

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

The Lawrence Clinic

4-6 Greenside, Pudsey, Leeds, LS28 8PU

Tel: 01132900310

Date of Inspections: 14 January 2013
08 January 2013

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2013

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Supporting workers ✓ Met this standard

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	SG Radiology Limited
Registered Managers	Dr. Suprio Ganguly Mr. Robert Jackson
Overview of the service	The Lawrence Clinic provides podiatry care in Pudsey near Leeds. The Lawrence Clinic provides podiatric foot surgery procedures under local anaesthetic. It is accessible by public transport.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Surgical 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

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013 and 14 January 2013, talked with staff and talked with stakeholders.

What people told us and what we found

We were not able to speak with patients who used the service because there was not a clinic for podiatry on the days of our inspection. We reviewed three care records and found that in each file a detailed consent form was in place which included the potential risks and complications and how their personal information may be used. We reviewed the feedback which patients provided and found patients' experiences to be positive.

We also saw that each patient had been asked to consent to their GP being contacted with regards to the treatment they were undergoing. Patients were protected from unsafe or unsuitable equipment because the provider ensured maintenance and regular checks were undertaken. Staff spoken with and records seen confirmed that staff were appropriately trained and supported to undertake their roles.

Our observations of the treatment room demonstrated to us that it was clean, free from any unpleasant odours and that infection control practices were in place. Hand gels were readily available and cleaning equipment and wipes were in place. This ensured that cleaning in between people having treatments was carried out.

We also found that staff received appropriate training and support and that the service had various methods in place to monitor the quality of service it provided. An appropriate complaints system was in place.

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.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients' privacy, dignity and independence were respected.

Reasons for our judgement

We reviewed three patient records. Consultations had taken place in advance of any surgical intervention. All patients had been given the opportunity to discuss the procedure and had been involved in making decisions.

We spoke with one of the medical professionals who worked at the clinic. They told us that any procedures involving treatment were fully explained to the patient before they decided upon their course of treatment. They told us that some treatment procedures required people to sign the agreement to show that they were happy with the information given to them and they understood the risks relating to the procedure.

Patients expressed their views and were involved in making decisions about their care and treatment. We looked at three patient's treatment records. We saw that all the patients had been given supporting information about the treatment choices available to them.

Patients had access to a range of information about their treatment and care. The provider had a comprehensive website, which contained information about the medical conditions the clinic could treat and what the treatment would involve. We also saw that the cost of the treatment was available to patients in the clinic which enabled patients to know the cost of each course of treatment before they started the treatment.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured patient safety and welfare. We looked at three treatment files. The records showed that a routine medical history had been completed by the clinic to make sure that any treatment given was in line with the patient's needs. We saw that patients had been given information about the risks and benefits relating to their treatment. We also saw that when written consent was required, patients had signed to say they were happy with the proposed treatment.

Consent forms were completed throughout the patient pathway and we saw that permission was sought to request medical information from the person's GP. Consent to allow the clinic to share information about treatment provided at the clinic with the GP was also obtained.

We found that pre and post operative care records were fully completed and detailed.

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

Our judgement

The provider was meeting this standard.

Patients who used 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 occurring.

Reasons for our judgement

We looked at the policies and procedures in use relating to safeguarding and protecting vulnerable adults and we saw that these were available to staff. These policies included definitions of what may constitute abuse and the procedures for responding to suspicions or allegations. Staff we spoke with were aware of these. Staff told us they had confidence in the manager to support them if they raised concerns.

The records we looked at showed that staff had training in safeguarding procedures and the signs to look out for in recognising abuse. We spoke with staff involved in the care of patients who used the service. They were able to demonstrate to us that they knew what might indicate an abusive situation and that there were different types of abuse and the ways in which they would report it.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

Policies and procedures were in place. We reviewed the clinic's infection control policy and procedures which made reference to the Department of Health's Code of practice on the prevention and control of infections and related guidance.

We looked at the clinical areas. The clinic appeared clean, well organised and uncluttered which facilitated good practice in infection control. Posters giving instructions were present on the walls within the practice to help inform the cleaning staff of the equipment and products to be used in any particular area

We saw that cleaning schedules were used and checked for the cleaning of the theatre by cleaning staff. There were dedicated clinical waste bins and sharps boxes. We saw that there was a contract for the disposal of clinical waste and that assignment notes were kept.

Staff had received infection control training and were aware of the current infection control guidelines. Staff were able to tell us what to do in the event of a sharps injury. Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw there was a recruitment policy in place which included references and Criminal Record Bureau (CRB) checks to ensure people were suitable for working with patients and appropriate checks were undertaken before staff began work.

Recruitment files were examined and we found all the required information, including clear criminal record bureau checks, were in place before the person was allowed to provide support and care to vulnerable people who used the service.

Through speaking with staff and examination of staff training records, staff were supported to have the skills and experience to provide people who used the service with safe and appropriate care

The manager said staff received training on safeguarding as part of their work in the NHS and this was transferrable under practising privilege agreements. We saw evidence of practising privilege agreements for the staff and evidence that staff had completed safeguarding training.

The provider had introduced systems for staff appraisals. We looked at staff files and all staff had undertaken an appraisal.

The provider had introduced systems to ensure staff qualifications, knowledge and skills were reviewed.

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.

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

Reasons for our judgement

All staff with practising privileges had substantive posts with the NHS. Staff were required to provide evidence of their NHS training with the clinic. The manager confirmed that this was done. This ensured that staff received and were up to date with appropriate professional development.

We looked at training records and we saw that staff had completed training with their NHS substantive employer and provided training certificates to the clinic. Training included safeguarding, emergency first aid and podiatry relevant training.

All trained nurses, health professionals and consultants had to be registered with their own professional bodies such as the Nursing and Midwifery Council or the General Medical Council. The clinic maintained records of these registrations within the staff files. This ensured that staff maintained their fitness to practice.

The staff we spoke with confirmed they were able to talk about problems or practice issues at any time and get support and advice. Staff told us they enjoyed their work. Staff indicated it was a "supportive" organisation to work for and they felt they were "listened to". Staff told us they discussed and reviewed care given with colleagues.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Annual Questionnaires were completed by patients who used the service.

The provider had introduced systems to assess and manage risk in the service. This included health and safety checks for the clinic. Any issues identified were documented and reported and actions were put in place to remedy or reduce any risks. We saw evidence of this during our visit and the action the manager was taking to address any identified shortfalls. For example, an audit of cleaning had been carried out and the manager had documented actions for staff.

The provider had introduced a monthly audit of treatment plans to be undertaken by the registered manager. We looked at audits of treatment plans and this included actions needed to improve the completion of the treatment plans.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Patients were made aware of the complaints system. This was provided in a format that met their needs.

Reasons for our judgement

The complaints procedure was displayed in the reception area. There was also a copy in the patient guide, available in the reception area.

We saw that the patient guide documented the complaints process. The clinic manager is advised of any complaints that relate to services provided by the clinic. At the time of our visit no complaints had been received about services provided at this location.

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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