

Inspection Report 2009/2010

The Lawrence Clinic

**4-6 Greenside
Pudsey
Leeds
West Yorkshire
LS28 8PU**

Introduction

Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

The Lawrence Clinic is a small independent clinic providing general podiatric surgery to patients aged 18 and specific procedures as set out in the statement of purpose for patients aged 16 to 18 years. The establishment is located in Pudsey and has parking available to the public on the road outside the establishment. The establishment has an induction loop and is accessible to patients with disabilities.

This inspection took place on 23 July 2009, and was announced.

Main findings

The establishment was inspected against a number of standards and was found to be largely compliant with them. The establishment was found to be clean and well maintained on inspection. Issues identified where the establishment was not in full compliance include: the detail of its statement of purpose, procedures in place for medical gases and child protection, and obtaining consent of patient prior to writing to their GP.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
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Description	Service Category
Acute Hospital (Day Surgery Only)	AH(DS)
Acute Hospital (Local Anaesthetic Only)	AH(LA)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
The establishment is registered as an Independent Hospital (IH) to provide Acute hospitals (day surgery only) (AH(DS)) for podiatric surgical interventions stated in its statement of purpose under local anaesthetic to patients 18 years and over.	Met
The establishment is registered to provide the following surgical interventions ONLY for 16 to 18 year olds:1. Nail resection 2. Verrucae removal	Met
The prior written approval of the Healthcare Commission must be obtained at least one month prior to providing any treatment or service not detailed in the establishments Statement of Purpose.	Met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for

the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Standard not met
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard met
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Not inspected
A10	Infection Control	Not inspected

Number	Standard Topic	Assessment
A11	Decontamination	Not inspected
A33	Responsibility for Pharmaceutical Services	Not inspected
A34	Ordering, Storage, Use and Disposal of Medicines	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
A37	Medicines Management	Not inspected
A38	Aseptic Dispensing, Non Sterile Manufacture and Repacking	Not inspected
A39	Storage and Supply of Medical Gases	Standard not met

No	Standard	Regulation	Requirement	Time scale
1	C13	36 (c)	<p>Findings: The establishment treats 16-18 year olds but does not presently have a policy and procedure for handling allegations of or identifying signs of child abuse.</p> <p>Action required: The registered person must ensure that a local policy and procedure is prepared and implemented in order that staff working with children are aware of how to deal with allegations of and recognise signs of child abuse. This is in order to ensure the safety of children being treated at the establishment.</p>	31 August 2009
2	A39	9(1)(d)	<p>Findings: The establishment does not presently maintain a policy for the delivery, handling and storage of full and empty medical gas cylinders, identifying a named authorised person as being responsible for the storage</p> <p>Action required: The registered person must ensure that a policy is prepared to define the procedures for the delivery, handling, and storage of medical gas cylinders and ensure that a named person is identified to oversee these procedures.</p>	31 August 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard met
A14	Meeting the Psychological and Social Needs of Children	Not inspected
A15	Staff Qualifications, Training and Availability to Meet the Needs of Children	Not inspected
A16	Facilities and Equipment to Meet the Needs of Children	Not inspected
A17	Meeting Children's Needs During Surgery	Not inspected
A18	Pain Management for Children	Not inspected
A19	Transfer of Children	Not inspected
A20	Documented Procedures for Surgery – General	Not inspected
A21	Documented Procedures for Surgery – Patient Care	Not inspected
A22	Anaesthesia and Recovery	Not inspected
A23	Operating Theatres	Not inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Not inspected
A25	Cardiac Surgery	Not inspected
A26	Cosmetic Surgery	Not inspected
A27	Day Surgery	Not inspected
A28	Transplantation	Not inspected
A29	Arrangements for Immediate Critical Care	Not inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
A31	Published Guidance for the Conduct of Radiology	Not inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Not inspected
A40	Management of Pathology Services	Not inspected
A41	Pathology Services Process	Not inspected
A42	Quality Control of Pathology services	Not inspected
A43	Facilities and Equipment for Pathology Services	Not inspected
A44	Chemotherapy	Not inspected
A45	Radiotherapy	Not inspected

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Not inspected
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard almost met
C31	Information Management	Not inspected
C32	Research	Not inspected
A3	Qualifications of all Medical Practitioners	Not inspected
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants")	Not inspected
A5	Practising Privileges and the Medical Advisory Committee	Not inspected
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Not inspected

No	Standard	Regulation	Requirement	Time scale
3	C30	9(3)(d)	<p>Findings: The establishment does not presently request for the consent of patients not referred from their GP for their records to be sent to their GP following treatment.</p> <p>Action required: The registered person must ensure that procedures are implemented to ensure that where patients are not referred from their GP that their formal written consent is sought prior to sending details of their treatment to their GP.</p>	31 August 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard almost met
C2	Patient Centred Care	Standard met
C5	Care of the Dying	Not inspected
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
A1	Information for Patients	Not inspected
A2	Advertising	Not inspected
A12	Resuscitation	Not inspected
A13	Resuscitation Equipment	Not inspected

No	Standard	Regulation	Requirement	Time scale
4	C1	6(1)	<p>Findings: The establishment does not clearly state in its statement of purpose those treatments that it will offer to 16-18 year olds.</p> <p>Action required: The registered person must ensure that the statement of purpose is updated to state clearly what treatments are available to 16-18 year olds.</p>	31 August 2009

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Not inspected
C21	Health and Safety Measures	Not inspected
A9	Health and Safety	Not inspected

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