

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

Anglo European College of Chiropractic

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment

✓ Met this standard

Complaints

✓ Met this standard

Details about this location

Registered Provider	Anglo European College of Chiropractic
Registered Manager	Dr. Neil Osborne
Overview of the service	<p>The Anglo European College of Chiropractic is located in residential area of Bournemouth. It is registered to provide diagnostic and screening procedures. There is a small modern x-ray department. Ultrasound services are provided in the college's Centre for Ultrasound Studies. Services provided include musculoskeletal, abdominal, vascular and obstetric scanning. They accept people referred from the college, other healthcare practitioners and people who may wish to self refer.</p>
Type of services	<p>Remote clinical advice service Rehabilitation services</p>
Regulated activity	Diagnostic and screening procedures

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Anglo European College of Chiropractic had taken action to meet the following essential standards:

- Consent to care and treatment
- Complaints

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 14 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

This unannounced inspection was to follow up on compliance actions set at the previous inspection in November 2012. These compliance actions were set because the provider did not have systems in place to ensure that people's consent was sought prior to receiving treatment. We also found that there were not effective systems in place to enable people to raise a comment, concern or complaint about the service.

At this inspection we spoke with three people and five members of staff including the manager.

People told us the service was "very professional", "Prompt and very good", and "Very good at explaining to me".

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

We found that there was an effective complaints system in place. Comments and complaints people made were responded to appropriately.

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

At the last inspection in November 2012 we found that the service did not have a robust system in place to ensure people's consent was routinely sought before procedures were carried out.

At this inspection we found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with three people and they told us that their treatment options had been clearly explained. They all confirmed that they had signed a consent form to confirm their agreement to the procedure.

The service had a consent policy that explored capacity issues, the importance of informed consent and gaining consent from young people. Staff told us that written consent was obtained for all procedures and records showed staff had undergone training in obtaining consent.

We saw that people were provided with information about their proposed treatment. This supported people to understand the risks versus benefits of a procedure to enable them to make an informed decision about what they wanted to happen.

Records confirmed that people signed consent forms to agree that staff had explained the risks versus benefits for the procedure and that they consented to the procedure. The form was countersigned by college academic staff to ensure the procedure was appropriate. This ensured that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The manager told us they were planning to audit consent documentation as part of their academic audits to ensure they were able to pick up on any trends or problems in the future.

The service offers ultrasound scans for parents to be. We were able to see that people considering this treatment were provided with an information leaflet. The manager told us that information about this service was also available on their website. The provider may find it useful to note that the Health Protection Agency (HPA) advises that the long term effects of this form of scanning have yet to be evaluated. As such the HPA advise that although there is no clear evidence that 'souvenir scans' are harmful to the unborn child, parents must decide for themselves if they wish to have souvenir scans and balance the benefits against the possibility of unconfirmed risks to the unborn child. Information about the report was not made available for parents to be by the organisation at the time of the inspection. We discussed this with the manager and they confirmed that they would ensure that a link to the report was available on their website. This would ensure that parents to be could make an informed choice about whether they wanted to have the procedure.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People told us that if they were not happy, or were worried about something, they would talk to staff. Nobody we spoke with as part of the inspection was dissatisfied with the service they were receiving. One person told us, "From my visit there last week I don't have any complaints", and another individual said, "I would ask to speak to someone, but I have been happy for many years [with the service]".

All of the staff we spoke with about complaints understood what to do if somebody wanted to raise a concern or complaint about the service. Records showed that staff had been supported to undertake training to ensure they understood the complaints policy and the action they needed to take if an individual was not happy with the service they had received.

The service had a complaints policy and procedure. People were made aware of the complaints procedure through posters, and an information screen in the reception areas. The manager told us they had also ensured information about how to make a complaint was available on the organisation's website. Reception staff told us about, and showed us an information leaflet they gave to people which explained the organisation's procedure. We also noted the reception area had a suggestions box where people would be able to make a comment about the service.

The manager told us that the service had not received any complaints since the previous inspection November 2012; however they had received some comments about the service. We were able to see that comments made by people had been analysed and acted upon where possible.

We also saw from the comments analysis that the organisation had received a number of compliments from people about the service provided.

Feedback from people and complaints was discussed at the organisation's clinical governance groups. This ensured the service had oversight of the experiences of people and understood what they could do to improve services.

This showed the organisation took account of complaints and comments to improve the service.

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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