

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

## Hessle Grange Medical Practice

11 Hull Road, Hessle, HU13 9LZ

Tel: 01482662480

Date of Inspection: 27 January 2014

Date of Publication: February 2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	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 the venue used by Qure Limited 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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*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 27 January 2014 and talked with people who use the service.

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### What people told us and what we found

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The provider informed us that the service undertakes approximately 30 procedures each year. They were able to discuss and provide documents in relation to the assessment of patients and the treatment procedures they undertook.

Some of the people who used the service spoke with us and told us they were happy with the service they had received, they felt the environment was clean and that their privacy had been maintained. They said, "I was fully satisfied with everything" and "I was extremely happy."

The location provided suitable rooms to meet people's needs and the provider ensured that equipment was available for the procedure undertaken. However infection control procedures were found to be lacking and the main piece of equipment was dirty. Infection control and cleaning audits were not undertaken and information was not resourced by the provider to assure themselves of the integrity of the cleaning of the environments.

However quality audits for patient care were in place alongside of procedures for handling any untoward incidents or complaints.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 27 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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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

### 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

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### Our judgement

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

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

People who received a service confirmed to us they were happy with the service provided, one person told us "I was fully satisfied with everything" and another "I was extremely happy, there was nothing I didn't know about, I had no concerns and there was nothing that was not explained."

We discussed with the provider the referral process for patients receiving care and treatment. They told us how the majority of patients self referred and had either seen the service's website or they had been recommended by another patient.

The provider told us that all prospective patients undertook an initial consultation and this was always face to face. However of the people initially referred to the service only approximately one third were found to be suitable for treatment.

One patient talked to us about their experiences of the service and confirmed that they had received consultations with the provider, were given information and had time to consider their options prior to undertaking the treatment.

We looked at the systems in place which supported people when they received care and treatment and reviewed the care pathway. We saw that the provider had documents in place which they used to record their decisions about the person's initial assessment and suitability for treatment. The provider told us that they only treated a few patients each year. They told us they assessed people for their physical and mental health needs prior to accepting them as a patient. This included body dysmorphia which is an anxiety disorder that means the person worries about their appearance and has a distorted view of their appearance. They confirmed that if they had any concerns about the patient's health then they would not offer them the treatment.

We reviewed two patients' documents and saw that the provider had recorded their assessment of the patient and the reason for their decision regarding accepting the patient for treatment. They then wrote to the patient to confirm their decision, provide information about the treatment and gain the persons written consent.

The provider told us how patients were given information about aftercare; this included that they could not drive immediately after their treatment and that there was a 24 hour emergency contact number they were able to call should they have any concerns. Additionally patients were prescribed prophylactic (preventative) antibiotics to help reduce the possibility of infections occurring.

We discussed the treatment plan with patients; they confirmed to us that the provider had given them information about the procedure, assessed their health and given them post-operative information.

We discussed emergency procedures with the provider. They told us they relied upon the systems and equipment provided within the medical practice to assist with any emergencies. For example, if they required the assistance of another doctor there would be one available.

We also saw information displayed regarding a weekly test of the fire alarm and a fire evacuation plan. However as discussed in standard 10, the provider did not have their own system to check what was in place to handle an emergency. For example we found that the emergency oxygen was out of date and required replacing. The provider may wish to note that this did not ensure people would receive the right support at the time of an emergency. The provider confirmed with CQC that they had undertaken training post the inspection visit on emergency procedures, for example, anaphylaxis and basic life support.

**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 not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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There were not effective systems in place to reduce the risk and spread of infection.

We found that the arrival and receptions areas, treatment reception, consultation and treatment rooms were clean throughout.

Patients told us that they had found the location clean tidy, safe and secure.

We observed that there were hand wash facilities with paper towels available, adjacent to the consultation and treatment areas. Additionally there was guidance available to people on hand wash techniques to help ensure that this was completed correctly and reduced the risk of cross infection. Hand wash facilities were also available in the consultation and 'scrub' room used prior to any treatments.

We saw there was a patient examination couch and the provider informed us this was covered for each patient. This included a plastic sheeting and disposable towels from a sterile pack; with these being replaced for each new patient.

The provider informed us that some of the equipment used for the treatment was portable and kept at the organisations offices and consequently was not available for inspection.

The provider showed us the main piece of equipment used for the treatment of patients. We saw there were two tubes attached; one permanent and one removable. The provider informed us the removable tube was changed after each procedure and subsequently replaced with a new piece of tubing. However, we saw at this visit that this tubing was dirty and had not been changed; the provider attempted to remove this at the inspection but was not successful. We also noted that the permanent tubing attached to this machine was dirty and fingerprints were noted on the front of the machine. It was clear the machine had not recently been cleaned. This did not ensure the integrity of the infection control procedures and placed patients at the risk of infection.

The provider informed us that they did not have access to any cleaning schedules and could not confirm when or how the treatment and consultation rooms were cleaned. The cleaning was undertaken by a cleaning company. It was unclear how the cleaning of the leased areas including the treatment room was monitored to ensure it met with the required standards.

The provider informed us they used the waste disposal system within the medical practice for such items as needles and clinical waste. We observed that the appropriate waste and "Sharps" bins were in place.

Infection control policies and procedures did not adhere to the latest national best practice guidelines. There was a generic policy in place in relation to infection control, however the policy was not specific to this service. Additionally it did not reference or did not include information in relation to the "Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance" which is guidance and best practice for preventing infections. The latest edition of this was published in February 2013.

The provider did not have any audits or information in relation to cleaning or infection control. They informed us that they relied on the provider of the medical practice whose building they used to ensure that these were completed. Without any checks the provider could not be assured that all of the necessary cleaning had been completed and that infection control was not compromised.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider has taken some steps to provide care in an environment that is suitably designed and adequately maintained.

The provider leased a consultation room and treatment facilities from another service and used these areas for one specific treatment only, the lipolysis. One patient told us " It was a lovely facility."

The building is a purpose built medical centre with allocated parking which has a code controlled exit point to help ensure that only people using the medical centre can access the car park. The provider confirmed there were CCTV and shutter systems in place to help maintain the security and integrity of the building.

Upon arrival patients would access a large reception area and then be directed upstairs to the treatment rooms.

There was a second reception area purely for people receiving treatment. The consultation and treatment areas were accessible via a locked door to help ensure the privacy and security of patients.

We saw that alongside of the consultation room there were toilet and changing facilities for patients adjacent to the treatment room.

Additionally there was a lift for people to be able to access the upstairs of the building.

The provider told us they did not undertake checks to ensure that the building was safe or that the utilities were maintained to the required standard they said "We assume all utilities are working."

We saw that risk assessments were in place in relation to a number of areas and these included slips, trips, infection control, and chemicals, any identified actions were recorded as completed.

During the inspection the provider organised for a representative from the medical centre to show us documents in relation to some of the maintenance of the environment. We saw records of maintenance of the fire extinguishers (November 2013), emergency lighting (February 2012) and that a fire inspection had been completed (November 2012). The provider may wish to note that without their own checks on these systems it was unclear how they could be assured that these met with the required standards and protected patients in their care.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsuitable equipment. The provider used only one main piece of equipment for this procedure. However this did not meet with infection control guidance as detailed in standard 8.

The provider described the one procedure they undertook as part of their registration with the care quality commission (CQC).

The provider informed us that as they used the location infrequently they stored some equipment at the organisations main office. This was sterile equipment, including needles, sterile drapes and tubes, which was not available at the inspection visit. The provider described the systems they used to ensure that this equipment was sterile and used by the expiry date as stipulated by the company who sterilised the equipment. They told us they had several packs of this equipment to ensure there was an adequate supply when treating a patient. We were told packs were used on a rotational basis to ensure they were in date.

We looked at the main piece of equipment used in the location. The provider informed us that this equipment was 'hired' from the supplier and it was operated using a computer chip held by the provider. This prevented access from unauthorised persons. They described how the equipment worked in practice.

Additional to the main equipment used for the one procedure there was a patient couch available to people to use whilst they undertook their treatment. The provider confirmed that no other equipment was used for example additional portable lighting.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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### Reasons for our judgement

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Decisions about care and treatment were made by the appropriate staff at the appropriate level.

We were provided with a copy of the service user satisfaction survey used by the provider. This included questions in relation to the pre-operative care, the day of the procedures, post-operative care and the results of the treatment. One patient confirmed to us they had received this form. The provider informed us that they had sent these out over the last year but had only received a few back. They told us they had not completed a summary report with this information. The provider may wish to note that without summarising this information it was unclear how lessons could be learnt and practice advised.

The provider also told us they received feedback from patients as they revisited the provider twice post their treatment; the provider confirmed that they reviewed the work undertaken at this point. Patients confirmed to us they were given information on how to raise a concern if they were not happy with the service received.

The provider informed us they had not received any complaints since the last inspection. We were provided with a copy of the complaints procedure and saw that this included details of who to contact if the patient wished to raise a complaint and the timescales for response from the provider. The provider also confirmed there had not been any serious untoward incidents.

We looked at some of the policies and procedures used within the organisation. We saw a policy on the protocol for needle stick injuries, clinical waste management, emergency procedures and biological substances. However, the provider may wish to note that these did not all identify the provider or organisational details and not all were fully completed.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures	<p><b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Cleanliness and infection control</b></p> <p><b>How the regulation was not being met:</b></p> <p>Regulation 12. 12.—(1) The registered person must, so far as reasonably practicable, ensure that— (a) service users; (b) persons employed for the purpose of the carrying on of the regulated activity; and (c) others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).</p> <p>(2) The means referred to in paragraph (1) are—(a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection; and (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to— (i) premises occupied for the purpose of carrying on the regulated activity,(ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity.</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 27 February 2014.

**This section is primarily information for the provider**

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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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