

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

## Bristol Urology Associates

85 Alma Road, Clifton, Bristol, BS8 2DP

Tel: 01179804118

Date of Inspection: 02 October 2013

Date of Publication: October 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**

✗ Action needed

**Safeguarding people who use services from abuse**

✗ Action needed

**Supporting workers**

✗ Action needed

**Complaints**

✓ Met this standard

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Bristol Urology Associates Ltd  |
| Registered Managers     | Mrs. Anna Katharine Persad<br>Mrs. Phedra Kibi Louise Wright  |
| Overview of the service | <p>Bristol Urology Associates Ltd is a healthcare service specialising in urological conditions for people of all ages including children. The service is available to private and NHS patients.</p> <p>The Bristol Urology Associates (BUA) clinic is located in a terraced converted Georgian house close to the Clifton shopping centre. The clinic provides an outpatient consultation and treatment service only. There are arrangements with local hospitals for people requiring inpatient treatment and care.</p> |
| Type of services        | <p>Doctors consultation service</p> <p>Doctors treatment service</p>  |
| Regulated activities    | <p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>   |

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 October 2013, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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People attended the clinic for consultations and treatment for urology conditions. Children were seen for consultations only by a specialist paediatric doctor.

We spoke to the two registered managers who jobshare and a member of staff. There were no people available to speak to at the time of the visit and as there were no clinics arranged for that day.

People who use the service were given appropriate information and support regarding their treatment.

Suitable arrangements were made for people with mobility difficulties to access the service.

A survey of people's views was examined. The results showed that people thought highly of the service. We saw that people had written, "Overall a very efficient and friendly service...." and "X has been nothing short of fantastic."

The provision of appropriate resuscitation equipment and the arrangements for checking required review.

There was no copy of the local multi-agency safeguarding procedures.

There were ineffective arrangements in place to demonstrate that staff were trained, competent and supported to provide safe and appropriate care to people.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. The complaints procedure was available to people in the waiting room and on the provider's website.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 09 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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**

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People who use the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment. People who use the service were given appropriate information and support regarding their care or treatment.

No patients were spoken to at the time of inspection because there were no clinics scheduled on that day.

We saw there were information leaflets and booklets in the waiting rooms, treatment room and consultation rooms relating to specific conditions and consent. DVDs and the provider's website were also sources of useful information about the services and conditions treated by this clinic. Staff told and showed us some of the information sent out to patients with the confirmation of their appointment with a named doctor. The sample of information seen was very clear and helped patients to decide upon the most appropriate treatment. The results of the patient survey indicated people were satisfied with the information given to them. This showed that people who used the service were provided with information to help them understand the care, treatment and support available to them.

The staff we spoke with told us about the process for providing information to people and said that people were asked to sign their consent to treatment by the doctor. We looked at a selection of clinical records which confirmed this. We saw that the clinic sought consent from people to share their details with their general practitioner

We observed that people's records were kept secure throughout the clinic during the visit. Staff told us that there was a clear desk policy and all staff had signed a confidentiality agreement.

We saw in the patient survey that one person had raised the lack of privacy at reception. We observed that incoming telephone calls were answered at reception that provided no

privacy. The provider may find it useful to review the arrangements at reception to increase the level of confidentiality.

We observed that consultations and treatments were carried out in individual rooms. All consultations and treatments were carried out by male clinical staff. A female registered nurse was employed to assist the doctors. Staff told us that chaperones for examinations and treatments were available but people were expected to ask the consultant for one at the time of their appointment. The provider may find it useful to note that there was no information about the availability of chaperones so that people knew they could make a request for one. This means that people may not have a choice to have someone else with them whilst receiving care and treatment.

We spoke with staff about respect and dignity and they were all clear about the importance of this and how this was put into practice. The registered managers told us all staff watched a DVD on equality and diversity annually. This was to help them in understanding the rights of people whilst they met their care needs.

The clinic does not have level access to the services at these premises to assist those people with mobility difficulties. The registered managers told us that people were always asked about mobility and special needs at the time of making an appointment. People who were unable to access the clinic were offered an appointment at one of the provider's other clinics at a local hospital. This was confirmed in the people's records sampled and the clinic's written procedure. This showed that arrangements had been made and all people were given support to ensure they were able to access the service.

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

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**Our judgement**

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The provider was not meeting this standard.

People were not adequately protected from the risk of unsafe or unsuitable equipment because the provider did not always ensure resuscitation equipment was adequate, available and maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were arrangements in place to deal with foreseeable emergencies.

The urology service provided consultations and a range of treatments that may include a local anaesthetic. There were arrangements with local hospitals to provide care and treatment for people who required surgery under a general anaesthetic and some investigations. The service provided a service to people of all ages. There was only a consultation service for children at the clinic by a specialist paediatric doctor; treatments were provided at a local hospital. The clinic provided a service for private and NHS patients for a limited range of conditions. We were told that people either self refer or were referred by their general practitioner. The clinic always required a letter from the person's general practitioner before they were seen by a doctor so that they had details of the person's medical history from a medical perspective.

We looked at the feedback from people who had used the service during the last year. One person said "the consultations I received were excellent and a very successful result for me at the end of my treatment." We saw in the patient feedback report that almost a 100% people rated the quality of care as excellent or very good; one person rated the service as good.

Staff described the booking process and the person's journey through the service. We looked at a sample of people's records, and staff explained the procedures and processes from the time of referral to the completion of the treatment, if required. This means that people received safe and appropriate care and treatment.

On completion of treatment the doctor sent a summary of treatment, with consent, to the person's general practitioner. This was to ensure doctors involved with people receiving treatment were kept informed of their treatment progress.



People were always sent a 'new patient pack' with the confirmation of their initial appointment with a clinician. This contained information about how to manage an emergency following treatment at the clinic. This showed that people received safe and appropriate care and treatment.

A patient record audit was last carried out in January 2011 and was to be repeated in six months. Staff told us that no further record audit had been carried out. This meant there was a lack of up to date documentary evidence to show that the service made sure treatment was delivered in accordance with people's needs.

There were arrangements in place to deal with emergencies. Resuscitation equipment was available but the service did not have a defibrillator. We saw that the equipment was checked on a weekly basis and not every day there was a clinic, to ensure that the equipment was in working order. There was no list of equipment to check that all equipment was available and had not expired. This meant that people attending the clinic may not receive the prompt emergency care and treatment to meet their needs.

We were told that patient safety alerts were checked but rarely required action by the clinic. This showed that safety alerts were available to reduce risks to people attending the clinic. There was no documentary evidence of the action taken for each alert received by the service. This meant that people could not be assured that appropriate action had been taken to manage any risks to them.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The registered managers told us they were jointly person responsible for safeguarding vulnerable adults and children in the clinic. This was seen in the policy and procedure document dated August 2012. The registered managers told us they had watched a training DVD but, in discussion, they did not demonstrate a clear understanding of their role as the people responsible for safeguarding vulnerable adults and children in the clinic. For example, the registered managers were unaware of the local local multi-agency safeguarding policies and procedures for either vulnerable adults or children and the need to reflect them into their own policies and procedures.

There was no documentary evidence of training relating to safeguarding of adults and children for other staff working in the clinic including medical practitioners. The registered managers told us that all staff had received training. This meant that people cannot be assured they had received a service that had taken steps to minimise the risk and likelihood of abuse occurring.

The policy and procedure were not entirely clear; there was conflicting and confusing guidance in the document. The document related to both vulnerable adults and children. For example, the safeguarding procedure was not clear that any allegations of abuse about vulnerable adults or children needed to be referred to the relevant local authority safeguarding team prior to an internal investigation being carried out.

There was no evidence of the local multi-agency safeguarding policies and procedures for either vulnerable adults or children. This meant that people were not protected from abuse because accurate and appropriate guidance about safeguarding people from abuse was not accessible to all staff.

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

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## **Our judgement**

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The provider was not meeting this standard.

There were ineffective arrangements in place to demonstrate that staff were trained, competent and supported to provide safe and appropriate care to people. The provider was unable to provide details of up to date staff training, development and support that reflected staff needs to provide a safe quality service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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There was minimal evidence to show that staff received appropriate professional development.

There was no written, formalised systematic approach to training, development and supervision of staff. This meant that the provider was unable to assure people they were safe and their health and welfare needs were met by competent staff.

There were two registered managers who jobshare, five administrative staff, six doctors, a nurse consultant and a specialist registered nurse who were worked in the clinic.

The clinicians consulted and provided treatment at the clinic at varying times during the week and month.

Through speaking with the registered managers we found that there were inadequate arrangements to ensure training, development or supervision plans were in place. We were told that staff had received training and that training records were under review; it was planned to introduce a training record called a 'mandatory and statutory training green card'. Staff told us that there was an induction programme that lasted half a day at the clinic. No documentary evidence of induction for staff was made available. We were told that staff kept their own records of induction. This meant that the provider was unable to demonstrate staff were competent to carry out their role.

There were inadequate training and development arrangements for the training of staff in safeguarding.

The registered managers told us that 360 degree annual appraisals were in place for all staff and were up to date. We looked at two staff appraisals and saw they were incomplete; there was very minimal information contained in the documents. One staff

appraisal was last carried out two years ago. We saw an up to date and completed doctor's appraisal that had taken place external to this service.

No documentary evidence of learning plans for individual members of staff or the service was made available for inspection. This meant that people cannot be confident that were treated by staff that were appropriately trained.

We were told that staff meetings were held every two months; no minutes of these meetings were presented for inspection or of one to one meetings with staff. This meant that people cannot be assured that they received a service from a provider that supports its staff.

The registered managers were unable to show that records were kept to demonstrate they ensured all professional staff maintained their registration up to date; we looked at an email sent to three doctors to remind them of their registration which we saw were all up to date.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

The registered managers told us that the provider took account of complaints and comments to improve the service. We were told that complaints that came into the clinic were handled by the registered managers.

Staff told us there was a complaints policy and procedure was in place.

We saw a complaints leaflet in the waiting room. Further information about the complaints procedure was found on the provider's website.

We looked at the complaint records of complaints received since January 2013. It showed that very few complaints were made about the clinic. We saw that appropriate actions had been taken to resolve them. It was unclear if all the complaints were kept in this file because we were told about other complaints and advised they were kept in people's records. The provider may find it useful to review the system of record keeping for complaints to ensure the effective monitoring of all complaints received.

**This section is primarily information for the provider**

**✕ Action we have told the provider to take**

**Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activities                     | Regulation  |
|--|---|
| Diagnostic and screening procedures      | <b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b>   |
| Surgical procedures                      | <b>Care and welfare of people who use services</b>  |
| Treatment of disease, disorder or injury | <b>How the regulation was not being met:</b><br>People were not adequately protected from the risk of unsafe or unsuitable equipment because the provider did not always ensure resuscitation equipment was adequate, available and maintained. Regulation 16(1)(a)   |
| Regulated activities                     | Regulation  |
| Diagnostic and screening procedures      | <b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b>  |
| Surgical procedures                      | <b>Safeguarding people who use services from abuse</b>  |
| Treatment of disease, disorder or injury | <b>How the regulation was not being met:</b><br>The policy and procedure did not clearly reflect local policies and procedures for vulnerable adults and children.<br><br>There was no evidence of the local multi-agency safeguarding policies and procedures.<br><br>The registered managers did not demonstrate a clear understanding of their role as the people responsible for safeguarding vulnerable adults and children in the clinic. Regulation 11(1)(a) |
| Regulated activities                     | Regulation  |

**This section is primarily information for the provider**

|  |  |
|--|--|
| Diagnostic and screening procedures      | <b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b>   |
| Surgical procedures                      | <b>Supporting workers</b>  |
| Treatment of disease, disorder or injury | <p><b>How the regulation was not being met:</b></p> <p>There were ineffective arrangements in place to demonstrate that staff were trained, competent and supported to provide safe and appropriate care to people. The provider was unable to provide details of up to date staff training, development and support that reflected staff needs to provide a safe quality service. Regulation 23(1)(a)</p> |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 09 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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