

Review of compliance

Pain Management Solutions Limited The Circle	
Region:	Yorkshire & Humberside
Location address:	33 Rockingham Lane Sheffield South Yorkshire S1 4FW
Type of service:	Acute services without overnight beds / listed acute services with or without overnight beds
Date of Publication:	January 2012
Overview of the service:	The service operated by the provider from this location is registered to provide treatment of disease, disorder or injury, which may include day case services and pain relief treatments. Care, treatment and support is provided to people with a range of physical or neurological illnesses and cognitive impairments. Specialist treatments,

	such as group programmes, hypnotherapy may be used, which are not registerable with CQC.
--	------------------------------------------------------------------------------------------

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Circle was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We observed a small group of people taking part in a session of treatment. People using the service told us that their wishes were respected and that they were involved in all decisions about the support that was provided.

People using the service confirmed they were consulted and were actively involved in decisions about their treatment. We observed staff providing people with helpful advice and guidance about their treatment, to help them adjust and to manage their conditions.

We saw copies of letters received from people that used the service which expressed thanks for the treatment they had received. Comments in these talked about the "Helpfulness and patience "shown by staff to help people "Feel at ease" and understand their treatment. One stated "The persons involved in every aspect of the process were very kind and caring...the whole experience of the session was very good, none of the group wanted it to end."

What we found about the standards we reviewed and how well The Circle was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use services are involved in making decisions about their treatment and support, to ensure they understand choices available to them and their privacy and dignity is respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive a service that is personalised to meet their needs and ensure they experience effective, safe and appropriate care, treatment and support that protects their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People using the service are protected from the risk of abuse, and their human rights are respected and upheld.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People who use services are protected from unsafe procedures and their health and welfare is met by staff who are trained and appropriately qualified to meet their needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems are in place to assess and monitor the quality of service provision so that people who use services benefit from safe quality care, treatment and support.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We observed a small group of people taking part in a session of treatment. People using the service told us that their wishes were respected and that they were involved in all decisions about the support that was provided.

Other evidence

The provider was registered to operate from this location under the Health and Social care Act 2008 in June 2011.

Since this location was registered with the Care Quality Commission, we have received no concerns relating to outcomes for people using the service for this standard.

We made a visit this location on 20th December 2011 and reviewed some aspects of this outcome.

We spoke to the two members of staff providing the service. From observation and talking with them, it was clear they were very much aware of their professional duties to ensure people that use the service were involved in decisions about their treatment and their personal wishes respected.

We observed that Information was provided during the session to help people understand their treatment. There was evidence that other information was available to help people new to the service know what to expect, participate and be involved in decisions about their care and support.

Staff told us about the use of a translation service for people whose main language is not english, to help them to understand and make informed choices about their care, treatment and support. There was evidence of ongoing consultation with people who use the service, to ensure a personalised approach to their support can be delivered.

There was evidence of surveys and consultation with people who use the service, to enable their feedback to be considered and a complaints policy was in place to enable potential concerns to be appropriately addressed.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

People who use services are involved in making decisions about their treatment and support, to ensure they understand choices available to them and their privacy and dignity is respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People using the service confirmed they were consulted and were actively involved in decisions about their treatment. We observed staff providing people with helpful advice and guidance about their treatment, to help them adjust and to manage their conditions.

We saw copies of letters received from people that used the service which expressed thanks for the treatment they had received. Comments in these talked about the "Helpfulness and patience "shown by staff to help people "Feel at ease" and understand their treatment. One stated "The persons involved in every aspect of the process were very kind and caring...the whole experience of the session was very good, none of the group wanted it to end."

Other evidence

The provider was registered to operate from this location under the Health and Social care Act 2008 in June 2011.

Since this location was registered with the Care Quality Commission, we have received no concerns relating to outcomes for people using the service for this standard.

We made a visit this location on 20th December 2011 and reviewed some aspects of this outcome.

Appropriate arrangements were in place to ensure the rights of people using the service were upheld and protected against risks of receiving care or treatment that is unsafe.

Case files showed evidence that consent to treatment had been discussed and agreed.

We were told that people who use the service were offered a full discussion about their individual needs, following a referral by their own doctor. The provider told us the clinical philosophy of the service was based on reducing reliance on the medical system and rehabilitation that is in line with best practice for the management of long term conditions. There was evidence that a multi disciplinary approach was used to provide people, their relatives and their GP with advice involving a variety of treatments, and therapies.

We saw evidence of consultation with people that use the service, to ensure they participate in decisions and are actively involved choices about their treatment. There was evidence that treatment plans were developed to ensure that individual needs of people are met. There was evidence that treatment plans involved the input of staff from a variety of professional disciplines, to enable the service to be tailored according to individual needs. We saw evidence that treatment plans were reviewed on a continual and ongoing basis, to ensure they were kept up to date.

A variety of policies and procedures were in place to ensure the safety of people that use the service. We saw evidence that professional staff attend regular pain management seminars and courses and keep their skills up to date. Personal information about people who use the service was securely stored, when not in use.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

People receive a service that is personalised to meet their needs and ensure they experience effective, safe and appropriate care, treatment and support that protects their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not get the views of people who use the service for this outcome.

Other evidence

The provider was registered to operate from this location under the Health and Social care Act 2008 in June 2011.

Since this location was registered with the Care Quality Commission, we have received no concerns relating to outcomes for people using the service for this standard.

We made a visit this location on 20th December 2011 and reviewed some aspects of this outcome.

We saw evidence staff had received training to ensure they know how to protect vulnerable adults from harm. Safeguarding policies and protocols were in place and we were told these had been recently updated, to ensure staff had accurate information to guide them in this respect. A safeguarding development and improvement plan for the service was available and the provider told us about further staff training that was due, to ensure their knowledge about this aspect of practice was kept up to date.

Staff were aware of the need to notify the Care Quality Commission of any allegations concerning abuse and copies of relevant local authority safeguarding policies were available to follow when required.

We have no information that suggests there are areas of non compliance with this outcome and no safeguarding concerns have been reported for this location.

Our judgement

People using the service are protected from the risk of abuse, and their human rights are respected and upheld.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not get the views of people who use the service for this outcome.

Other evidence

The provider was registered to operate from this location under the Health and Social care Act 2008 in June 2011.

Since this location was registered with the Care Quality Commission, we have received no concerns relating to outcomes for people using the service for this standard.

We made a visit this location on 20th December 2011 and reviewed some aspects of this outcome.

We were told the provider had worked with a specialist recruitment consultant to ensure appropriate procedures were followed and that staff were properly checked to make sure they were safe to work with people that used the service. Staff files contained evidence that appropriate procedures had been followed, including checks with the Criminal Records Bureau, positive identity, references, together with details of past employment history that had been obtained.

Staff told us they were provided with various training opportunities to help them to carry out their jobs. There was evidence that a staff induction process was in place, together with supervision and annual appraisals of their skills, to enable career development. There was evidence that checks were made to ensure practicing health care staff maintain their responsibilities for keeping their professional registration up to date, with

bodies such as the General Medical Council and Nursing and Midwifery Council. We were told professional staff retain their own personal development portfolios. The provider confirmed they were obtaining copies of these, to ensure staff competence to carry out their roles and responsibilities can be demonstrated and ensure their knowledge and skills are regularly updated.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

People who use services are protected from unsafe procedures and their health and welfare is met by staff who are trained and appropriately qualified to meet their needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not get the views of people who use the service for this outcome.

Other evidence

The provider was registered to operate from this location under the Health and Social care Act 2008 in June 2011.

Since this location was registered with the Care Quality Commission, we have received no concerns relating to outcomes for people using the service for this standard.

We made a visit this location on 20th December 2011 and reviewed some aspects of this outcome.

There was evidence that a quality assurance framework had been developed around the Essential Standards of Quality and Safety. The provider told us they had worked with a consulting agency, to develop the quality monitoring procedures and ensure that appropriate systems were in place, to monitor the service and manage risks to ensure people are protected from harm. The registered manager is a clinical nurse practitioner with management skills and has a good understanding of the client group and their complex needs. Two clinical managers have been appointed in addition; to ensure services are effectively delivered from individual locations the provider operates from. We saw evidence of training events provided together with evidence of regular staff multi disciplinary meetings that took place.

There was evidence of close monitoring of the service by the service commissioners. Administrative systems were in place to support service delivery and make individual appointments for people using the NHS "Choose and Book" system. Systems were in place for learning from, reporting and recording of adverse incidents, errors and near misses and we saw evidence that a complaints procedure was available, to ensure any concerns about the service can be followed up. There was some evidence that the quality assurance checks made for different aspects of the service could be further developed, as some of the information we needed was somewhat hard to find at times. Plans were in place to carry out an infection control audit and we saw evidence of an organisational safeguarding development and continuous improvement plan for the service.

There was evidence the views of people that use the service are considered to be central to the philosophy of the service, to ensure a personalised approach to their treatment is provided. Audits were carried out, to enable user experience to be fed-back into governance systems and we saw evidence of surveys and feedback that was used, both during and after treatment. We were told that feedback from people using the service had resulted in levels of support staff in clinics to be increased. We were told the complaints policy had been revised following feedback from people that use the service. We saw evidence of new survey questions developed, to enable the views and experiences of people be further improved. We were told about additional plans to obtain these views to enable the service to be developed.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

Systems are in place to assess and monitor the quality of service provision so that people who use services benefit from safe quality care, treatment and support.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA