

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

## Lena C Andersson

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Date of Inspection: 12 June 2013

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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>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Anelca Clinic Limited
Registered Manager	Ms. Lena Christina Andersson
Overview of the service	Lena C Andersson is a doctors consultation and treatment service specialising in aesthetic and reconstructive plastic surgery. Adults and children are seen in the clinic on a fee paying basis.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	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 announced 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 12 June 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People told us they were fully involved in all aspects of their care and treatment. One person told us "Everything was explained to me, I knew what was going to happen and when. She's restored my faith in doctors". They told us they were provided with sufficient information about the diagnosis, treatment and potential risks and benefits before they gave consent for procedures.

We saw the clinic was clean and well maintained and staff followed infection control best practice guidance. Patients described the facilities as "clean and bright".

There was a comprehensive recruitment policy in place and staff were subject to appropriate pre-employment checks prior to starting work. People we spoke with were complimentary about all staff working in the service.

There were comprehensive systems in place to deal with people's comments and concerns. We saw people were encouraged to provide feedback about their experiences and the results of the most recent survey showed a high level of satisfaction.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People we spoke with told us they were asked and gave their verbal consent to examinations and minor treatments and had signed a consent form for surgical procedures. They told us the doctor had explained the risks and benefits of proposed treatment or surgical procedures and these were documented on the form before they had signed it.

We saw there was a consent policy that explained and outlined the types of consent used in the clinic. Staff told us people gave verbal consent to examinations and dressing changes and standard consent forms were used for local anaesthetic procedures carried out in the onsite treatment room. Staff told us children were seen in the service for consultations. Staff told us surgical interventions on children were carried out at the local private hospital. The doctor told us the service had adopted the Parental Agreement document from the hospital to gain written consent from the responsible adult.

We were told and saw evidence that staff had attended training in safeguarding vulnerable children and adults and the Mental Capacity Act. Staff told us people attending the clinic for aesthetic consultations were subject to health screening and surgery was never offered on the same day as the consultation.

**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.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us they were fully involved in all aspects of their care and treatment. One person told us "Everything was explained to me, I knew what was going to happen and when. She's restored my faith in doctors". People told us they were provided with sufficient information about the diagnosis, treatment and potential outcomes.

We saw people completed a registration form in addition to a medical history form when first attending the clinic. The doctor confirmed the medical history was checked and updated at each visit. A standard record form was used to record the clinical findings and the ongoing treatment plan. We were told people were given a copy of the letter generated at the consultation.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The clinic had systems in place to manage the receipt and implementation of safety alerts appropriate to the service. There was a policy and procedure in place for the management of clinical incidents. Staff reported no incidents had occurred in the last 12 months.

There were arrangements in place to deal with foreseeable emergencies. The clinic had appropriate arrangements in place to ensure business continuity. Centralised emergency equipment and drugs were available for the building and we saw the checking records were up to date. Records showed staff had attended basic life support training and fire training.

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

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## **Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. The clinic followed comprehensive infection control policies and procedures. There were adequate hand washing facilities with wall mounted soap, towels and hand gel available. The clinic was clean and there was evidence of regular maintenance and redecoration.

Staff told us infection control audits and the cleanliness audits were regularly undertaken by the local private hospital who own the building and provided all of the services. We saw cleaning schedules and records of when cleaning had been carried out. Staff reported the housekeeping service was very responsive when they raised issues.

Clinical waste was segregated and sharps containers were appropriately signed and dated when assembled.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. The service employed a small number of people and the registered person told us there was a low turnover of staff. The clinic had a comprehensive recruitment policy in place.

We were told one person had been employed in the last 12 months. We saw staff records were fully completed. There was evidence on file of staff educational and work history. Those with a professional qualification provided evidence of the periodic registration with their professional body. References were available from previous employers.

The registered person told us all staff had an enhanced criminal record bureau (CRB) disclosure (now the Disclosure and Barring Service) and we saw evidence of the checks in staff files. Staff told us they also signed a confidentiality agreement and showed us the confidentiality policy they followed.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us the service was "really great" and they were "so pleased with the result of my treatment".

The provider took account of complaints and comments to improve the service. We saw the report of a patient and colleague survey undertaken in 2012 by the General Medical Council about the doctor and the service provided. The results showed people were very satisfied with all aspects of the service and staff.

Staff told us they were able to raise any concerns with the registered person and there were frequent opportunities to discuss issues.

We saw risks in the service were well managed and equipment was maintained and subject to electrical testing and regular servicing and maintenance.

## Complaints

✓ Met this standard

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. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system. This was provided in a format that met their needs.

The clinic had a policy and complaints log available. The policy was displayed and there was a flowchart for staff to ensure the correct process was followed. The clinic website contained details of how to contact the service for any reason and detailed how staff would provide assistance if needed. People were provided with the details of the clinic complaints process if required.

The registered person told us no complaints had been received in the last 12 months. Staff were able to explain how complaints were recorded, investigated and resolved. Staff told us less positive comments about the service made in the formal feedback processes were discussed by the staff team and changes were implemented if possible.

## 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

### 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)

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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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