

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

Bourn Hall Clinic

Bourn Hall, Cambridge, CB23 2TN

Tel: 01954719119

Date of Inspection: 15 January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ 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 Limited
Registered Manager	Mr. Adam Burnley
Overview of the service	Bourn Hall Clinic is a specialist fertility service.
Type of service	Acute services with 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 staff.

What people told us and what we found

People who attended the clinic were given appropriate information regarding their care or treatment. People were given time to consider options so that they could make an informed decision about their planned treatment.

Care and treatment records were up-to date and reflected each time a person had attended the clinic for treatment or a consultation.

There were effective systems in place to reduce the risk and spread of infection. The clinic was clean and well maintained and staff had received infection control training.

There were regular on-going training sessions and clinical competency assessments in place to ensure that staff safely delivered care and support to people.

The provider had processes and procedures in place to monitor the quality of service provision.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection we looked at the care records of four people and noted that each contained a completed and signed 'general treatment consent form'. We saw that this form was checked again by staff as part of the provider's pre-treatment/operation safety checks to ensure that people's consent had been properly obtained. The records we saw confirmed that before people received any treatment that they were asked for their consent to that treatment and that staff acted in accordance with their wishes.

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). We saw that the provider used the HFEA consent forms and people's consent to the treatment was recorded. There were records of consent completed by both partners.

Records of consent included the consent to the identified treatment and use of sperm, eggs or embryos as part of that treatment. If people had their eggs, sperm or embryos stored their consent included information about their storage and potential future use for treatment. This meant that there were appropriate arrangements in place to provide consent to treatment.

We looked at information packs which were sent to people and their partners before they attended for their first consultation. Within these packs were copies of the consent forms which needed to be read prior to attending the consultation. They were also provided with instructions on how to complete the consent forms. This ensured that people and their partners were given time to read the information and to make sure that they understood clearly the risks of the treatment and what they would be consenting to.

The provider had an up to date Standard Operating Procedure (SOP) in place which gave staff detailed guidance in relation to gaining people's consent to their treatment. This SOP

was comprehensive and clearly outlined the process of obtaining people's consent; the responsibilities of the staff who obtained informed consent and the documentation required.

We looked at training records and saw that fertility nursing staff who were involved in gaining people's consent to treatment had received appropriate training. This ensured that they were aware of the legal requirements of obtaining informed consent and were deemed competent in explaining the risks associated with the treatment to people and their partners.

We also saw that a sample of patients' care records was audited every three months to check that their consent had been obtained in line with the provider's policy

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

The clinic provided both NHS and private funded fertility treatment. People either made self-referrals to the clinic or were referred by their GP or hospital consultant. We were told that the first stage in treatment was to undertake investigations to establish a diagnosis of infertility and its probable cause. On the basis of these investigations the clinicians established a suitable pathway of treatment for the person or the couple.

The clinic offered a range of fertility treatments. Information about fertility treatments were detailed on their web site and it provided valuable information for people who were considering fertility services. We saw that the clinic also held open days which gave people an opportunity to come and look around the facilities and find out more information about the treatment options available to them.

During our inspection we looked at the care records of four people who had undergone treatment at the clinic. We saw that people had an assessment of their needs to enable the clinicians to identify potential treatment options with the person and their partner. In the people's care records we looked at, all had had a written assessment of their health and medical history, which also included fertility problems. We saw that people had had a number of tests which included blood tests either prior to referral or as part of their initial consultation. We saw that following this initial consultation a treatment plan was identified which was discussed with the person and their partner.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We found there were clear care pathways for surgical procedures, the provision of sedation, recovery and discharge. Difficulties and failure can be very stressful for couples, particularly when pregnancy attempts were unsuccessful. The clinic had staff which included counsellors to help support couples when needed and also the Bourn Hall Patient Support Group, which was led by independent fertility counsellors.

We saw that the clinic had risk assessments in place for the clinical procedures undertaken. The clinic also had storage facilities for embryos and sperm and these were alarmed with a back-up system and staff on call in case of an emergency or a failure of

equipment.

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 had been maintained and was ready for use by the clinical teams. We examined the records and saw that routine checks had been completed on this equipment.

Staff we spoke with were clear what to do in the event of a resuscitation emergency and explained the process clearly. This meant that staff were skilled and knowledgeable in how to deal with an emergency medical situation when it occurred and that people who required urgent medical intervention would receive care safely.

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 protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We found that the provider had robust systems in place to monitor cleanliness and infection prevention and control. We spoke with the head of nursing who told us about their role in assessing and monitoring the quality of the service provided in relation to infection prevention.

An audit programme was available for us to look at and this demonstrated that regular audits were undertaken in areas which included hand hygiene, sharps management, cleanliness, waste handling and disposal and the environment. Risk assessments and actions plans were available for us to look at and when recommendations had been made following an audit, we saw that any actions had been given a timely date for completion.

We were given a general tour around the premises and found that care and treatment was provided in an environment that was suitably designed, adequately maintained and visibly clean. We looked at one theatre suite and saw that it was very tidy and well organised.

We spoke with a member of the theatre nursing team who explained how the majority of equipment and clinical instruments used at the clinic were now single use and were not reused. This had reduced the need for decontamination of instruments. There was currently only one piece of equipment that was not single use and this was sterilised off site.

There was a contract for the appropriate disposal of clinical waste and sharp items and we saw that clinical waste was stored and disposed of safely.

We saw that staff on duty had adhered to the 'bare below the elbow' policy (this meant people had bare arms below the elbow) and were wearing clean uniforms and no inappropriate jewellery.

Each clinical area we visited contained a good range of personal, protective equipment for staff to use and dispensers which contained antibacterial hand gel were available for staff and also for people who entered and left the clinical areas. There were posters displayed in all clinical areas and at the entrance to departments which reminded people to use the

gel and there were hand washing facilities available in each clinical area. This helped reduce the risk of cross infection.

We were told that all staff received infection prevention training during their induction and thereafter it was carried out annually and training records we saw confirmed this.

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

We spoke with five members of staff during our inspection who told us how well supported they felt and how they enjoyed their jobs.

One member of staff had been working at the clinic for two weeks and they told us: "It's been great. My induction has covered everything and more. I feel really well supported and I am currently working with an experienced colleague who is explaining things to me and supporting me". Another member of staff we spoke with told us: "There are so many training opportunities available. Staff tend to stay as it's a great place to work. We work together as a team".

Evidence in the training records we saw showed that appropriate training had taken place. This had ensured that staff were competent to carry out their roles. Continual personal development took place and staff completed a practice experience profile document. All staff attended mandatory training days and were encouraged to attend conferences and courses which enabled their professional development. This was confirmed by a training matrix we looked at.

Appraisals of staff performance were carried out and these were filed in staff training files that we looked at. Learning needs were identified at appraisal and these encouraged best practice working.

We observed the staff of all grades and professional groups carrying about their duties in a competent and professional manner. All staff that we spoke with during our inspection told us that they felt supported by the management team. One staff member told us that they felt "...well trained and well supported".

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 people receive.

Reasons for our judgement

The provider had processes in place to assess and monitor the quality of the service it provided. We saw that the clinic had a robust internal audit programme that looked at safety and quality. There were systems in place for continuous monitoring to identify, analyse and review risks, adverse events, incidents, errors and near misses.

We looked at department and management meeting minutes which showed that risk management and quality assurance were standing items on meeting agenda's. This demonstrated that the provider had put processes in place to ensure that practice was reviewed and improvements made to enhance the quality of the service that people who used the clinic received.

People who used the service were asked for their views about their care and treatment and they were acted on. Each person was given a patient treatment evaluation questionnaire at the end of their treatment. This was used to evaluate people's satisfaction with provision of information, consultation and treatment, provision of medication, staff and facilities

We were told about the checks and audits that were undertaken on the safety and maintenance on the premises including laboratories and treatment areas. We saw that there was safe storage of medical gas cylinders in accordance with manufacturers' instructions and patient safety communications. This meant that there were appropriate systems in place to ensure that the premises were appropriately and safely maintained.

Risk assessments had been developed for high risk areas and these had been reviewed regularly. The clinic had a detailed list of standard operating procedures that were routinely updated to ensure that they remained up to date and relevant.

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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