

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

## Riverbanks Clinic

Lower Harpenden Road, East Hyde, LU2 9QS

Tel: 01582762877

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November 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	R J Medical Consultants Limited
Registered Manager	Dr. Ravi Jain
Overview of the service	Riverbanks Clinic is an independent day clinic situated in East Hyde near Luton. The service offers a range of privately funded aesthetic (cosmetic) procedures to adults aged 18 years and over.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activities	Diagnostic and screening procedures Surgical 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

We looked at the cleanliness of the environment and the infection control procedures in place.

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### What people told us and what we found

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During our inspection of Riverbanks Clinic on 3 October 2013, the people we spoke with said they were asked to consent before proceeding with any treatment. They said they proceeded with a full understanding of what they were agreeing to. They told us their medical histories were checked as part of the pre-procedure process. Our review of records showed that people's consent, medical histories and specific risk factors were checked and well recorded.

People told us that staff at the service were professional and friendly and treated them with respect. They said they found the service to be very clean and had no complaints. One person said of her experience: "I'm really happy and would recommend them." Another person said: "I'm totally satisfied."

The staff we spoke with were knowledgeable about forms of abuse and how to identify it. They had access to a safeguarding policy and training on safeguarding and infection control was organised for them during our inspection. The staff we spoke with demonstrated a good understanding of infection control procedures. We saw that the service appeared clean and had appropriate arrangements in place to ensure the instruments and equipment used were fit for purpose.

We saw the service had a complaints process in place and complaints people made were responded to appropriately. Our observations and review of documentation showed the service had sufficient arrangements in place to deal with foreseeable emergencies.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

During our inspection of Riverbanks Clinic on 3 October 2013, we spoke with some of the people using the service at that time. They told us they had been asked to consent to their procedures and treatments throughout their visits to the service, but that signed consent was not required until at least the second pre-treatment visit. They said they proceeded with a clear understanding of what they were agreeing to and felt the explanations provided by the doctor had been very thorough. They said they felt the process of giving them time to consider their decisions between visits was very reassuring. One person said: "I signed my consent to proceed with a full knowledge and understanding of what was happening." Another person said: "Everything was very well explained before I signed. I didn't feel at all hurried and where there was any confusion it was all clarified."

We looked at the care records of the people we spoke with. We saw that each file contained a signed consent to the relevant procedure (including such things as surgery and sedation). The consent forms detailed that each person had signed the form confirming they had read and understood the information provided to them, were aware of any potential complications and side effects (which were listed) and were undergoing the treatment of their own volition.

Each file contained a GP notification form. Some were signed and some were not, depending on each person's decision as to whether or not their GPs were informed about their treatments at Riverbanks Clinic. During our conversations with people, we checked their decisions corresponded with the forms in their files which they did on each occasion. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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During our inspection of Riverbanks Clinic on 3 October 2013, the people we spoke with told us their medical histories, including allergies and medications, were checked as part of their pre-procedure consultations. They said the information was checked by the nurse who went through it with them. One person said of her overall care and welfare: "It all feels so professional. I'm delighted with what's been achieved. Even the pain I was expecting didn't happen."

We looked at the care documentation of the people we spoke with. Each of the files contained a medical history, including details of any allergies experienced or medication taken, completed as part of the pre-procedure process. Each person had been assessed for their risk of such things as pressure ulcers and venous thromboembolism (deep vein thrombosis) and the documentation was well completed. For those who had undergone surgery, surgical care pathways (records of care, wellbeing and observation maintained throughout each person's surgical procedure) were well completed. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

During our observations, we saw the service maintained items for use in an emergency including oxygen, a defibrillator and emergency drugs such as adrenaline. All of the items we checked were within their expiry dates. We spoke with the doctor and nurse at the service who said they had attended immediate life support (ILS) training. The doctor said as he had just been in September 2013, he had not received the certificate at the time of our inspection. We looked at the nurse's staff file and saw a certificate confirming her attendance at life support training in August 2013. This meant there were arrangements in place to deal with foreseeable emergencies.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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The people we spoke with during our inspection of Riverbanks Clinic told us the staff at the service were friendly, professional and welcoming. They said they had no concerns about the behaviour and manner of staff at the service. One person said: "I feel like I've been treated with the utmost respect here." They said they were able to have a chaperone (a family member or friend) to accompany them if they chose to. We saw the service's policy on chaperoning was clearly explained in the patient guide; a copy of which was available in the waiting area.

The staff we spoke with were knowledgeable about forms of abuse and how to identify it. They demonstrated a basic awareness of the requirements of the Mental Capacity Act (2005). We looked at an invoice confirming a Criminal Records Bureau (CRB) check had been arranged for all the staff at the service in August 2013. The documentation we looked at showed that staff had access to a safeguarding policy. The provider may find it useful to note that the policy was basic in content with a limited explanation of potential safeguarding issues and the escalation procedure for staff to follow.

From our conversations with staff and our review of documentation we found that none of the staff had received safeguarding training provided directly through their employment at Riverbanks Clinic. Before the end of our inspection, the practice manager had arranged safeguarding training (incorporating the Mental Capacity Act (2005)) for all staff and we saw the completed booking that confirmed this.

We spoke with the practice manager and doctor who displayed a basic understanding of their responsibility to notify the safeguarding vulnerable adults (SOVA) team at the local authority, the Care Quality Commission (CQC) and the police if necessary of any allegations of abuse or incidents of suspected abuse. They told us there had been no allegations or incidents of suspected abuse reported at the service at the time of our inspection. Overall, 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.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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During our inspection of Riverbanks Clinic on 3 October 2013, we saw that the environment, including all the treatment rooms and theatre appeared clean. We saw there were enough of the appropriate cleaning products and equipment provided for staff to be able to maintain a clean environment. We saw that liquid soap, paper towels and dedicated hand wash sinks were available throughout the service and personal protective equipment (PPE) such as gloves and aprons were readily available. This meant that people were cared for in a clean, hygienic environment. We saw that correctly labelled sharps bins and clinical waste bins were available and used appropriately meaning the service had a suitable system to segregate and dispose of waste.

The provider may find it useful to note we saw fans in some of the clinical rooms. Dusty or dirty fans present an infection control risk, as when used, the dust and dirt can be blown around a clinical area contaminating other surfaces or equipment. The fans we saw were clean. However, we noted they did not form part of the service's cleaning schedule. We also noted that in one storage cupboard, items such as compression gowns were stored at floor level meaning the floor could not be cleaned properly and the items were more likely to become dirty. However, all the items were packaged and clean when we checked.

The people we spoke with during our inspection said they felt the service was very clean. They told us they had seen staff wearing PPE such as gloves and face masks and had watched the nurse cleaning while they were in clinical areas. One person could recall seeing staff: "Continually washing their hands."

We spoke with the nurse who had responsibility for cleanliness and infection control in the theatre and recovery room areas and was the overall lead on infection control issues at the service. During our conversation she displayed a good knowledge and understanding of what to clean, how to clean and how often. She demonstrated how used instruments were rinsed and prepared for transport to a local hospital for sterilisation. We looked at the service level agreement with the local hospital signed in May 2013, for all re-usable medical/surgical equipment from Riverbanks Clinic to be cleaned, sterilised, packaged and returned for use. We saw a sufficient amount of suitably packaged instruments delivered and ready for use by the service. This meant the service had appropriate arrangements in place to ensure the instruments and equipment used were fit for purpose.

During our conversations with the doctor and nurse they told us they were up-to-date with the required immunisations such as Hepatitis B. Our review of documentation in their staff files confirmed this. Both the doctor and nurse were unsure of how their uniforms were washed as this was done off site. However, their uniforms appeared clean and we noted they were provided with a sufficient amount of uniforms to be able to access a clean one as and when required.

Although both the doctor and nurse had been trained in infection control as recently as March 2013, in the nurse's case, this had not been at Riverbanks Clinic. We spoke with the practice manager who said that most staff had not received infection control training at the service. Before the end of our inspection, the practice manager had arranged infection control training for the appropriate staff and we saw the completed booking that confirmed this.

We saw the service had an infection control policy in place covering such things as waste management and hand hygiene. The staff we spoke with said they had reviewed the policy. We saw a completed infection control audit and noted this had been done for the first time on the day of our visit. The provider may find it useful to note that a rolling program of infection control audit was not being completed at the time of our inspection. Also, during our review of the completed audit, we found that some questions were being answered incorrectly.

Overall, however, there were effective systems in place to reduce the risk and spread of infection.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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During our inspection of Riverbanks Clinic on 3 October 2013, we saw the service had a complaints policy in place. The policy detailed the full complaints process, including staff responsibilities, timescales and how people could take their complaints further if they were not happy with the service's response. We saw that the complaints procedure was detailed in the patient guide and client information pack; a copy of which was available in the main waiting area. This meant people were made aware of the complaints system. This was provided in a format that met their needs.

We spoke with some of the people using the service at the time of our inspection. They told us they had no complaints about the service. Those that said they had any minor concerns that arose during their treatment or consultations told us they were dealt with immediately by the doctor and they'd been very satisfied with his response. Others said they had no concerns at all, but would feel comfortable raising them at any point if they needed to.

We spoke with the doctor about a written complaint received by the service in June 2013. This related to a person who was unhappy with the outcome of her treatment. The doctor told us he had met with the person and agreed to a revision procedure at no additional expense. We also looked at the complaints log maintained by the service. The log detailed each complaint received and the outcome, including such things as refunded costs. This meant people's complaints were fully investigated and resolved, where possible, to their satisfaction.

We spoke with the doctor and practice manager about how the log was not accompanied by copies of written communication between the service and complainants. They told us this was because the service preferred to resolve complaints informally where possible. The provider may find it useful to note that although the informal approach did not impact on the resolution of complaints received at the service, it did contradict the formal process detailed in their complaints policy.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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