

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:

Safeguarding people who use services from abuse	✘	Action needed
Cleanliness and infection control	✔	Met this standard
Requirements relating to workers	✘	Action needed
Assessing and monitoring the quality of service provision	✔	Met this standard
Records	✔	Met this standard

Details about this location

Registered Provider	Berkshire Health Limited
Registered Manager	Mrs. Jill Margaret Hopkins
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 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
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Safeguarding people who use services from abuse	6
Cleanliness and infection control	7
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
Records	11
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

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 13 August 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three people who received consultations and treatment from Berkshire Health Limited. They praised the consultants and nurses for their clear communication, sensitivity, and professionalism. One person described the consultant with whom they had treatment as "a real expert" and the nurses as "wonderfully courteous." Another person said he would recommend the service to others and would use it again.

There were significant improvements since our last inspection. Improvements to infection control arrangements included access to external infection control expertise and support. There were audits of patient records and the administration of medicines. In our check of medical records, we found that some of the consultation notes remained illegible at times but staff were able to read and understand these records. There were documented records of people's care from the point of their referral to the service until they finished treatment.

Our check of safeguarding arrangements found there were inadequate systems in place to support staff in identifying, recording, and reporting safeguarding incidents. We also found that although nurses and consultants were vetted prior to employment, there were some gaps in nurses' recruitment records.

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 02 October 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

Safeguarding people who use services from abuse × Action needed

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse because the provider did not take reasonable steps to ensure staff could identify, record and report abuse.

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 who use the service were not protected from the risk of abuse because the provider did not take reasonable steps to ensure staff could identify, record and report abuse.

There was a detailed child protection policy. It included information about recognising signs of abuse and the contact details for the local social services team. There was no equivalent policy for the protection of vulnerable adults. When we asked staff to explain how they would report safeguarding concerns, they told us they would raise concerns with the registered manager or, in this person's absence, with the service's lead consultant. Staff also told us they would contact social services if they had concerns about the abuse of children or vulnerable adults but there was no specific contact information for them to do so.

Nursing staff had some training in child protection and the protection of vulnerable adults as part of their annual mandatory training. However, staff did not have the safeguarding adults level one awareness training which is required for all health and social care staff. The registered manager told us that a provider for safeguarding training was identified and we saw evidence of this. We were also told nursing staff would soon be booked to have this training.

There was no evidence that consultants had child protection or safeguarding training. We were told consultants were assumed to have safeguarding training because they were also employed by the NHS. The training was not verified.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

Our inspection of 12 February 2013 found 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. There was no in depth infection control training. There were no risk assessments to identify and control risks of infection. Staff training in infection control was limited. The provider wrote to us and submit an action plan setting out how the shortfalls would be addressed.

During our visit on 13 August 2013, there were significant improvements since our last inspection. Improvements included access to external infection control expertise and support. There was a lead for infection control issues. The lead attended a practice managers' forum which included training in infection control. Nursing staff also had training in infection control. When we asked one of the nurses to describe the headlines from the training, she was able to do so. We saw the infection control training certificates for each nurse.

There were new arrangements for monitoring the cleanliness of the treatment room. These checks were divided into daily, weekly, and monthly tasks. There was a system in place for recording and monitoring the checks were done.

A risk assessment was in place to identify situations and practices within the service which could lead to contamination or to the spread of an infectious disease. Control measures were identified in the risk assessments. Staff were aware of the risks and how to minimise them.

As in our previous inspection, we found the facilities to be clean. Alcohol gel for maintaining hand hygiene was available throughout 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.

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

Our judgement

The provider was not meeting this standard.

People were cared for by professionally trained staff, however, recruitment processes were incomplete.

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

Appropriate checks were not undertaken before staff began work. There were ineffective recruitment processes in place.

We checked the recruitment records for all three of the nurses who were employed by the service, one of whom was recently employed. In each of them, we found completed criminal records bureau (CRB) or disclosure and barring service (DBS) checks, evidence of registration with the nursing and midwifery council, and photo identification which was used as proof of identity. CVs which included a brief description of each nurse's personal details, employment history, and education, were present in each file we saw. However, the CVs showed gaps in the employment history. Gaps were not explained in writing as required under Regulation 21 and Schedule 3 of the regulations. There was no process for obtaining a written explanation.

We also found there were no records documenting satisfactory evidence of conduct in nurses' previous employment. However, the registered manager and other staff with whom we spoke told us the nurses who were employed by Berkshire Health Limited were known to the provider from previous employment. The provider felt, therefore, assured of the nurses' competence, skills, and character. The provider may find it useful to note that there was no documentary evidence in support of the requirement for satisfactory evidence of an applicant's conduct in previous employment working in health or social care.

The provider was not aware that all the requirements relating to workers set out in regulation 21 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 applied to people employed to work at 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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Decisions about care and treatment were made by the appropriate staff at the appropriate level. The provider took account of complaints and comments to improve the service.

Our inspection of 12 February 2013 found there were inadequate systems in place for monitoring the quality of the service. There were no systems 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 also no systematic process for identifying and minimising risks to people using or visiting the service. Staff told us risk assessments were not in place.

During our visit on 13 August 2013, we found significant improvements since our last inspection. Improvements included checks on the administration of medicines, cleaning and infection control arrangements, and patient records. Staff were able to describe some of the changes they made in response to these checks. For example, the provider identified some concerns about the administration of medicines and, in response, implemented new protocols for administering medication. These were monitored by the provider. There were also new procedures for monitoring cleaning and decontamination which were reviewed weekly.

As in our previous inspection, we found a complaints system was in place and it was monitored. People we spoke with told us they were not aware of a specific complaints policy but said that if they had a complaint, they would feel comfortable raising their concerns with the nurses or the consultants. None of the people who spoke with us had any complaints.

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

Our judgement

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.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

Our inspection of 12 February 2013 found people's personal records including medical records were not complete. It was difficult to track patients' 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.

During our visit on 13 August 2013, we looked at four sets of medical records and found significant improvements since our last inspection. Each person's medical record was divided into specific sections including the patient's consultation with the consultant, results of tests, and communication with the patient's general practitioner (GP). Consultants' notes were not always legible but staff could read and understand them. A detailed summary of the consultation, results of tests, and treatment were clearly typed in a letter to each patient's GP.

As in our previous inspection, we found 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.

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	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs and responding appropriately to any allegation of abuse. (Regulation 11(1)(a)(b))</p>
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Diagnostic and screening procedures	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Requirements relating to workers</p> <p>How the regulation was not being met:</p> <p>The registered person must ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate. (Regulation 21(b))</p>
Surgical procedures	
Treatment of disease, disorder or injury	

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 02 October 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

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 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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