

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

Bourn Hall Clinic - Colchester

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2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Bourn Hall Clinic (Colchester) Limited
Registered Manager	Mrs. Sarah Pallett
Overview of the service	Bourn Hall Clinic Colchester provides a specialist fertility service. The clinic provides a range of assisted conception treatments to self funding and NHS funded couples in Essex and Suffolk.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures 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 15 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We gave people the opportunity to talk with us during our inspection of the service. We looked at records relating to four people's care and treatment and records relating to the management of the service. We looked at three staff training files.

People we spoke with told us they felt involved in decisions regarding their care and treatment and had the opportunity to give feedback on the service. People told us that they felt staff were supportive and accessible outside of their appointment times.

We spoke with nine staff who told us they had opportunities for support, training and development.

We found that the provider had systems in place for preventing and managing infections. Systems were in place for effective staff recruitment and assessing monitoring the quality of the service.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found that systems were in place to support people's diverse needs, for example there was a lift to support people with mobility difficulties. The provider had a contract with translation services to arrange for a translator to be present during consultations where a person's first language was not English. There was an induction loop that people could use with hearing aids.

Information was available to people on the provider's website relating to treatment and events held such as open days and leaflets were available at the service on a range of issues such as baby scans. People were given a welcome pack at their first consultation which gave details of the services and how to give any feedback on the service. Staff told us how they were mindful that people visiting the service may be anxious or apprehensive and how they endeavoured to put people at their ease. They told us how people might want to talk to them in communal areas but they ensured that a confidential space was available to talk to people about any queries they may have.

We found that there were systems in place to gain consent from people regarding their care and treatment and that these were reviewed to ensure they were valid. Additionally there were clear statements in documentation for people stating that they could withdraw their consent at any time.

We found that a patient support group took place facilitated by identified staff. This gave people opportunities to meet and talk about issues related to their care and treatment and have peer support. Minutes were not available due to the sensitive nature of discussions held. Additionally counselling services were available for people who wanted to have an 'independent' discussion about their care and treatment.

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

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.

Reasons for our judgement

Providers of fertility services in the UK are regulated by the Human Fertilisation and Embryology Authority (HFEA) in addition to their regulation by the Care Quality Commission. Fertility services are licensed under the Human Fertilisation and Embryology Act 1990 (HFE Act). The service provides NHS and private funded fertility treatment. Referrals were made either by the person's GP or hospital consultant or people self referred. Since our last visit the HFEA regulations and remit has changed and this means that CQC are no longer inspecting surgical procedures.

Due to the nature of the treatment and care provided at the service we were unable to directly observe care being given. We gave people opportunities to speak with us during our visit. People we spoke with told us that they were satisfied with the care provided.

We saw that there were systems in place to record and assess people's health and situation for example at an initial consultation. Then where the person wanted to progress with treatment plan, staff discussed with them the most appropriate care and treatment, giving information and discussing choices and options. In addition to specialist fertility treatment offered, tests such as 'HyCoSy' hystero-salpingo contrast sonography were available as appropriate (a technique used to check fallopian tubes). Additionally baby scans were available for people and we were advised that this service could be accessed by people even if they had not received fertility treatment at the clinic.

There were arrangements and equipment in place to deal with foreseeable medical emergencies and staff confirmed that they had had training in resuscitation. We saw that resuscitation equipment was routinely maintained and checked and was ready for use by staff. Staff confirmed they had received training and had the skills to use it.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found that the provider had systems in place for minimising the risk of infection and providing a clean environment.

There was an identified lead member of staff for infection control and a process for reporting any infections. Routine audits took place and we saw that actions were identified for any issues and the provider had a system for monitoring that they had been achieved.

Staff gave us examples of ways they minimised the spread of infection such as ensuring hand hygiene. We saw that there was guidance available on this and staff told us that spot checks took place. We saw that the provider had developed a system for recording these.

Several staff wore uniforms to work but ensured they were clean. The staff handbook detailed the need for staff to ensure this. Where required they changed into surgical scrubs and the provider had a system in place for laundering these. We saw that risk assessments had taken place and were being updated for example use of shoes/clogs in different areas to prevent cross contamination.

Specific staff cleaned designated clinical areas in the service and there was a separate contracted cleaning service for communal areas. We saw that there were daily cleaning schedules and logs available. Nursing staff identified that on occasion they had carried out the cleaning tasks but had not completed the log and we saw for January 2014 that there were three omissions. The lead nurse told us that there was a system for checking on this and giving feedback to staff.

We were told that cleaners had access to cleaning products and identified equipment for specific areas to prevent cross contamination. The provider had a contract for the safe disposal of clinical waste. We were told that there were systems in place for pest control.

There was not a decontamination area in the clinic as we were told that equipment was disposable and single use.

We saw that the provider had undertaken a risk assessment and had systems in place to prevent Legionella. Additionally staff told us that air conditioning systems were also checked and maintained to reduce any risk of infections.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that the provider had recruitment procedures in place to ensure that staff were of good character, had the qualifications, skills and experience necessary for their work, and staff were fit for that area of work. The provider had policies which outlined processes for this, for example staff either submitted a curriculum vitae or completed an online form via the provider's website. There was a system for screening staff for interview and recording interviews for staff and grading their responses in line with the job specification.

We were unable to review staff personnel files as they were held by the human resources department at another location. However we were able to see that a copy of some of the information was in staff training files. We found that files contained job application forms and most files included information from staff interviews. There was a process in place to ensure all relevant checks were carried out before a new member of staff started working alone with a person using the service. Two employment references were requested and checks with the Disclosure and Barring Service (DBS) took place for staff who worked directly with people using the service. Staff's professional registration was checked and we saw evidence of this.

The director of human resources advised of us their system in place to monitor staffs' professional registration was valid. They had procedures for reviewing DBS checks. They advised of their process in place to checks took place to verify staff's identity and that they were eligible to work in the UK and we saw evidence in some staff training files of this. They advised that annually an external agency audited them and at their previous advice they now requested details such as staff's national insurance numbers as part of their checks. Staff that had been more recently recruited confirmed to us the process that the provider had in place.

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

People using the service that we talked with told us that from their perspective they felt staff had skills and knowledge to be able to support them.

We saw that there was a system in place for ensuring staff had access to training and development, this included an induction programme when a staff member first started employment. Staff received annual mandatory refresher training annually which included fire and safeguarding training. We found that scheduled training took place for staff on specialist areas relating to their work such as the use of ultrasound. Where training took place at other organisational locations, staff had opportunities to access by remote link, (video conference).

Staff had annual appraisals which looked at their competency for their role and also identified any learning and development needs. We saw that the provider had competency frameworks for each area of staffing. Staff told us they felt supported in their work. Several staff talked of positive "teamwork."

We saw that profession/role specific team meetings took place routinely and additionally the registered manager had set up quarterly multi-disciplinary team meetings for inter professional learning and development. Staff also reported that there were additional systems for giving feedback on the service.

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

Reasons for our judgement

We spoke with the Director of Quality who explained the various systems in place for quality assurance. For example we saw that audits took place such as for records and infection control. Where any issues highlighted in audits could not be immediately addressed then action plans or 'corrective and prevention actions' (CAPA) were developed. There were systems at location and senior management level to check on the completion of these and other key performance indicators on how the service was doing.

There were systems for reporting and reviewing any complaints, accidents and incidents. Staff confirmed this and advised that via team meetings they gained feedback on issues and any identified learning points. An example was given where a medication error had taken place and systems and policy was changed to reduce the risk of such an incident reoccurring.

We saw that people were given forms to give their feedback on the service provided. Where any difficulties were identified by people, senior staff made contact with them, where identified, to find out more about the issues they had and consider if any actions were needed to address them. There were systems to track any themes and report and identify any further actions on any issues at local team and senior management meetings.

We saw that the provider had business continuity plans in place in the event of any emergency taking place. An example of this when there was a difficulty with electricity and staff checked that safe systems were in place and ensured that the service was still given to people.

Risk assessments had been developed for high risk areas and these had been reviewed regularly. The provider had standard operating procedures, 'SOP' that were routinely reviewed and updated.

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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