

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

## Blossoms Healthcare LLP - Garlick Hill

21 Garlick Hill, London, EC4V 2AU

Tel: 02074891136

Date of Inspection: 15 March 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Blossoms Health Care LLP
Registered Manager	Dr. Albert Michael Ferrante
Overview of the service	The clinic is one of three Blossoms Healthcare clinics in London offering general medical services, including occupational health screening, health assessments and travel medicine to private adults and corporate clients.
Type of service	Doctors consultation service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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 15 March 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with two people who had recently used the service. These two people said they were listened to and treated with respect. Both people who used the service told us they were happy with the service provided and would continue to regularly use the service. The clinic's most recent patient survey results were also positive.

The staff were trained in basic life support and knew what to do in the event of a medical emergency. The environment was clean and well organised and we saw that people's privacy was protected. People using the service said the premises were clean and well equipped.

The provider had arrangements in place to make sure people were cared for safely and appropriate checks were carried out before new staff started.

We saw evidence that the quality of the service was effectively monitored and the provider sought feedback from patients.

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

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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 privacy, dignity and independence were respected.

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### Reasons for our judgement

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

There were written patient leaflets in the waiting area with information about the clinic. A patient guide leaflet was available which provided the statement of purpose, services offered, guide to prices and payment, patients' charter, chaperone policy and disabled facilities. The receptionist told us that they were trained on how to chaperone a patient when required. The Blossoms Healthcare website also included information about the clinic, how to arrange an appointment and contact details.

We spoke with one doctor in the service. The doctor told us during a consultation they accessed the internet for current information on the patient's medical condition. The doctor uses this to help the patient have an understanding of their condition. The doctor also wrote down the website information and gave to the patient to take away.

We spoke with two people using the service. One person said they had been coming to the service for 10 years and had no complaints. This person said the staff listened and paid attention and they had been given information to take away. The second person using the service said, "I feel listened to and treated with respect".

All consultations were conducted in treatment rooms with the door closed. Windows in the treatments were obscured with curtains for privacy. Private shower facilities were available. Snacks such as muesli bars and fruit juice were available for people once they had completed their fasting as part of their health assessment.

**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 meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their treatment plan.

Two people who use the service spoke with us. One person said, "there's no time pressure. Doctors speak politely and listen well. I get chest infections and they understand how chest infections impact on my lifestyle."

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Patients underwent a medical history assessment before attending a consultation or receiving vaccinations at the clinic. The assessment covers their medical history, allergies, current medication and treatment and lifestyle factors. The clinic advised patients to contact them if they have any questions or concerns either before or after their visit.

There were arrangements in place to deal with emergencies. Staff had access to emergency equipment within their treatment rooms and were trained in basic life support.

**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 meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We reviewed the safeguarding policy and procedure at the clinic. The safeguarding policy included the relevant contact details for the local safeguarding adults team and children social work team. The safeguarding policy was accessible to all staff.

The provider may wish to note that the whistleblowing policy did not state that staff can contact external bodies.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

We inspected the majority of communal and private areas in the clinic including consulting rooms, toilets, showers and the waiting room. We found the areas to be clean and spacious. The clinic is wheelchair accessible with a lift.

The clinic was equipped with a defibrillator and medicines for urgent care. We saw the emergency equipment was regularly checked. There were records of latest fire risk assessment and fire emergency plan.



## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We checked the recruitment files for four staff members employed at the clinic. These showed that the provider had checked people's suitability to work in the practice. The provider obtained at least two written references, a satisfactory Criminal Records Bureau (CRB) check, identity checks and training certificates. Recruitment files for medical professionals had a copy of the relevant professional registration.

The provider may wish to note that one staff member had only one written reference.

**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 meeting this standard.

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

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## **Reasons for our judgement**

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Most staff received appropriate professional development.

One doctor's staff file showed up to date training on urology, cardiac screening, yellow fever dermatology and pelvic pain. We saw records that staff were supported to carry out their role and responsibilities through regular team meetings and one to one sessions.

The training provided reflected the needs of the people using the service such as vaccine, managing stress in the workplace, and CPR & Anaphylaxis.

We saw that monthly one to one supervision meetings were held. These meetings looked at clinical scenarios, clinical practise, vaccination updates and personal development. Staff told us they have a yearly appraisal.

We spoke with a physiologist who told us that their line manager had carried out observations of their clinical practice and provided weekly guidance. The physiologist told us they do not have an annual training program.

The provider may wish to note there was no structured training program for the physiologists

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The provider sought feedback from people who use the service about the quality of care.

We saw the results of client satisfaction surveys which were conducted by the clinic on a regular basis. These showed high levels of satisfaction with the service. Staff were also asked for their views on how to improve services with a written feedback form.

Medical professional meetings were held regularly. We were shown a copy of the minutes. These meetings were used to review the quality of the care. The minutes were cascaded to all staff. Clinical audits were completed by senior doctors on a regular basis. The latest audit was looking at case history recording.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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