

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

Berkshire Health Limited

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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	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Berkshire Health Limited
Registered Manager	Mrs. Julia Rahman
Overview of the service	Berkshire Health Limited is an independent healthcare provider. The service specialises in providing consultations, tests, and treatments for urological conditions. This includes bladder, prostate and kidney disorders. The clinic also provides vasectomies and vasectomy reversals.
Type of services	Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical procedures 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	10
Assessing and monitoring the quality of service provision	11
Records	12
Information primarily for the provider:	
Action we have told the provider to take	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 12 February 2013, talked with people who use the service and talked with staff.

We reviewed all the information we have gathered about Berkshire Health Limited.

What people told us and what we found

People spoke very highly of the services and staff at Berkshire Health Limited. They told us consultants discussed various treatment options with them and made them feel involved in their treatment. One person commented "the staff are so caring and they treat me like an individual." Another person said "the nurses and consultants here treat me with great sensitivity and concern. I value the time I have with my consultant."

We found people were involved in making decisions about their care and these decisions were documented. Care and treatment were provided by trained and competent staff. Arrangements were in place for clinical supervision and there were good opportunities for professional development. Although the facilities were clean, there were inadequate arrangements for preventing and controlling the spread of infection as required by Code of Practice on the prevention and control of infections and related guidance, under the Health and Social Care Act 2008. There were also inadequate systems in place for monitoring the quality of services.

In this report the name of a registered manager appears who was not in post and not managing the regulated activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time of this inspection. We have advised the provider of what they need to do to remove the individual's name from our register.

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

What we have told the provider to do

We have asked the provider to send us a report by 16 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

The people we spoke with on the day of our visit told us they were given sufficient information about their treatment and services to enable them to give their informed consent. People said they were given treatment options and the risks and benefits of each option were explained to them. They felt involved in making choices about their treatment. They said they were able to discuss any aspect of their care with the service's consultants or nurses.

We reviewed three sets of patient records. We found patients did not sign a consent form explicitly giving their consent to treatment and stating they understood the risks involved with treatment. Consultants signed a document which stated consent was taken from the patient and risks were discussed. Patient records had no written information about the risks and benefits of different treatment options although patients told us risks were explained to them.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People spoke very highly about the services they received. They said staff were caring and professional. People told us they were provided with information about their treatment options. The risks and benefits of treatment were explained to them. People said if they had any concerns they would feel comfortable raising these with any member of staff.

Patient feedback results from October 2012 showed all 42 respondent's rated the professionalism of their consultant as satisfactory or excellent. All respondents also rated the professionalism and attentiveness of nursing staff as satisfactory or excellent.

During our visit, we reviewed a sample of patient records. We found records relating to patient consultations, consent, treatment, and correspondence with patients' general practitioners (GPs). However, we did not find evidence that people's medical histories were discussed or recorded before treatment was provided. There was no clear process for documenting the specific health risks of individual patients. Staff told us this information would be provided by patients' GPs but there was no clear process to show the information was considered as part of the consultation process with patients.

There was a system in place to receive, review and act on national medical alerts. Staff were able to show us which medical alerts were relevant to the service and how concerns raised by the alerts were addressed.

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

Our judgement

The provider was not meeting this standard.

The facilities were clean. Staff were able to describe decontamination arrangements. However, people were not protected from the risk of infection because appropriate guidance was not followed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were insufficient systems in place to prevent and control the spread of infection.

People we spoke with during our visit told us they had no concerns about the cleanliness of the service's environment. They told us the environment was clean and welcoming.

We observed the clinic to be clean and cleaning schedules were in place. Alcohol gel for maintaining hand hygiene was available throughout the premises. Staff were able to describe the infection prevention measures which were in place. These included cleaning arrangements, separation of clinical and domestic waste, procedure for treating a needle stick injury, and the use of gloves and aprons. Staff were trained to decontaminate specialist medical equipment on site. They were able to show us how they would decontaminate specialist medical devices and how the decontamination process was recorded.

Staff showed us cleaning and decontamination records for equipment decontaminated on the premises. A traceability system was in place to cross reference individual patients to the medical devices which were used in their treatment. Staff told us the system would allow them to trace any incidences of infection between medical instruments and patients. On site decontamination was limited to one specialist piece of equipment. All other medical instruments used to treat patients were single use only. A specialist waste disposal company was contracted to dispose of the service's clinical waste.

Although the facilities appeared to be clean on the day of our visit, there were limited measures in place to prevent and control the spread of infection.

Berkshire Health Limited did not have an infection control lead. There were no arrangements for an infection control advisor to support staff on infection control issues.

Staff training in infection control was limited. We were told by staff they had training in infection control as part of an annual mandatory study day. Staff told us infection control

was one of many subjects covered during the study day. There was no in depth infection control training. We were told there was an assumption staff had infection control training in previous employment. Staff were not aware of the Code of Practice on the prevention and control of infections and related guidance, under the Health and Social Care Act 2008.

Arrangements were not in place to audit the effectiveness of infection prevention and control arrangements. There were no risk assessments to identify and control risks of infection.

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

Staff received appropriate professional development.

There was an induction programme for new staff. There was an annual study day for mandatory training. Staff told us they attended the training. Training included sessions on infection control, health and safety, manual handling, and resuscitation.

There were many opportunities for staff to continue their professional development. Staff told us they were strongly encouraged to enrol in courses which were relevant to their work and to attend clinical conferences. They were given dedicated time off work to attend study days. Where training was competency based, staff were given opportunities to have practical assessments of their work.

Staff told us they had annual appraisals and we saw documentary evidence of this. There were arrangements to check whether consultants maintained their professional registration and fulfilled professional requirements for continuing professional development.

Staff felt supported and said they felt comfortable raising concerns with their manager. They told us the training they had equipped them to do their jobs.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have 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.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were inadequate systems in place for monitoring the quality of the service.

Berkshire Health Limited had a system in place for collecting feedback from people who use its services. Patient feedback results collected by the service from October 2012 showed respondents were pleased with the services they received.

Information provided by Berkshire Health Limited showed there was a system for reporting, recording, and monitoring adverse incidents. Staff could describe how they would respond to an incident where someone was injured. They showed us how they would report and record an incident. There was one recorded incident and it was not patient related. Staff told us there were no patient related incidents to date.

A complaints system was in place and it was monitored. Staff were able to describe the complaints process and how they would respond to a complaint. People we spoke with told us if they had a complaint, they would feel comfortable raising their concerns with staff or management. None of the people who spoke with us had any complaints.

There were no systems in place to audit compliance with the service's policies and procedures. Monitoring systems were not in place to assess the organisation's clinical performance in order to ensure services were safe. For example, there were no audits of clinical practice; infection control and decontamination standards; personnel records; or patient documentation.

There was no systematic process for identifying and minimising risks to people using or visiting the service. Staff told us risk assessments were not in place.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because their medical records were not complete.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records including medical records were not complete.

We looked at a sample of patient records. Patients' needs were documented and there were records in relation to consent and treatment. Medical notes were contemporaneous. They were signed and dated by the consultant who provided the consultation. There was evidence of good communication with patients' general practitioners.

However, it was difficult to track the patient's care from initial consultation through to treatment because the medical notes were often illegible. There was no evidence that patients' medical histories were taken during consultation or before treatment. There was no documented information outlining the risks and benefits of the procedures discussed with patients.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Cleanliness and infection control
Treatment of disease, disorder or injury	How the regulation was not being met: The registered person had failed to ensure that people who may be at risk of exposure to a health care associated infection were protected against identifiable risks of acquiring such an infection by means of the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care acquired infection. (Regulation 12(1)(a)(b)(c) and 12(2)(a)).
Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Assessing and monitoring the quality of service provision
Treatment of disease, disorder or injury	How the regulation was not being met: The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others. (Regulation 10(1)(b))
Regulated activities	Regulation

This section is primarily information for the provider

Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Records
Treatment of disease, disorder or injury	<p>How the regulation was not being met:</p> <p>The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user. (Regulation 20(1)(a))</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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