Care Quality Commission

Inspection Report

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

The Fertility & Gynaecology Academy

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Fertility Academy
Registered Manager	Dr. Amin Gorgy
Overview of the service	This private clinic provides diagnosis, treatment and advice for infertility, assisted conception and reproductive immunology.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

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 16 January 2014, 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

Patients using the service were offered advice and information on treatment options, associated risks and costs after an assessment of their medical history and needs. Patients had the opportunity to ask questions and consider their choices and were given information to take away with them. There was access to counselling if required.

There were suitable arrangements for emergencies with emergency equipment and drugs and fire safety procedures. Staff had regular training in basic life support and first aid.

Signed consent was obtained in all cases before treatment commenced and after an informed decision had been made.

We spoke to patients who told us that they felt well informed about treatment options and risks. One patient told us, "All the staff are very knowledgeable and helpful", while another said "All the information was clear and our questions answered fully."

The premises were clean and adequate standards of hygiene and cleanliness were apparent and procedures were in place to minimise the risk of infection to those using the service.

There was an appropriate recruitment policy and staff files showed that suitable checks had been made when employing staff, including references, employment history and proof of identity.

There was a complaints procedure for recording complaints and comments about the service and a patient satisfaction questionnaire which was analysed regularly and showed high levels of satisfaction with the service.

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had systems in place to ensure that patients gave informed consent to their care and treatment. Patients were to sign a consent form only after discussing their care and treatment options with one of the doctors. Signed consent was required for treatment, some ultrasound scans, and for the use of embryos, eggs and sperm as required by the Human Fertilisation and Embryology Authority. Patients were also asked to sign consent forms for information sharing with other health professionals, including their GP.

Patients had opportunities to discuss their treatment and ask questions at the initial appointment and after they went home, as treatment did not usually commence until several weeks later.

Consent forms were kept in patient records and we saw that these had been signed in all the records that we inspected and clearly indicated the treatment, examination or information that the consent related to. Patients that we spoke to confirmed that they had received the relevant consent forms to sign and that they understood the treatment and risks that they were was consenting to.

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

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The service offered outpatient appointments for the assessment and treatment of female infertility, as well as immunotherapy and testing. Consultations and ultrasound scanning were provided at the practice, along with some injections and blood tests. A nurse was employed by the practice to take blood samples and give injections if required and to instruct patients on injection technique. The more invasive and surgical procedures required for infertility treatments were carried out at a separate clinic run by another provider.

The provider offered information about the service via a web site and there were brochures available in the waiting area which gave details about the practice, including the types of treatments available and procedures involved, information about the two consultant doctors working there along with charges and fees. Patients had an initial appointment with one of the doctors involving a private consultation to discuss medical history and treatment options, along with a scan if required. Patients were encouraged to bring their spouse or partner to appointments if they wished. The provider had an arrangement for referral to a professional counsellor if required.

There were two consultation rooms at the practice one of which had a scanner and couch which was screened off for privacy. A second consultation room was used by nurse when needed. Information given at the first appointment included details of different procedures, associated risks, timelines and follow up care, along with costs involved. This was supported by patient brochures and leaflets which were given to each person. The practice therefore offered appropriate facilities, and patients were assessed and fully informed about their treatment options, which helped to ensure their care and welfare.

Equality and diversity had been considered. Staff spoke a range of different languages and were aware that a telephone translation service was available if required. The practice kept a ramp to use for disabled access and the toilet was suitable for use by the disabled. Chaperones were available on request.

We reviewed four patient records which were well ordered and consistent in format and contained detailed information on each appointment, previous medical history,

investigation and treatment. There was also a record of blood tests and scan results along with notes of consultations including treatment choices that had been offered and discussed with patients and what had been agreed. This showed that patients had been assessed and offered treatment in accordance with their clinical needs.

We spoke to four patients with appointments on the day we visited. All were very satisfied with the service provided by the practice. They told us that they felt well informed about the treatment options that would be most suited to their needs, along with the timelines for treatment cycles and costs. They had been given opportunities to discuss the advice given and to ask questions, and were able to take further time to consider their options if they wished. All considered the staff to be professional and helpful. One patient told us, "We were given clear information and had the opportunity to ask questions and digest what we had been told".

We observed reception staff who were pleasant, discrete and helpful to those arriving for appointments.

There were arrangements in place to deal with emergencies. The practice had an oxygen cylinder which was checked annually and we saw the most recent certificate. There was suitable fire safety equipment and the fire extinguishers had stickers showing that the annual check had recently been done. There were emergency lights to indicate exits in the event of fire. There were emergency drugs available, all of which were within date and a first aid kit. All staff had annual training in basic life support and first aid and each had a card showing that this had been undertaken within the last year.

Cleanliness and infection control ✓ Met this standard

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 cared for in a clean, hygienic environment

Reasons for our judgement

The provider showed us the policies and procedures and risk management document which specified infection control procedures to be used by staff working at the practice place to ensure a good standard of infection control and maintenance of cleanliness and hygiene.

This documentation contained guidance on hand hygiene, the use of protective personal equipment and disposable gloves, waste disposal and procedures for cleaning clinical areas and equipment. The practice did not conduct procedures requiring a sterile environment and used disposable instruments and equipment. There was a separate clinical area in one of the consultation rooms for examination and scanning, with a sink for clinical use only. We checked a selection of disposable equipment and packs were undamaged and within date. Disposable gloves and protective gowns were available along with bacterial spray, alcohol rubs and wipes. If a vaginal ultrasound was to be performed the probe used was covered with a disposable sheath for each patient and also cleaned with alcohol wipes for each use. There were disposable sheets used on the examination couch which were changed for each patient. The consultant there on the day of our visit told us that the work surface and examination couch were cleaned with bacterial solution once or twice each day. All the above practices were clearly specified in the policy and procedures document.

The practice was cleaned daily by a self- employed cleaner and cleaning materials were kept in a separate locked room although the provider may wish to note that there was no written cleaning schedule or records to indicate cleaning activity.

We observed good standards of cleanliness throughout the premises and toilets were well equipped and had liquid hand wash available although there was no visible information on hand hygiene.

There were separate bins for clinical and general waste in the consultation rooms and these were clearly labelled. There were bins for sharps. There were appropriate arrangements for waste disposal and we saw the contractual agreement for collection of clinical waste every two to four weeks and sharps bins on request or every three months.

There was no named lead for infection control and no infection control audits had been carried out up to the date of our visit, although we were told that any issues related to infection control were discussed at a weekly directors' meeting which both doctors, who were also the directors of the clinic, attended.

The provider may wish to note that we did not see evidence of any staff training on infection control, although new employees were instructed on the practice policies and procedures on induction. We spoke to the practice manager and the nurse. Both were aware of this documentation and were able to outline the required infection control procedures when asked. Both told us that they had undergone infection control training with previous employers and the nurse attended regular updates on infection control as required to maintain professional registration.

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.

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

Reasons for our judgement

The provider had policy documentation on recruitment procedures and used a separate company to prepare employment contracts and give advice on recruitment. The recruitment procedure required that all new employees obtain two references from recent employers, confirmation of identity and permission to work in the UK if relevant.

There were five members of staff employed on the day of our visit including two consultant doctors who were company directors, a practice manager, a nurse and an administrative receptionist.

We inspected information on four members of staff although not all documentation was available on the day of our visit. We saw evidence of suitable references in staff files which also contained information on employment history and experience along with photo id. and evidence of qualifications. Professional registration was up to date for medical and nursing staff. There were criminal record check certificates for medical staff. Other members of staff were asked to sign a declaration stating that they did not have a criminal record or providing details if they did. The provider may wish to note that we did not see evidence of qualifications or health declarations for all members of staff.

There was an induction procedure for new staff which covered the practice policies and procedures, how to deal with patients and how to express any concerns about their job or their employer. We spoke to staff who confirmed this process.
Temporary staff were available from a pool of nurses identified at a local hospital and underwent the same induction process.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.
Comments and complaints people made were responded to appropriately

Reasons for our judgement

The provider had an appropriate system in place to investigate and respond to complaints. We saw a copy the formal complaints procedure which gave clear timelines and how to progress to the next stage if the complaint was not resolved.
There was information on the complaints procedure displayed on the wall in the waiting room.

We saw the book used to record complaints. There had been one complaint in the twelve months preceding our visit and this had been managed correctly and according to the documented procedure.

Patients were encouraged to complete a patient satisfaction questionnaire which was available in the waiting area. This asked them to rate the care and treatment they received and was analysed on a monthly basis. We were shown the latest report which indicated a high level of satisfaction with the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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