

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

Hospital Medical Group - Nottingham Clinic

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

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

Details about this location

Registered Provider	The Hospital Medical Group Limited
Registered Manager	Miss Lisa Swaithe
Overview of the service	The Hospital Medical Group ? Nottingham Clinic provides consultations for a range of cosmetic surgical procedures. The surgery is performed at one of several surgical centres based across the country.
Type of services	Doctors consultation service Doctors treatment service
Regulated activity	Treatment of disease, disorder or injury

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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 13 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We visited the location to carry out a scheduled inspection. However, we also carried out the inspection to check that the provider had met the compliance actions that we set at our previous inspection on 7 February 2013.

We spoke with one patient. They said, "[They are] Brilliant, I have had a few different surgeries and the staff always go above and beyond."

We found that patients experienced care, treatment and support that met their needs and protected their rights. We also found that patients were protected from the risk of abuse, because the provider had taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We found that staff were supported to deliver care and treatment safely and to an appropriate standard. We also found that the provider had an effective system to regularly assess and monitor the quality of service that patients received. We found that patients were protected from the risks of unsafe or inappropriate care and treatment because appropriate records were maintained.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

We spoke with one patient. They said, "[They are] Brilliant, I have had a few different surgeries and the staff always go above and beyond."

We spoke with three members of staff. Staff told us care documentation provided appropriate support to provide care. Staff had no concerns about the level of care provided by the service. Staff explained that the service was able to provide care for people with a physical disability and also a staff member described how they supported a patient whose first language was not English.

We observed that the atmosphere in the clinic was friendly and patients using the service were interacting positively with staff.

We looked at four patients' care records. Documentation contained relevant detail and was completed appropriately.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of abuse, because the provider had taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Patients were protected from the risk of abuse, because the provider had taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Our inspection on 7 February 2013 found that staff had not received safeguarding vulnerable adults' training. The provider wrote to us on 15 March 2013 and told us that staff would attend safeguarding vulnerable adults' training by the end of April 2013.

We spoke with one patient. They told us they always felt safe using the service.

We spoke with two staff members about this standard. They could identify types of abuse and told us they would report concerns to their manager and follow the safeguarding policy.

We looked at the service's safeguarding vulnerable adults' procedure. The policy contained appropriate information.

We saw that staff had completed safeguarding vulnerable adults training.

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.

Staff were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were supported to deliver care and treatment safely and to an appropriate standard.

Our inspection on 7 February 2013 found that staff had not received regular appraisal and appropriate training was not being completed by all staff. The provider wrote to us on 15 March 2013 and told us that staff would receive appraisals and attend relevant training by the end of April 2013.

We spoke with one patient. They said, "Staff seem very well trained and informed."

We spoke with two staff members about this standard. They told us they could obtain advice and support if they required it. They had both received an appraisal and had also received informal supervision. We saw a completed appraisal form which contained appropriate detail. The registered manager had not received an appraisal but told us they would be arranging this.

Staff told us they were receiving regular training and we saw evidence of training certificates.

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 patients received.

Reasons for our judgement

Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Our inspection on 7 February 2013 found that regular audits were not taking place and there had been no recent analysis of patient satisfaction questionnaires. The provider wrote to us on 15 March 2013 and told us that audits and an analysis of patient satisfaction questionnaires would be in place by the end of April 2013.

We spoke with one patient. They said, "I have completed the questionnaires that are in the reception. I've also provided feedback on their Facebook page. When I had a concern, the staff went out of their way to address it."

We spoke with three staff members about this standard. They told us that questionnaires were completed by patients to obtain their views on the service.

Patient questionnaire forms and a patient comments book were displayed in the waiting area. We saw an analysis of the patient questionnaire responses for the service from April 2012 to March 2013 which were very positive regarding all areas of the service.

We looked at the complaints policy which contained appropriate detail. We looked at recent complaints and they were responded to appropriately.

We saw that an audit of the reception area's cleanliness and facilities had taken place in March 2013 and an audit of the information held in staff files had been carried in July 2013. Both audits had positive findings.

We also saw that an audit of the completeness of documentation had been carried out in July 2013 and the findings were also positive.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment because appropriate records were maintained.

Reasons for our judgement

Patients' personal records including medical records were accurate and fit for purpose.

We spoke with one patient. They said, "No problems with the security of records and my records are well completed."

We spoke with two staff members about this standard. They told us that records were stored securely and were well completed.

During our tour of the premises we saw that patients' records were kept securely.

We looked at four patients' care records. Documentation contained appropriate detail and was completed appropriately.

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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