Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Cambridge Park Hospital

43 Cambridge Road, Wimpole, SG8 5QD

Date of Inspection: 12 November 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Hospital Medical Group Limited
Registered Manager	Mr. Mark Lester
Overview of the service	Cambridge Park Hospital provides non-surgical treatments, surgical consultations and post-surgical aftercare with regard to cosmetic procedures.
Type of services	Acute services with overnight beds Doctors consultation service Doctors treatment service
Regulated activity	Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

All four people we spoke with said they were provided with information and received full explanations and advice on their care and treatment at Cambridge Park Hospital. They said they felt involved in the discussions and decisions made around their care. They told us they had no concerns about the doctors who were pleasant, friendly and professional.

We found that the service had auditing systems in place to ensure the clinical areas were kept clean and tidy.

People are given the opportunity to feedback on the service following treatment. The patient care co-ordinator contacts the people to follow up following surgery and check that they are happy with the care provided and if they had any concerns.

We found that there were effective recruitment processes in place and appropriate checks had been carried out.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's view and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. Before our visit we looked at the service's website which gave a comprehensive introduction to the service. During our visit we looked at a variety of informative leaflets available in the waiting area. These included information on the various types of treatment that was provided. The people who used the service we spoke with told us they had either seen the information available or were sent leaflets following their initial enquiry.

People expressed their views and were involved in making decisions about their care and treatment. The people we spoke with said they were able to make their own decisions based on the doctors' advice and where necessary were given the time they needed to make the decisions. They told us they were able to ask questions which they felt were always answered satisfactorily.

We looked at the paperwork for six people. The notes contained examples of the choices and wishes expressed by each individual and their understanding of the discussions around their care and treatment.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The hospital no longer carried out operations and only carried out consultations prior to surgery and aftercare following surgery which included wound care.

We spoke with two care co-ordinators who provided people with information on the different procedures that were offered through Cambridge Park Hospital. Both members of staff were responsible for consultations about different procedures and were knowledgeable about these. The staff told us that people then met with the consultant who was able to give them further information about the surgery and the risks associated with it. We spoke with the nurse who carried out a pre-health check once a person had decided that they would like to go ahead with their surgery. People saw the nurses when they returned for after care appointments. We spoke with four people who had returned for their aftercare appointment. They all told us they were satisfied with the care although one person told us there had been a problem with receiving their follow up appointment and they had had to chase this up on a number of occasions. We spoke with staff who told us there had been a problem with the email system. Once it came to light they were now contacting individuals directly by phone.

We saw care and treatment records which showed that staff at the hospital kept a record following any contact with the person and that these records were sent through to the hospital carrying out the surgery to ensure consistency and accuracy of treatment.

Comments we received from people who had received surgery included: "wow what an incredible experience", "what a pleasant place and friendly staff" "an amazing organisation from consultation through to check up, very professional, diligent throughout my care".

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We discussed the cleaning and infection control regime with the nurse. We looked at a treatment room and the systems in place for the safe disposal of clinical waste. We looked at records associated with the disposal of waste and routine cleaning. These were accurate and up to date.

We saw detailed policies and procedures on infection control were in place and being adhered to. These covered general cleaning and hygiene, general and clinical waste. When we spoke with the nurse, they told us infection control was included in their induction training and there was on-going training provided. We saw that a daily audit was carried out by the nurse using the treatment room to ensure that all equipment needed was in place and that the areas were clean and tidy. This provided evidence there were effective systems in place to reduce the risk and spread of infection.

The provider might like to note that the privacy curtain in the treatment room was in need of replacing as it was past its date that is recorded for replacement.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the providers auditing tool for staff records. They evidenced that an application form and past work history, a criminal records check where deemed appropriate had been taken and two written references were obtained prior to commencing appointment. Where people were deemed as not having one to one contact with people, a risk assessment was carried out that a criminal record check was not required.
The recruitment procedures helped the service to employ staff who were suitable for the role.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The people we spoke with said they felt the doctors had appeared qualified and professional in their roles. One person said of the doctor they had seen prior to their surgery: "He was professional and seemed to know what he was talking about." Another person said: "The doctor appeared to have all the required knowledge."

Staff received appropriate professional development. They said they received annual appraisals with their general practices which covered the specialities they were employed to provide at Cambridge Park Hospital. They told us they had completed continuing professional development relevant to their specialist roles throughout 2013.

The nurse told us that although they were responsible for ensuring there were up to date with new guidance and best practise, they were supported to attend relevant training.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of the service people receive.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and their comments were acted on. During our visit we looked at reports on questionnaires provided to people who used the various services at hospital. It showed that 91% felt they were given enough information prior to their operation, 90% felt confident with the surgeon carrying out their operation, 93% felt that staff acted in a professional and friendly manner. Some of the comments included: "Nursing staff were wonderful thank you". "Disappointed with nursing staff. Senior care assistant and night staff excellent", "Receptionists were excellent". "Everyone has been lovely". The people we spoke with during our visit told us they had received the leaflets and information they required to make a decision.

During our visit we found that a complaints procedure was in place. People we spoke with told us that they would speak to their care co-ordinator in the first instance to deal with any concerns they had, but had no concerns they wished to raise. We checked two recent complaints received by the service and found they had been investigated and action had been taken to resolve the complaints.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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