

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

## DMC Healthcare Limited

DMC Healthcare Limited, 35-37 Sylvan Grove,  
London, SE15 1PD

Date of Inspection: 10 January 2013

Date of Publication: August  
2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	DMC Healthcare Limited
Registered Manager	Dr. Ravi Gupta
Overview of the service	DMC Healthcare Limited provides primary care services such as community dermatology, ophthalmology, gynaecology, anti-coagulation and physiotherapy across London and the South East. Approximately 7000 people use the service.
Type of services	Doctors consultation service Doctors treatment service Remote clinical advice service
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

## Contents

*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 unannounced 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 10 January 2013 and talked with staff.

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### What people told us and what we found

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We did not speak to people using the service because clinics are held on Saturdays. We visited the provider during the week. We gathered evidence of people's experiences of the service by reviewing satisfaction survey results, comment cards and the complaints log. We found that people who use services were satisfied with the service delivered. One person wrote a thank you letter to the doctor.

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

Care and treatment was assessed, planned and delivered in line with individual care plans.

People were protected from unsafe or unsuitable equipment as the provider had equipment that was fit for purpose and properly maintained. We viewed maintenance records and policies for maintenance.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. The provider had an accurate record with appropriate information about the care and treatment provided to people who use services.

Records were kept securely, retained for periods specified by our guidelines. Records were securely destroyed.

There were effective recruitment and selection processes in place. We viewed staff records. Appropriate checks were undertaken before staff commenced work.

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

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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

### 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

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### 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.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff told us that when a person was referred to the service they were given information about the reason for their referral, the treatment and what they should expect. The plan of treatment was developed with the person's needs in consideration and staff explained the purpose of it to them. People who use services were requested to sign a consent to treatment form before treatment commenced.

We looked at people's treatment records and we saw that in eight cases all documents had been signed by the person who used the service. Staff told us that they would always seek the person's consent before carrying out treatment. Staff told us that if they were concerned about a person's understanding then a capacity assessment would be conducted by the assessing or treating doctor. At the time of the visit there was no concern about a person's capacity.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at eight care plans for people using the service. They included an assessment of people's needs and, where relevant, information from other healthcare professionals, for example district nurses and physiotherapists. Staff told us that people's needs were reviewed regularly to ensure they were up to date and met the needs of the person.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example, those who were having eye operations had transport arranged or had an escort to assist them after eye surgery.

There were arrangements in place to deal with foreseeable emergencies. For example, we were told by staff that at all clinics there was an emergency drugs trolley and equipment for basic life support.

**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 unsafe or unsuitable equipment because the provider had made suitable arrangements to protect the people who use services and others who maybe at risk from the use of unsafe equipment by properly maintaining equipment.

A maintenance policy was in operation and in date. A service level agreement between the provider and Kent community NHS Trust was in place. This agreement allowed the provider to use equipment provided by Kent NHS Trust. In this agreement, Kent NHS Trust was required to maintain and carry out risk assessments of the equipment used by the provider. We viewed the maintenance records and the health and safety assessments for all equipment which were all in date. These assessments had been conducted by Kent NHS Trust on behalf of the provider.

We reviewed the provider's agreements in relation to supply of medical supplies, for example the supply of gloves and swabs. The provider ensured that there was sufficient quantities of all supplies and equipment required for the clinics so as to ensure the needs of the users were met.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. The provider had a recruitment policy in place. We found that all staff records had information specified in Schedule 3 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010. Checks were made before staff were in post that ensured they were eligible to work in the UK, proof of identification and there was applicable confirmation from the General Medical Council in relation to fitness to practise and qualifications of doctors. .

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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Records were kept securely and could be located promptly when needed. The provider had an Information Governance Policy, Information Technology policy, Data protection policy and a Confidential waste protocol.

All records were electronic and staff showed us how they used the electronic system. All staff had a keycard to access the system, keycards had various levels of security to the electronic records to ensure only appropriate staff could access some details of peoples' records. On the day of our visit the system was being updated.

Records were accessible to all members of staff for a period of six months. After six months records were archived to facilitate safe keeping of confidential information. After this period staff could only access these records by making a request. We viewed a request under the Freedom of Information Act. The provider had followed all legislation and guidance in relation to the Freedom of Information Act.

Records were kept for the appropriate period of time and then destroyed securely. There was a service level agreement between the provider and a Confidential Waste company. We saw the confidential waste shredders used and the records for the certificates of disposal.

## 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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