

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

Yannis Alexandrides - Harley Street (1 Devonshire Place)

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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
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	111 Harley Street Ltd
Registered Managers	Mrs. Mia Blanchard Ms. Agata Paulina Podwika
Overview of the service	Yannis Alexandrides- Harley Street (1 Devonshire Place) is a private medical practice that provide consultations with a view to cosmetic and reconstructive surgery under local anaesthetic. The practice is open one day per week and services are provided to adults only. Staff at the practice includes two surgeons, four nurses/therapists and three administrative staff.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	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'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 November 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We spoke with one person who told us that they were given adequate information about their care and treatment by staff. The patient said that they were treated in a professional manner and that the staff were experienced and courteous.

People told us they were involved in their care and treatment and we found the consent process was thorough. There were sufficient and suitably experienced staff to meet people's needs and the staff members told us the provider supported them in their learning and development.

There was evidence that the complaints were fully investigated and that responses made were appropriate. We saw that the provider had a good process for dealing with complaints and there was evidence that complaints were taken seriously. One person had their concern addressed promptly and to their satisfaction.

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

Before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. We spoke to three staff responsible for delivering treatment to people in regard to informed consent. They told us that at the initial consultation, the person's wishes and consent were recorded. We were told that before people received any treatment, they were given a patient information guide describing the treatment and risks. Staff told us that there had been occasions when people were found, during the initial consultation, to be unsuitable for treatment either because of their age or medical reasons or the suitability of the treatment. Staff told us that discussions with the people would be recorded in people's medical records.

We asked to see the records of three people and we saw the assessments forms were detailed and completed during the initial consultation. We saw, for example, that there were discussions about alternative treatment and risks. We saw people had signed to confirm they received the patient information guide. We saw that the consent forms were detailed and signed. The consent form was divided into different parts, for example there was a section to consent to treatment, another section for pain management, a section to consent to write to the person's General Practitioner (GP) and a section for taking and using photos for teaching and marketing reasons. We saw that people were required to sign the different sections.

We asked about what the provider would do, for example, if the person refused to have his or her GP informed about the treatment. We were told by staff that a letter to their GP would be written and given to the person, advising them to take it to their doctor, if they wished. We saw in one of the records we examined that the patient had refused for her GP to be informed of her treatment.

We saw a consent audit was carried out early in 2013 and the results showed that out of the ten consent forms examined in the audit, all ten patients understood the information given and agreed that they had the treatment 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.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff told us that people were given information and time during the initial consultation to discuss their treatment and the risks associated with the treatment. We asked to see the records of three people and found that the initial consultation was detailed. We saw the initial consultation took into account the person's medical history, previous treatment, allergies and mode of transport home. We saw in one person's records that the risks were identified, discussed with the person and recorded.

One person we spoke with said that the staff discussed his needs with him, understood his wishes and were courteous with him. He commented: "The doctors and nurses are great here."

Staff explained how they made sure people's needs were identified, met and reviewed. For example, they told us they always discussed the treatment and asked for permission before administering it. One person told us staff discussed the treatment, explained the procedure and what to expect afterwards. He told us he had been given information about his treatment.

We asked the provider about patient feedback and were given the patient survey file to check. We saw there was general satisfaction in the responses provided by the six people who were surveyed. The survey was in three parts; general survey regarding the way people were dealt with and involved in decisions, a post-consultation survey and a post-procedure survey. People said: "Very reassuring" and "The follow-up call the day after was appreciated." The provider told us that the results of the survey were discussed at their medical advisory committee and improvement to practices were discussed and agreed, for example the improvement in the way the medical notes were written.

We asked staff to explain how they would deal with an emergency situation, for example a patient requiring urgent medical attention. Staff told us that they would call for help from the clinical staff in the clinic, used the emergency kit on site and if needed, call an ambulance. Staff also told us that they had access to a doctor at all times, whether he is on site or not. They told us that they felt comfortable to contact the doctor and were always

able to reach him.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We spoke with four staff who said they enjoyed working for the provider as they were supported in their work. We asked the staff about their experience and were told that they had experience of working in similar services before. One person who used the service said to us that the staff were skilled in carrying his treatment.

We asked about how the staffing level was calculated and we were told there were two staff on duty (one nurse and one therapist) for the cosmetic section and two nurses would be on duty when patients had surgical procedures. We were also told there were two surgeons available at the clinic. Staff told us there were sufficient staff on duty for the number of people who attended the clinic as the work was always planned in advance. We asked both the manager and the staff about what they would do if a member of staff was unavailable due to sickness. We were told another staff member would help and if that was not possible, the treatment for the person would be postponed.

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.

Staff received appropriate professional development. Staff were able, from time to time, to obtain further training.

Reasons for our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We spoke to four staff who told us the provider was committed to their training and development, for example one staff member told us that in addition to her mandatory training, she received specific training in laser treatment. Another staff member told us the provider ensured all staff received awareness training on new product, for example one administrative staff said that she attended a session about a new products to enable her to communicate with the people who attended the clinic. Staff told us the provider required staff who were delivering a new treatment to be supervised on three occasions, assessed and, if competent, be authorised to carry out the treatment.

We asked to see three staff files and we saw evidence of staff training recorded, for example there were completed training records on health and safety. Staff told us their training needs were discussed during the regular meetings with their manager or at their appraisal. Staff told us the provider supported the training identified, for example attendance at safeguarding training.

Staff told us the manager was very approachable and cared for the staff. They felt able to raise any concerns with her. One staff member told us that she had recently been appointed and that her induction programme and early training were very good. She said: "The provider looked after me."

Complaints

✓ Met this standard

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw that the complaints procedure was displayed in the waiting area and explained how people could register complaints. We asked to see the complaints file and saw the provider received and dealt with four complaints so far this year compared to eight complaints received last year.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People were invited by the provider to discuss their concerns and solutions were found.

We asked staff about their understanding of the complaints procedure. They told us they would attempt to resolve the matter themselves and they knew they could refer the complainant to the manager, if needed. For example, one staff member told us that a person raised concerns about the length of time she had been waiting to see the doctor. The staff alerted the doctor and informed the person. The matter was resolved and we were told by staff that the person was satisfied with the outcome.

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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