.

- No requirements.
- No recommendations.

### ***Quality improvement***

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

A clear governance structure and policies set out the agreed ways of working and supported the service to deliver safe, compassionate, person-centred care. We saw systems and processes in place for:

- complaints
- duty of candour
- emergency arrangements
- infection control
- information management, and
- safeguarding.

To support effective version control and accessibility, policies were available electronically on the provider's staff intranet.

Maintenance contracts for fire safety equipment, the fire detection system and the ventilation system were up to date. Water testing and fire safety checks were monitored regularly. A recent fire risk assessment was in place. We saw that the service had clinical and domestic waste bins and a clinical waste contract in place.

All accidents and incidents were recorded on the service's risk management systems. These were reviewed and investigated in line the service's policies and procedures. The service manager was aware of the notification process to

Healthcare Improvement Scotland (HIS). During the inspection, we saw that the service had not experienced any incidents or accidents that should have been notified to HIS.

The complaints procedure was prominently displayed in the clinic and leaflets were available in the clinic. The service manager managed written complaints and monitored themes, response times and outcomes. All complaints were entered onto the service's risk management system. We saw evidence that complaints were well managed. Staff had received training in complaints handling and we saw that complaints and lessons learned were discussed at the weekly management meetings and disseminated to staff.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Staff we spoke with fully understood their responsibilities for this and the service had published a yearly duty of candour report on its website. Staff were aware of the service's safeguarding policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

The service did not administer or prescribe medication as part of its service provision.

Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. This included mandatory staff training and the availability of emergency medication (adrenaline) and first aid supplies kept in an emergency bag. This was checked regularly using a checklist and we saw that the clinic manager audited the compliance of this weekly.

If needed, an external interpreting service could be accessed to promote and respect patients' diverse cultural needs. Key documents could also be translated into languages other than English.

Patients were seen by a health advisor at their appointment. During the appointment, we saw that they completed and signed a consent form.

The service had a comprehensive website which detailed the health assessments it offered and described how patients could book a health assessment. Patient health advice leaflets were available in the waiting room on topics including health, eating and smoking cessation.

Health promotion leaflets where appropriate were given to patients after their appointment along with a postcard which included:

- a phone number for the 24-hour health line
- details of an app to download where they could access the formal results and report of their health assessment, and
- the address of a website that offered free health-related services.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). A dedicated data protection officer was responsible for information governance to make sure the service complied with data protection regulations.

Patient care records were in paper format and stored securely in a locked cupboard in a locked room, to which health assessors and the clinic manager had access to. Patient care records were then scanned onto a password-protected electronic system. This protected confidential patient information in line with the service's information management policy.

An external human resources team was responsible for making sure all pre-employment checks were completed for new staff before they could work in the service, including PVG checks.

New staff had a 6-month probationary period, an appraisal after 3 months and a yearly appraisal after their employment contract was approved. The service audited staff files every 6 months and we saw appraisals were up to date in all staff files we reviewed. All new staff had completed an induction programme.

The service manager had responsibility for making sure that staff completed mandatory training and we saw that all staff had completed this at the time of our inspection.

The service had mandatory online training that staff completed, in line with the provider's training and development policy. This included training on:

- adult support and protection
- equality and diversity, and
- infection control.

The service manager was responsible for the staff rota and we saw appropriate staffing levels and skills mix during our inspection. In the event that the service needed additional staff, it could use staff from the provider's other services.

### **What needs to improve**

We saw that the service updated its policies every 3 years or in response to changes in national guidance and best practice. However, some policies (such as the safeguarding policy and infection control policy) did not reflect Scottish legislation or best practice such as *National Infection Control Manual* or *Healthcare Associated Infection (HAI) Standards 2022* (recommendation b).

While complaints information was widely available in the service, it was not accessible on the service's website (recommendation c).

- No requirements.

### **Recommendation b**

- The service should ensure that all policies reflect Scottish legislation and best practice guidance.

### **Recommendation c**

- The service should ensure that the complaints information for patients is accessible on its website.

### ***Planning for quality***

An effective risk management system supported the proactive management of risk in the service. A clear system was in place to record and manage accident and incident reporting. We saw the service routinely discussed any incidents at the weekly service senior management team meeting as well as the weekly provider meeting to share learning and discuss any actions for improvement, which were fed back verbally and emailed to staff.

A comprehensive audit programme helped make sure the service delivered consistent safe care and treatment for patients and identified any areas for improvement. Action plans were produced to make sure any actions needed were completed. The programme included:

- daily checks and weekly audits of a range of equipment, including emergency equipment
- infection control audit every 3 months
- patient care records every 3 months
- quality audit (including topics through 'key themes', such as well led, caring and responsiveness) and safety (including fire safety, water management and risk assessments) which gave an overall score for how the service was performing, and

- the service manager carried out weekly audits on 10 random sets of scanned patient care records (PCR) to check their compliance and consistency (once the audit was completed, the scanned PCRs were securely destroyed in line with the service's information management policy).

Audit results we saw showed high compliance rates and where actions were identified, these were addressed through action plans. All audits and actions plans were discussed at the clinical governance meeting and senior management team meetings and fed back to staff verbally and through email.

The service had a quality improvement plan in place which detailed improvements made to the service as a result of patient feedback. This included:

- health improvement leaflets on display
  - introduction of refreshments for patients, including tea, coffee and bottled water
  - more appointments
  - re-surfaced car park, and
  - 'you said, we did' posters displayed.
- 
- No requirements.
  - No recommendations.



## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

### Our findings

**The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Patients reported that the service was clean and tidy. Carpets in clinical areas must be replaced with wipeable flooring. The service should record next of kin and emergency contact details in patient care records.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

During our inspection, we observed that staff introduced themselves to patients and that patients were treated with dignity and respect.

Staff knew which products to use to clean the general environment and reusable equipment with. Blood spillage kits were in place and staff were aware of how to use them.

The clinic environment was clean and well maintained. Equipment used in the service was clean, well maintained and serviced regularly where required. Patients who responded to our survey also told us they felt safe in the environment and the cleaning measures in place helped reassure them that their risk of infection in the service was reduced. All patients stated the clinic was clean and tidy.

The service used a mixture of single-use and re-useable equipment. Single-use equipment was disposed of in line with the service's infection control policy. Re-useable equipment, such as peak-flow meters and stethoscopes were appropriately decontaminated. The service had cleaning schedules in place for

the clinical rooms, which we saw that staff had fully and accurately completed. The service manager regularly audited these for compliance.

We saw all the appropriate pre-employment checks had been completed in staff files we reviewed, including those for:

- Disclosure Scotland background checks
- proof of ID
- references, and
- the professional registration status for all clinical staff.

Patients who responded to our online survey told us they were generally satisfied with the care and treatment they received from the service. Some comments we received included:

- ‘Staff introduced themselves to me, put me at ease and explained what would happen.’
- ‘Comprehensive service - easy to use and friendly staff.’
- ‘The doctor and health assessment provider were both extremely good.’
- ‘Everyone involved in the process has been friendly, helpful and professional.’
- ‘Overall, this assessment has exceeded my expectations.’

The five patient care records we reviewed documented that patients received a face-to-face consultation about their expectations before a comprehensive health assessment. This assessment included:

- a health and lifestyle questionnaire
- other investigations, such as taking of bloods, and
- past medical history.

The patient care records were legible, accurate, up to date and the person who completed the assessment had signed their entries.

### **What needs to improve**

Clinical areas had carpets in place which were steam cleaned regularly. We saw risk assessments in place for the carpets. However, these could not be effectively decontaminated daily (requirement 1).

The service's clinical handwash basin were not being cleaned with the appropriate cleaning solution in line with current guidance (recommendation d).

While comprehensive assessment and consent were recorded in the patient healthcare record, the service did not record next of kin or emergency contact details (recommendation e).

#### **Requirement 1 – Timescale: by 1 February 2024**

- The provider must ensure that the flooring in clinical areas is replaced to allow for its effective decontamination.

#### **Recommendation d**

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance.

#### **Recommendation e**

- The service should ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.

### 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.



Before

### 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.



During

### 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.



After

More information about our approach can be found on our website:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## 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:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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