

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

Chelsea Outpatient Centre

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

Details about this location

Registered Provider	Chelsea Outpatient Centre LLP
Registered Manager	Mr. James Roderick Barr
Overview of the service	Chelsea Outpatient Centre provides a service of outpatient consultations with specialist doctors as well as a diagnostic and imaging service. The location is on two floors of a renovated and refurbished building in central London.
Type of services	Diagnostic and/or screening service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures 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 announced inspection.

How we carried out this inspection

We carried out a visit on 5 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

People we spoke with were satisfied with their care and treatment at this location. They reported that they were treated with respect. They understood the treatment and/or tests that they were undergoing and had been involved in making decisions about their care. People were very satisfied with the care from staff.

People told us that they could voice their opinions about the service as well as ask for more information. We saw that people were given enough information about the service and were involved in making decisions about what care and treatment they would receive.

People were cared for in a safe environment by staff who had received the necessary training. There were procedures in place to deal with emergencies. The centre had systems in place to ensure that people were protected from the risk of infection. There was evidence that there was an effective process to review and monitor the quality and safety of the service provided.

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 privacy, dignity and independence were respected. People's views 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 use the service understood the care and treatment choices available to them. People we spoke with were very satisfied with the service at the Chelsea Outpatient Centre. They told us that they had had more than enough information about their treatment. They felt that they could always ask more questions if they needed to.

People told us that they had been treated with dignity and respect and their views were taken into account during consultation and treatment. They could also raise a concern if they had one. The service was described as "very good".

People who use the service were given appropriate information and support regarding their care or treatment. Information was available from the staff at the location when booking an appointment, during consultations and during tests. The provider's website had information about the services offered. We saw information for people using the service in the waiting areas as well as feedback forms for people to use.

People who were having imaging tests, such as X ray or Magnetic Resonance Imaging (MRI) were able to ask questions before and during the tests. There were information leaflets about the different tests. People were referred for the tests by their own GPs or by consultants and the results were sent back to the referrers for discussion with people.

We saw that all consultations and treatments took place in the private consulting and treatment rooms. Chaperones were available when people were examined.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with told us that they felt involved in their care and treatment at this location.

People's needs were assessed and care and treatment was planned and delivered in line with their individual plan. People were referred for tests by doctors who had reviewed, with the person, the care and treatment required. They would decide what further treatment was needed based on the results of the tests.

Medical protocols were in place for all the tests and these followed clinical guidelines and professional guidance. People completed a safety and medical checklist with a member of staff prior to any tests.

There were arrangements in place to deal with foreseeable emergencies. There was emergency equipment in place which was checked daily. Staff had received training in resuscitation and there were appropriate staff on site when tests were undertaken.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. People who use the service told us that the staff washed their hands prior to treating them, wore gloves if needed and that the premises were clean.

Staff had access to infection control policies and protocols. There was a specialist infection control nurse available at The Lister Hospital who provided advice and support when needed. There was also access to a consultant microbiologist. We saw that there was an infection control audit programme in place.

Staff confirmed that they had received infection control training. There was a housekeeper on duty through the day and the premises were cleaned at night. We saw that the centre was clean and well maintained. Nurses cleaned rooms between consultations and treatments in order to reduce the risk of infection. Clinical waste was dealt with appropriately and sharps bins were correctly assembled. Disposable instruments were not reused. Any items for decontamination were packed and transferred to The Lister Hospital. There was a Legionella risk assessment and related actions in place.

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

People we spoke with were very satisfied with the staff at this location. One person said staff could not have been nicer. There was a core group of nurses at the centre and people appreciated seeing the same staff at each visit.

The consultants at this location had suitable qualifications for the work they undertook. Doctors were granted practicing privileges by the Medical Advisory Committee. Doctors had had their practice appraised annually, either in their NHS practice or by a professional colleague.

Staff received appropriate professional development. Staff told us that they had received relevant training for their roles and this was updated as required. Staff were able, from time to time, to obtain further relevant qualifications. Radiographers were supported to maintain their professional registration by the provider. Monthly staff meetings are planned and used as an opportunity for training and to discuss policies and the service offered.

New staff had an induction training which included infection control and safeguarding children and vulnerable adults. Staff confirmed that annual appraisals were in place where objectives were set and training planned.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment. People could give feedback about their experiences of the service if they wished. They had the opportunity to discuss their opinions during consultations. There was also a formal system of seeking the opinions of the consultants who worked at the centre so that improvements could be made.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Any proposals by consultants for new treatments at the centre were reviewed by a clinical supervisory committee. All the imaging tests were reviewed and reported on by consultant radiologists. There was a system of audit of the results. Results were discussed with people by the referring doctor and then decisions about treatment made.

The imaging department was subject to a specialist external review annually by a Radiology Protection Adviser. We saw that the imaging equipment was serviced and calibrated according to the manufacturer's requirements.

The governance arrangements for the centre were linked to those of The Lister Hospital and they shared the same senior management team. There was a system for logging and investigating any incidents. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The manager of the centre met with the heads of department weekly so that they were up to date with any issues relating to the service.

The provider took account of complaints and comments to improve the service. There had been no complaints in 2012.

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.

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.

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