

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

Transform Medical Group (CS) Limited (Southampton)

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Date of Inspection: 06 December 2013

Date of Publication: January
2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Transform Medical Group (CS) Limited
Registered Manager	Ms. Anne Winterbottom
Overview of the service	Transform Medical Group (CS) Limited (Southampton) Clinic is part of Transform Medical Group (CS) Limited based in Manchester. The clinic provides surgical consultations and post-surgical aftercare with regard to cosmetic procedures. The clinic is situated in Southampton and close to the city centre.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 6 December 2013, checked how people were cared for at each stage of their treatment and care and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

At the time of our inspection there was no one receiving care or treatment and we were not able to speak to any patient. We spoke with the manager and another staff member who were responsible for care and treatment. The clinic had a robust assessment system and there was a variety of information available in the waiting room. The feedback forms showed the patients were positive about their care and treatment. Comments included the care was "excellent" and they received adequate information about the treatment.

Patients attended the clinic were assessed and detailed information was provided which was tailored to their care and treatment. Patients using the service were given information to help them understand the care and treatment choices available to them. The choices included surgical and non- surgical treatment according to their needs.

Care records were detailed and included medical history and all pre- operative assessments were maintained. The procedures were undertaken in their hospitals and we saw post -operative care was carried out at the clinic. These included follow up appointments at set and regular intervals.

We found patients received care and treatment in a clean environment with infection control measures in place to minimise the risk of infection. There was an internal audit system that the staff followed. These included different aspects of the service, health and safety and as part of their clinical governance plan. The provider took account of complaints and comments to improve the service.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patients were treated with respect; they were offered choices and were involved in their care. They were provided with appropriate information about their care and treatment to make an informed choice.

Reasons for our judgement

Patients who use the service were given appropriate information and support regarding their care or treatment. The records showed patients attended the clinic and a thorough assessment was carried out prior to any care or treatment was agreed. An initial assessment followed consultation with the nurse and the surgeon. We saw there were comprehensive information booklets which contained detailed information about the service provision. Other information related to the procedure such as pre-operative tests and screening. This was carried out by a registered nurse and ensured a thorough assessment was completed. The information booklets were specific to each treatment or procedure. This meant patients were provided with adequate information in order to enable them to make an informed choice about their treatment.

Patients were required to sign to confirm they had read and understood the information and a record was maintained in their file notes. We saw secure arrangements were in place for storing records so that confidentiality was maintained at all times. Computerised records were password protected. All consultation was carried out in private. The manager showed us a small sitting room separate from the main reception area which was available to patients for added privacy if needed. This meant that staff were aware of and maintained the patients' confidentiality and their privacy were respected.

The clinic was situated on the first floor; a passenger lift was available for access. There was an appropriate disabled facility which was free from obstacle and appropriate for patients' needs. There were disabled parking facilities with level access to the main part of the building. The patients' diversity was considered when providing care. The staff told us patients had access to an interpreter if needed and they used text messaging. Therefore patients with diverse needs received support as required.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights. Care and treatment were planned and delivered in a way that ensured the patients' safety and welfare.

Reasons for our judgement

Patients were assessed and treatment was planned and delivered in line with these assessments. All the patients had a family medical history taken as part of their assessment which included allergies and previous infections. This information was recorded and considered as part of the patients' treatment to ensure all risks were fully considered. The registered nurse carried out a pre-operative screening such as blood tests and swabs were taken. Feedback forms seen showed the patients were positive about the care they received. Comments included "excellent care".

This was then followed by a consultation with the surgeon, the tests results were taken into account to ensure the patients were fit for surgery. The patients were advised of the designated hospitals they would attend for treatment as the surgical procedures were not done locally. Following their surgery, the patients returned to the clinic for after care. They were closely monitored and wound dressing changed as needed. As part of their follow up care, the nurse telephoned the patients 24 hours after they were discharged to check they had no problems and offered advice as needed. The manager told us patients attended the clinic for follow ups at eight, fifteen days and a month after their operation. They saw their surgeon at three months and a year. This ensured patients continued to receive care and support that met their needs.

There was a process in place to ensure the patients' GPs were updated following their surgery. This ensured any concerns post procedure could be addressed effectively.

There were adequate arrangements in place to deal with medical emergencies. Emergency equipment was available in the treatment rooms and was checked monthly to ensure they remained in date and included first aid kit and oxygen. We saw drugs were available such as for the treatment of severe allergic reaction. The staff had completed training in basic life support and information was displayed in the clinical treatment rooms.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place for the prevention and control of the spread of infection. We looked at the treatment rooms and noted the cleanliness at the clinic was maintained at a high standard. Staff were provided with personal protective equipment (PPE) and these were available in all the treatment rooms as required. Hand washing guidance was displayed at each sink area to inform staff's practices.

Patients were protected from the risks associated with cross infection. The provider had a cross infection control policy statement, and policies for spillages, cleaning, sharps injuries, blood borne viruses and PPE. Staff had completed training in infection control and received regular updates. There was a protocol for specimen handling and storage to minimise the risk of cross contamination. There was a dedicated fridge and all specimens were dispatched at the end of the day. The manager told us instrument were single use and were disposed of according to their procedure. We saw colour coded bags were available for the disposal of clinical waste.

Appropriate systems were in place and staff followed their processes to control the risk of infection. The treatment rooms were deep cleaned at regular intervals and there was an air filtration system in place. There was an infection control and decontamination audits which were completed six monthly. Records showed these were last done in September and December 2013. An action plan was developed to address any shortfall. There was a daily cleaning record maintained and a contract was in place for the collection and disposal of clinical waste. This ensured infection control risks were adequately managed.

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 patients received. There was a system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

Reasons for our judgement

Patients who use the service and staff were asked for their views about their care and treatment and they were acted on. There was an on-going survey which looked at outcomes such as quality of care, treatment and the information they received in order to make an informed choice. The manager told us this was carried out at six weeks following their treatment and after care. The manager told us any issues identified were discussed at their monthly governance meetings and followed up with an action plan. The feedback forms showed the patients expressed a high degree of satisfaction with their care and treatment. This included after care and follow up care they had received.

There was an internal health and safety auditing system that the staff followed. These included different aspects of the service and health and safety. Adverse incidents and accidents were logged and investigated. A sample of these seen included incidents after surgery such as wound infections and delayed healing. The manager said these were discussed at their scrutiny panel and an independent panel. Any actions or suggestions were incorporated into practices.

The provider had an effective system in place to identify, assess and manage risks to the health and safety. We observed access to clinical areas were restricted. There were risk assessments in place for substances that may be dangerous to health and these were stored securely.

The provider took account of complaints and comments to improve the service. The clinic had a complaints procedure and detailed information on how to raise a concern was available in the booklet issued to patients. The manager told us any complaints were followed up and patients were provided with feedback including how to escalate their concerns, should this not be resolved to their satisfaction.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Patients attended the clinic as self-referrals. Assessments, advice and treatment were provided by appropriately qualified staff including a surgeon and a clinical nurse. This

ensured the patients were well informed and any risks were considered as part of care provision.

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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