



Review of compliance

TLC Medical Centre LLP The Lawrence Clinic	
Region:	Yorkshire & Humberside
Location address:	4-6 Greenside Pudsey Leeds West Yorkshire LS28 8PU
Type of service:	Acute services without overnight beds / listed acute services with or without overnight beds
Date of Publication:	December 2011
Overview of the service:	The Lawrence Clinic provides podiatric foot surgery procedures under local anaesthetic. The service is registered to provide the regulated activities of surgical procedures and the treatment of disease disorder and injury. The clinic is registered to provide podiatric surgery to people over the age of 18 and nail

	<p>resection and verrucae removal for person's over the age of 16.</p> <p>The clinic is situated in Pudsey, making it convenient for access from Leeds and Bradford.</p>
--	--

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Lawrence Clinic was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

On the day of our visit there were no patients attending the clinic. We spoke with three people who had used the service on the telephone and we looked at survey questionnaires that had been completed by people.

People told us they were happy with the service and the treatment they had received. Comments included:

"Very happy, very impressed."

"Follow up care was exceptional, very good advice and responses to queries."

"The surgeon was very careful and I was monitored well throughout."

"Clear instructions were given and an information sheet to take away."

"The clinic was very clean."

People said they had been given all the information they needed prior to having their surgery and their consent had been taken properly. They said:

"The surgeon went through everything well, risks, what to expect, what to do after."

"Explained everything well, very thorough."

People also spoke highly of the staff. They said:

"Felt comfortable and at ease with all the staff and would have expressed concerns if I hadn't."

"Had every confidence in them, great surgeon, felt in good hands."

The surveys we looked at showed that people felt their expectations were met and the aims of treatment were fulfilled. For example, one person said their aim was to be 'pain free' after their surgery and they stated that they were.

What we found about the standards we reviewed and how well The Lawrence Clinic was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The care provider has systems in place to gain and review consent from people who use the service, and act on them.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Overall, people who use the service experience effective, safe and appropriate care, treatment and support.

Outcome 07: People should be protected from abuse and staff should respect their human rights

We have assessed this outcome area as moderate concerns.

The care provider does not have a written policy for reporting, minimising and preventing abuse from occurring. Staff have not received any formal training in the requirements for safeguarding vulnerable adults and children.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The lack of robust recruitment procedures mean that people may be at risk from unsuitable workers. There are no systems in place to make sure staff have their qualifications, knowledge and skills reviewed on a regular basis.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

We have assessed this outcome as a minor concern.

The processes for assessing and monitoring the quality of the service are not yet fully implemented. The care provider does not have fully operational systems in place to make sure of safe working practices. Lines of accountability are not clear for the management of health and safety.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People said they had been given all the information they needed prior to having their surgery and their consent had been taken properly. They said:

"The surgeon went through everything well, risks, what to expect, what to do after."
"Explained everything well, very thorough."

Other evidence

During our visit the manager told us of the processes in place to make sure that people using the service understand the care, treatment and support choices available to them.

The care provider operates a two stage consultation procedure. Consent is taken at the consultation stage and immediately prior to any treatment. We were told there is a waiting period of at least one day between the initial consultation and any treatment to make sure people are given time to make their decision on treatment. This is known as a 'cooling off' period.

We looked at the consent records for people who use the service. Risks and benefits of treatment were documented as being explained. Under 18's must have consent from their parent or guardian. All the records we looked at showed people had given their

signed consent to treatment.

The manager also showed us their policy on consent. This covered the giving of information to people, discussion of alternative treatments and the documentation of explanations on risks and benefits of the surgery. Staff are reminded in the policy that consent can be withdrawn at any time by the person using the service, that consent is only valid for six months and that if treatment plans change a new consent form must be completed.

The policy also covers consent issues for vulnerable adults, under 18's and anyone with a disability such as a hearing impairment and the support that would be necessary for them.

Our judgement

The care provider has systems in place to gain and review consent from people who use the service, and act on them.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they were happy with the service and the treatment they had received. Comments included:

"Very happy, very impressed."

"Follow up care was exceptional, very good advice and responses to queries."

"The surgeon was very careful and I was monitored well throughout."

"Clear instructions were given and an information sheet to take away."

"The clinic was very clean."

The surveys we looked at showed that people felt their expectations were met and the aims of treatment were fulfilled. For example, one person said their aim was to be 'pain free' after their surgery and they stated that they were.

Other evidence

Each person has an individual consultation, with the surgeon, where their care and treatment options are discussed and care pathways are developed. The surgeon assesses their suitability for the proposed treatment.

We looked at the care records and risk assessments for people who use the service. These showed detailed assessments including proposed treatment and any concerns, records of medical examination including results of x-rays, discharge information and follow-up. They also included medical histories and permission to contact GP's. Discharge arrangements included giving patients verbal and written information about

how to care for themselves and who to contact if they had questions or concerns. The patient records we looked at showed that this information was given and recorded.

We saw there was a procedure in place for pre-operative checks including patient identification, and the checking of the procedure type and site of operation. We also saw there was a procedure for the counting of swabs and other items used in the operating theatre.

We discussed the reporting of adverse events with the manager. He was aware of his responsibilities to inform us through the notifications system. However, there was no policy in place on reporting adverse events or incidents. The manager said incidents would be reported to him and he would then make the appropriate notifications. There had not been any adverse events or complaints made by people who use the service. We were not able to speak to staff, as they were not on duty, to assess whether they were familiar with adverse event reporting. The manager agreed a policy was needed so that staff were clear on what to do in the event of accidents or incidents occurring. He agreed to put this in place.

Resuscitation equipment is available and checked weekly to make sure it is ready for use. However, there were no records to show this is done. The manager said staff are trained in carrying out resuscitation but an emergency ambulance would always be called in the event of emergency that required resuscitation. Staff's records did not show that staff were trained in emergency aid and the use of resuscitation equipment. The manager said this was an oversight with the records, saying that all staff had undertaken emergency aid training in the last year. We will address this issue further in outcome 12 of this report.

Our judgement

Overall, people who use the service experience effective, safe and appropriate care, treatment and support.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People had no concerns over their safety and well-being when using the clinic. They said:

"Felt comfortable and at ease with all the staff and would have expressed concerns if I hadn't."

Other evidence

The care provider has a policy in place for dealing with concerns which makes some reference to the safeguarding of children and vulnerable adults. However there was no information on staff's roles and responsibilities, identification of abuse, types of abuse, confidentiality, procedures for reporting abuse and information sharing or contact details for local safeguarding teams. The manager was not aware of current legislation regarding the safeguarding of vulnerable adults or children such as 'No Secrets' and 'Working together to safeguard children'.

There was no evidence that staff had been provided with training on safeguarding. Staff were not on duty so we could not discuss their responses to safeguarding matters. The manager said that staff received training on safeguarding as part of their work in the NHS and this was transferrable under practicing privilege agreements. However, there was no evidence of practicing privilege agreements for the staff. This issue will be addressed further in outcome 12 of this report. The manager said that any allegations or suspicions of abuse would be reported to him and he in turn would report this to the

police. He was not aware of reporting responsibilities to the local safeguarding authorities.

Our judgement

We have assessed this outcome area as moderate concerns.

The care provider does not have a written policy for reporting, minimising and preventing abuse from occurring. Staff have not received any formal training in the requirements for safeguarding vulnerable adults and children.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are moderate concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People spoke highly of the staff. They said:

"Felt comfortable and at ease with all the staff and would have expressed concerns if I hadn't."

"Had every confidence in them, great surgeon, felt in good hands."

Other evidence

We looked at practicing privilege files for all the medical practitioners who work at the clinic and found that some information was not being kept up to date as required. Practicing privileges is the term given to clinicians from the NHS when working in the independent sector. Any practitioner working under practicing privileges is subject to the same level of checks and similar selection criteria to staff who are recruited directly by the care provider.

There was no evidence that a contract was in place between the care provider and the medical practitioners, despite there being a policy in place on this. There was no evidence that references had been taken up. There was no evidence that an up to date (HPC) Health Professionals Council or (NMC) Nursing and Midwifery Council registration status had been checked and verified. It was therefore not clear if medical practitioner's fitness to practice had been checked.

There was evidence that CRB (criminal records bureau) checks had been carried out.

These had not been carried out by the care provider. The manager said these had transferred with people as part of the practicing privilege agreement. It was not clear if these CRB's had been obtained from people's current employer in the NHS as some of them were five years old. It was not clear if the care provider had considered the length of time since the check was issued and the role the check was issued for.

There was no evidence of staff's training in the files we looked at. There was no evidence of staff's competency being checked or their skills being reviewed regularly. We saw some documentation that appeared to be used for checking staff's competency but none of them had been completed for any staff. As mentioned in outcomes 4 and 7 of this report, there was no evidence that staff had been trained in safeguarding or emergency aid. The manager could not say how staff were kept up to date with current good practice.

Our judgement

The lack of robust recruitment procedures mean that people may be at risk from unsuitable workers. There are no systems in place to make sure staff have their qualifications, knowledge and skills reviewed on a regular basis.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not discuss this outcome area with people who use the service.

Other evidence

During our visit, we found that the care provider did not have adequate systems in place to make sure of safe working practices. There were no health and safety management systems in place. It was not clear who took responsibility for health and safety management. However, the environment was clean and, in the main, well maintained. We noticed some chipped paint on the theatre couch frame, which would make it difficult to keep clean. The manager said he would attend to the repair of this as a matter of urgency.

Risk assessments were not in place to show that all possible hazards faced by staff had been assessed. For example, infection control, the use of equipment, slips, trips and falls and control of substances hazardous to health (COSHH).

There were no systems in place to make sure the service is audited on a regular basis. There were no regular documented audits of infection control management, fire safety or as previously mentioned staff's competency. The manager said he visually checks and inspects the clinic and agreed to make sure this is documented in future and a proper system of audits is put in place.

The care provider has arrangements in place for satisfaction surveys. The responses from the surveys are looked at as they come back in to the clinic. No negative

comments have been received about the service. No complaints have been received either. The manager makes sure that he informs staff of the positive comments received. He said that if any complaints and concerns were raised they would be addressed on an individual basis depending on the nature of the complaint.

Our judgement

We have assessed this outcome as a minor concern.

The processes for assessing and monitoring the quality of the service are not yet fully implemented. The care provider does not have fully operational systems in place to make sure of safe working practices. Lines of accountability are not clear for the management of health and safety.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Surgical procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: We have assessed this outcome as a minor concern.</p> <p>The processes for assessing and monitoring the quality of the service are not yet fully implemented. The care provider does not have fully operational systems in place to make sure of safe working practices. Lines of accountability are not clear for the management of health and safety.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: We have assessed this outcome as a minor concern.</p> <p>The processes for assessing and monitoring the quality of the service are not yet fully implemented. The care provider does not have fully operational systems in place to make sure of safe working practices. Lines of accountability are not clear for the management of health and safety.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: We have assessed this outcome area as moderate concerns.</p> <p>The care provider does not have a written policy for reporting, minimising and preventing abuse from occurring. Staff have not received any formal training in the requirements for safeguarding vulnerable adults and children.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: We have assessed this outcome area as moderate concerns.</p> <p>The care provider does not have a written policy for reporting, minimising and preventing abuse from occurring. Staff have not received any formal training in the requirements for safeguarding vulnerable adults and children.</p>	
Surgical procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met:</p>	

	The lack of robust recruitment procedures mean that people may be at risk from unsuitable workers. There are no systems in place to make sure staff have their qualifications, knowledge and skills reviewed on a regular basis.	
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: The lack of robust recruitment procedures mean that people may be at risk from unsuitable workers. There are no systems in place to make sure staff have their qualifications, knowledge and skills reviewed on a regular basis.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA