

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

Hessle Grange Medical Practice

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Date of Inspection: 18 January 2013

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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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Qure Limited
Registered Manager	Dr. Paul Charlson
Overview of the service	Hessle Grange Medical Practice is a small organisation that offers a lipolysis service to people. It is based in Hessle in the East Riding of Yorkshire and is a private medical service.
Type of service	Doctors treatment service
Regulated activity	Surgical procedures

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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 18 January 2013 and talked with people who use the service.

We spoke to the provider.

What people told us and what we found

We asked the provider to view patient records but they declined to make these available. However we were provided with the contact details of three previous patients and were able to speak with two of these .

Both of these people said they had been fully informed about the procedures they had looked at and were happy with the levels of support and information provided by the service. We had confirmed to us that people's needs were met and that they felt safe whilst under going any treatment.

The provider told us about the systems in place to ensure that people's consent was recorded and people were informed of the treatments and side effects. They told us how they ensured that their practice assessed risks and how people were protected.

They told us about the systems in place to help protect vulnerable people and how people could complain about the service if they wished to do so.

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

Both of the people we spoke with said that they had been fully informed about the procedure they had chosen. They told us that the service had ensured this through appointments, discussions and written information. They had then confirmed their decisions to the service, when necessary in writing.

The provider told us how the majority of patients referred themselves to the practice with only a minority of people being referred via their GP.

They told us how people were provided with a no obligation consultation prior to any plans for treatment being made available. This consultation enabled people to have a full understanding of the treatment they were considering. The provider also told us that a second consultation was then held a minimum of 14 days after the first. The gap in consultations was to help ensure that people have had enough time to think about the treatment they were considering.

The provider informed us that there was always a minimum of two consultations prior to any treatment. This ensured that people were provided with and given time to understand the treatment prior to consenting to it. At the second consultation people were provided with a 'Information for consent' form that recorded the side effects of the treatments, they were asked to sign this in addition to a consent form. In effect people signed twice for the same procedure, ensuring that their consent was recorded. The provider felt that this was 'A very rigorous procedure for ensuring consent was obtained'

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

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

One person confirmed to us that the provider had obtained a medical history prior to any treatment.

The provider told us they took a medical history from each person as part of the consultation process to ensure that they were fit for the treatment they were requesting. They added that they "Have to be 'quizzical' as people are not always clear about the medical conditions they have."

The provider told us how people attended for one treatment only and that this was not spread over a course of treatments. However people attended for free follow ups at 5 days and 4 weeks and 4 months, although they may have attended at any time they wished to if they felt the need to be seen at different times to this.

The provider told us they had a risk assessment policy and they treated very few people each year. They said that if they were not certain that the treatment was the correct option for the person then they would refuse to treat them. The provider had a good knowledge of risk management and discussed a variety of work they had undertaken in relation to risk management. There was a policy for the identification and assessment of risk procedures which included the definition of risks and how to assess risks. They told us about a recent incident in the service and how they had learned from this, providing us with the significant event records that recorded the event and issues discussed at the review.

Additionally they told us how they spent time with the other person in the practice and they discussed possible risk situations and how these would be managed.

We were also provided with copies of the waste management and adverse health event and near misses policies which recorded the practices of the organisation in helping to ensure people were kept safe.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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

Our judgement

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.

Reasons for our judgement

One person we spoke with told us how they always felt safe and comfortable whilst receiving their treatment.

The provider told us how the practice only treated adults and not children. They provided us with a copy of the child protection policy which clearly stated that they would not perform any treatment on children under 21 or on vulnerable adults. Additionally there was a 'Chaperone' policy which clearly recorded that a chaperone service was available and that the use of a chaperone should be clearly recorded in the patient notes.

The provider told us that they had a policy for the safeguarding of vulnerable adults and that both he and the other person in the practice had attended training regarding this.

They told us how they would refer any safeguarding concerns. They also told us they had a direct contact number of a child protection person should they ever need to speak to someone regarding child safety issues.

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.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

One person who used the service confirmed to us that the staff always appeared competent and well trained in their roles.

The provider told us about a variety of training that they had attended and was also able to confirm this information with certificates of attendance. The training they had attended included, resuscitation, infection control, clinical records, information governance, health and safety and defibrillation. Additionally they were a member of the British college of aesthetic medicine and accessed a support group within this for doctors who perform the same treatments as this practice.

The provider told us that as a doctor they continue to develop professionally and train regularly. This included refresher courses on different subjects at least once a year and reading of medical information regularly.

The provider told us there were only two people in the practice and they supported each other with any ongoing issues regarding the practice and they discussed things on a regular basis.

Staff received appropriate professional development.

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

People were made aware of the complaints system.

One person we spoke with told us that they were very happy with the service they received.

The complaints procedure was provided in a format that met people's needs. The provider informed us that they had not received any complaints.

We saw that there was a complaints policy and procedure. It included timescales and methods of responses to any complaint. Additionally there was a client's guide to the complaints procedure which also included the contact details of the CQC. There was a template complaints log sheet which provided for the recording of any complaint received, and a complaints log summary sheet where all complaints could be recorded.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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