

Review of compliance

<p>The Harley Medical Group THMG Marlow Clinic</p>	
<p>Region:</p>	<p>South East</p>
<p>Location address:</p>	<p>Court Garden House Pound Lane Marlow Buckinghamshire SL7 2AE</p>
<p>Type of service:</p>	<p>Doctors consultation service</p>
<p>Date of Publication:</p>	<p>June 2012</p>
<p>Overview of the service:</p>	<p>The Harley Medical Group, Marlow Clinic is part of the national Harley Medical Group of clinics.</p> <p>The clinic is located on the first floor of a listed building. The clinic team usually consists of one nurse, one therapist, a visiting consultant or doctor and one administrator.</p>

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

Our current overall judgement

THMG Marlow Clinic was meeting all the essential standards of quality and safety inspected.

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 and carried out a visit on 24 May 2012.

What people told us

We were not able to speak to people on the day of the inspection. However we spoke to one person on the phone following the inspection. She said the staff "were very nice and friendly" and the "the costs were made clear at the beginning".

What we found about the standards we reviewed and how well THMG Marlow Clinic was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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

Outcome 08: People should be cared for in a clean environment and protected from

the risk of infection

People were cared for in a clean, hygienic environment.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People were protected from unsafe or unsuitable equipment.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to one person who attended the clinic. She said she was satisfied with the information provided and she had "been given enough information at the initial consultation about the procedure and aftercare".

Other evidence

People who used the service understood the care and treatment choices available to them.

We observed staff speak to people politely and with respect. All consultations were carried out in private rooms.

Our judgement

People's privacy, dignity and independence were respected.

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

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

At the previous inspection in October 2011 we found that consent forms for surgical procedures were not always signed by the patient. The extent of recording consultations was not made explicit to patients at the initial consultation.

Staff told us that nurses were responsible for ensuring the initial consent forms were completed fully and the person understood the consent process. Staff said they asked for proof of age if they thought a person may be younger than 18 years of age. Staff said they informed patients that consultations were recorded for training and quality purposes.

The consultant told us that he used a 'points discussed' form, specific to each procedure and an information leaflet which he gave to the patient at the consultation. The form was signed by the consultant and the patient. The consultant said no surgery was performed without written informed consent.

We looked at a sample of four patient records, for patients who had surgery in the previous six months. All the records contained signed consent forms although the consent forms were not always the Harley Medical Group specified form.

Our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

One person we spoke with said she was very happy with the care provided by The Harley Medical Group, Marlow Clinic.

Other evidence

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

Staff said that a thorough medical history was taken at the initial consultation to identify any contraindications and to ensure people had carefully considered their reasons for wanting to undertake the surgical or non surgical procedure.

We saw a sample of four patient records. The records contained details of the initial assessment, pre operation assessment, consent forms and notes of the procedure undertaken. There was also a note to indicate that the patient had been given additional written information if necessary.

Staff said that people were given a contact number to call in emergencies or if they had any concerns following the procedure.

We saw a sample of eight surgical satisfaction questionnaires for 2011. All the respondents rated the clinic as good or very good but three out of the eight people were dissatisfied with the services at the hospital where they had their surgical procedure.

Our judgement

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

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People said the clinic was clean and pleasant.

Other evidence

There were effective systems in place to reduce the risk and spread of infection.

The clinic was clean and tidy. Gloves and aprons were available in the treatment room and staff said these were worn when carrying out procedures.

Staff told us that a contract cleaner attended daily to clean the premises. The cleaner completed a checklist to ensure all areas of the clinic were cleaned.

Staff said that the equipment in the treatment room was cleaned by the nurse. The nurse would also dispose of the sharps bin into the clinical waste bin located on the first floor.

There was an organisation wide infection control policy and procedures. Monthly infection control audits took place and were reported to head office.

Staff told us that Infection control advice was provided by the infection control lead for the organisation. There was mandatory training for infection control which included aseptic technique, wound dressing and reporting wound infections.

Our judgement

People were cared for in a clean, hygienic environment.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

People were protected from unsafe or unsuitable equipment.

Staff told us that maintenance of the equipment was the responsibility of The Harley Medical Group Head Office. They were systems in place which alerted the clinic when equipment was due for service and appointments arranged. Staff said the system was efficient. We saw the clinic had a service agreements file in place.

We were told that the Laser Protection Adviser had visited the premises in May 2012 to review the local rules for the laser machine. No issues were reported, however the report was not available for us to review at the time of our inspection.

The clinic manager said that all notifications from the Medicines and Healthcare Products Regulatory Agency were communicated by email from the Head Office. Most medical alerts or recalls were not relevant to the Marlow Clinic but if it was relevant the alert would be red flagged and appropriate action taken and logged.

The clinic manager said that all adverse events were tracked and reported to Head Office on a quarterly basis. We reviewed the first quarter reporting log and noted the incidents on record.

Our judgement

People were protected from unsafe or unsuitable equipment.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

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Author	Care Quality Commission
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