

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

The Prostate Centre Limited

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

Details about this location

Registered Provider	The Prostate Centre Limited
Registered Manager	Mrs. Nicola Bentham
Overview of the service	The Prostate Centre Limited provides private healthcare specialist care and treatment for prostate and men's health issues. The location is in central London in a large building refurbished prior to the opening in 2005.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Assessing and monitoring the quality of service provision	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

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 announced inspection.

How we carried out this inspection

We carried out a visit on 8 May 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

We spoke with four people and one relative during our visit. Overall there was an extremely high level of satisfaction with the services provided at The Prostate Centre Limited. They described the centre as "wonderful", staff as "incredible" and said that staff were very good at dealing with their questions and their treatment in a caring, sensitive and efficient way. They felt very involved with their choices about care and treatment. We did not receive any negative comments from any of the people we talked with and they had and would recommend the centre to friends.

People were assessed and saw a doctor or nurse at each visit. This included tests, consultation and discussions about treatment. Their progress was monitored. People gave informed consent before biopsy or surgery.

There were effective systems in place to reduce the risk and spread of infection. The centre was clean and well maintained. Staff had access to a range of infection control policies.

There were detailed systems for reviewing the quality and safety of the service provided which included audit, feedback, review of incidents and complaints.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff told us that people were given enough time and information to make an informed choice. The policy and processes used for giving informed consent were in daily use. People agreed for information to be sent to their GPs or to specialists if required.

Signed consent was required for a biopsy and this was discussed in detail with people prior to the test. There was an information sheet which was normally given to people at least 24 hours before the test as well as information on the centre's website. Use of the consent policy allowed for time to discuss and think about what the person was choosing. Surgery was undertaken at nearby registered hospitals. People had the opportunity to discuss the operation and gave consent both at The Prostate Centre and at the hospital where the operation was to be performed.

We spoke with four men who had received treatment and care at the centre. They were very positive about the amount of information and opportunities for discussion prior to any treatment or tests they had received. At every appointment people were seen by nurses and/or consultant doctors. They said that they had discussed options for treatment and gave informed consent for their choice.

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 plan. A referral letter was required for every person and this allowed for an appointment to be made with the most suitable specialist. People completed a full medical questionnaire and a nurse completed an assessment with every person. Multi-disciplinary team meetings were held weekly to discuss people and their progress and plan for the future. The discussions were always reported back to people who could join the meeting if they wished. Other specialists were available for people with other medical or health issues, such as diabetes. Detailed referral letters were written for referrals to other specialists.

People told us they felt well cared for. One person said he "could not rate the service too highly". Another said the care was "brilliant" and he felt he was looked after well and checks were thorough. People valued the consistency of staff and felt "safe and reassured". They said that risks and side effects of treatment choices were well explained. Individual risk assessments were undertaken for every person having a biopsy. People were given emergency phone numbers to call and one person said he felt "well prepared in every sense".

There were arrangements in place to deal with foreseeable emergencies. The centre had a business continuity plan which was reviewed at clinical governance meetings. There were also plans and protocols in place for clinical emergencies with staff trained annually in basic life support. Emergency equipment was available on site and we saw that this was checked daily. There were arrangements with a nearby hospital if a person became unwell during an appointment at the centre.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. Infection control policies included policies on hand washing, waste management, sharps injuries and use of gloves. No surgical activities took place at this location. Surgery was performed at other registered hospitals nearby. People were risk assessed with regard to infection prior to biopsy and surgery. Because of the risk of infection from biopsy antibiotics were given prior to the test prophylactically. People who required surgery were screened for MRSA routinely and treated if required.

Apart from flexiscopes all clinical equipment was single use and not reused. There was a contract for the decontamination of the scopes with a local licensed hospital. There was a system for tracking the use of scopes in case of any later issues, such as infection.

The centre was clean and well-maintained on the day of our visit. There were hand washing facilities and instructions available in the consulting and treatment rooms. People told us that staff washed their hands and wore gloves when needed.

There were contracts for the removal of clinical waste and used sharp items. We saw that the sharps bins and waste bins were in place in the clinical areas and saw the arrangements for collection by the contractor. These were all being managed safely. Specimens were taken safely by courier to registered laboratories.

Infection control matters were discussed at clinical governance meetings. We saw evidence of audit of infections following biopsy. Past audits have led to changes in protocols so that the people were better protected from the risk of infection.

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 to regularly assess and monitor the quality of service that people receive. 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

The centre had a framework for assessment and review of quality of service and improvements. The committee structure covered clinical governance, audit, patient satisfaction, adverse incidents and complaints. We saw the quality and safety monitoring systems used during our visit with incidents and complaints logged and discussed at the weekly multi-disciplinary team meetings and the quarterly clinical governance meetings. Plans were in place to action issues arising from incidents.

We also saw evidence of audit which was discussed at clinical governance meetings. This included the audit of infection rates following surgery and biopsy. New clinical guidance was discussed at this forum and would be put into practice after evaluation. The consultants at the centre were themselves involved in developing national clinical guidelines and working on new treatments and surgical techniques.

People told us that they felt able to discuss any concerns and give their feedback about the service provided. Every new person was invited to give their feedback. We saw the 2012-13 survey summary. 50 people had responded with 90% rating themselves as very satisfied overall. The remaining 10% were satisfied.

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.

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