

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

THMG Bromley Clinic

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9JG

Tel: 02082909150

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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
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Harley Medical Group
Overview of the service	THMG Bromley, clinic provides doctor's consultations for a range of elective cosmetic surgery treatments and non surgical procedures
Type of service	Doctors consultation 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 26 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Audits to monitor people's satisfaction with the service were in place and the results of these demonstrated a high satisfaction with the service. The person using the service who we spoke with was very happy and readily compared it to other services that she had visited saying that she felt "very reassured and confident" with this service and that she was "confident that the service was looking after her as a person and not just a paying customer."

All reasonable measures had been taken to allow for disabled persons access. The clinic was visibly clean and had a range of equipment. The staff were easily identified as they were in uniform. Medical notes were stored safely and securely.

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. The manager told us that before being seen at the clinic all people enquiring about treatments spoke to a central team who discussed if the clinic could meet their individual needs before arranging a convenient appointment with either the surgeon or nurse. At the initial consultation the person was assessed to ensure that the intervention was appropriate and staff were aware of any existing medical conditions. This included requesting, via the individual, information from the person's GP about their medical history. This information was included in the person's medical notes. There were procedures in place for obtaining consent from people; including ensuring if the individual was unable to consent, requesting this from a carer, parent or partner. A record of this consent was stored in the person's notes.

People who use the service were given appropriate information and support regarding their care or treatment. However, the service had recently changed providers and we found that the printed material still had the old company name. We were told that the name was removed before being given to people and that the brochures were only being used until new ones with the new provider name on were delivered. People's diversity was respected, for example prior to the initial consultation staff ensured that they were aware of any communication needs and if necessary arranged for an interpreter to ensure that individuals had access to appropriate information. People were provided with a full explanation of the fees and ongoing costs where appropriate to ensure that they were able to make an informed choice about the treatment they had. The person we spoke with told us she knew how to complain and was fully aware of all costs and return visits

People were involved in making decisions about their care and treatment. For example, staff we spoke with told us that in the instance of breast augmentation, the individual was asked which breast size they would like to achieve, the type of implant they would prefer and shape and position. The person we spoke with commented that the nursing staff were professional and that she had been provided with a range of health advice, not only about her pending surgery. She felt that staff were "looking after me as a person not just a

paying customer".

People's privacy and dignity was maintained. We saw that consultations took place in private consulting rooms and individuals were asked if they wished to be accompanied by a chaperone.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The notes of people using the service included a care plan that assessed the individual needs of the person and the delivery and outcomes of the care provided. The staff we spoke with told us that medical histories were taken prior to treatment commencing and were used to inform the individual's care plan. We were told that personal choices such as who would deliver the care were taken into consideration when care was being planned. We saw that personal preferences were recorded in the notes, for example if the individual preferred male or female staff present during the delivery of care.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example there were a range of aftercare sheets given to each user that detailed what they should expect, who to contact in an emergency and when to go to the local accident and emergency.

There were arrangements in place to deal with foreseeable emergencies. For example people using the service were given out of hours contact numbers and had open access to the clinics where necessary. The staff we spoke with were aware of the service's emergency procedures and told us that most people were referred to the local accident and emergency or an ambulance would be called if their condition deteriorated.

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

Our judgement

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.

Reasons for our judgement

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. There were safeguarding policies and procedures in place. All the staff we spoke with were aware of the clinic's safeguarding procedures and knew who to report issues to, including the local authority. They were aware of what constituted abuse and what to look for, for example unexplained bruising or injuries.

All staff had attended safeguarding training and their attendance at this was recorded on the service's training logs and copies of certificates were included in staff's personnel file.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We were told by the manager that the recruitment process was maintained and directed centrally by HR (Human Resources) personnel, this approach ensured that recruitment process for staff were followed. The staff files we looked at included information relating to the individual's qualifications and pre-employment checks. This information provided a record of the professional skills and registrations that staff held. To ensure staff maintained the required qualifications annual checks of doctors and nurses registration status were carried out.

There were enough qualified, skilled and experienced staff to meet people's needs. On the day of our inspection staff told us that it was usual for three nursing staff to be on duty and that this level of staffing ensured that they could meet individual's needs. Staff told us that if necessary other staff were called in on an ad-hoc basis to cover appointments and staff sickness or if people using the service had increased needs. Staff told us that the clinic was open three days a week and they divided their working hours between two centres, this ensured adequate cover for both clinics and if one clinic was busier they could increase the opening hours as necessary.

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 people who use the service and others.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment. Staff we spoke with told us that service user and staff meetings were not held due to the nature of the business and confidentiality issues. However, people who use the service and their representatives were asked for their views about their care and treatment and they were acted on. Satisfaction surveys were completed and the results displayed in the waiting area, which showed satisfaction levels were high. .

The service had an audit programme in place, to monitor the quality of the service, we saw that the outcomes of audits were reported and action plans drawn up to address any identified issues. For example we saw a protocols that detailed a chain of events and staff told us that any changes to provision of care were audited under best practice and NICE guidelines and action plans and changes cascaded by email to all staff.

The provider took account of complaints and comments to improve the service and that learning from incidents and investigations took place and appropriate changes were implemented. For example following the recent national breast implants incident, a dedicated team were put in place to respond to complaints or concerns people may have. This ensured that all concerns or complaints were dealt with in a timely manner and that changes to products used for this procedure implemented.

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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