

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

AMS St. Annes

11a Alexandria Drive, St. Annes, FY8 1JF

Tel: 01253724331

Date of Inspection: 28 February 2013

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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 |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Advanced Medical Screening Limited |
| Registered Manager | Mrs. Santosh Mohindra |
| Overview of the service | AMS St Annes provides an ultrasound screening and scanning service located in the community. There are scanning rooms on the ground and first floors and an entrance ramp for wheelchair users. There is a mobile scanning machine available if required. They provide a pre-fertility monitoring service, Nuchal Down's syndrome screening and ultrasound scans. They also provide general body diagnostic ultrasound scans, including abdominal, aortic, pelvic, testicular and musculoskeletal scans. |
| Type of service | Diagnostic and/or screening service |
| Regulated activity | Diagnostic and screening procedures |

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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 28 February 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

AMS St Annes opened on the days and times people using the service needed. AMS St Annes was not open to clients on the day we inspected. Therefore we were unable to speak to people using the service. However we looked at the feedback forms and comments book completed by people who had recently used the service. These were positive about the care and support they received.

Appointment times and days were arranged around the person so they could access the service at their convenience. People said they had been given clear explanations and written information about the process. Through the feedback forms one person commented, "I was delighted with the full explanation, information and diagnosis."

Care records showed that people had been involved in decisions about their ultrasound screen and scan. All the necessary information about the person was in place. The person's medical history had been discussed and recorded and their consent to the procedure confirmed.

People were able to self refer to AMS St Annes, although there were also referrals from GP's and other professionals. The results of procedures were given directly to the person

Appropriate staff cover was available to ensure people receive a consistent and well managed service. The manager listened to comments and suggestions about the service and had an effective complaints procedure.

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We were unable to speak directly to people using the service. However we saw evidence of written feedback given to AMS St Annes from people using the service. On the feedback forms people said that they had been given enough information about the procedures. One person said, "The staff explained everything very clearly."

People said they had been given clear explanations about the process as well as written information. We saw information booklets that were given to people when they contacted the service. Through the feedback forms one person said, "I was delighted with the full explanation, information and diagnosis." Another person commented, "A Comprehensive and professional scan."

We looked at care records. These showed that people had been involved in decisions about their ultrasound screen and scan. People were able to self refer to AMS St Annes, although there were also referrals from GP's and other professionals. The results of procedures were given to the person verbally, during and immediately after the procedure. This was followed by a written report and associated images which were given directly to the person. If the person agreed these were also shared with the appropriate professional.

Appointment times and days were arranged around the person so they could access the service at their convenience. There was an option of a male or female Sonographer if requested. The person was able to take along family or friends to appointments if they wished. One person said on the feedback forms, "There was no waiting about and the appointment was at a time to suit us."

People for whom English was not their first language were able to take an interpreter to appointments to assist in communication. This option was emphasised in the organisation's appointment letters.

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

We looked the care records for five people who had recently used the service. We looked at a variety of scans and screening services, including musculoskeletal, abdominal, Nuchal Down's syndrome screening and pregnancy scans. The care records we looked at had all the necessary information about the person in place. The person's medical history had been discussed and recorded and their consent to the procedure confirmed.

People received screening and consultation in private. Screening tests varied but could include blood tests as well as an ultrasound scan. The results of the procedures were discussed with the person during and after the procedure. People were encouraged to share the results of the procedures with the appropriate professionals.

The manager made sure that time to discuss the results with people was included in the appointment. The manager felt that this was particularly important where there were issues of concern. One person wrote in their feedback, "Wonderful friendly people who really showed compassion."

People were very positive about the service they received. One person wrote in the feedback forms, "A fantastic experience, very personal and gave amazing information. I would definitely recommend to family and friends."

Another person commented, "The service provided by AMS gave me peace of mind throughout my pregnancy."

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw policies and procedures in place for staff to refer to should they have any safeguarding concerns. These showed staff the steps they would need to take in the event that they had any concerns around the safety of an individual. We spoke to the manager and one member of staff. They were clear about the actions they would need to take if they had safeguarding concerns.

We saw evidence that staff had received training in safeguarding adults from abuse. They had also received training on the Mental Capacity Act 2005 (MCA).

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

We spoke with the manager and one member of staff about arrangements the service had in place for supporting people throughout the procedures. They said appointments were well planned allowing them sufficient time to attend to the needs of the people they were supporting. They told us appropriate staff cover was available to ensure people receive a consistent and well managed service. The member of staff we spoke with told us she was well supported and was happy with staffing levels.

There were plans to increase staffing as the service developed. The manager said she wanted to do this gradually to ensure the quality of the service they provided remained high.

Feedback from people using the service told us that AMS ST Annes provided a reliable, flexible service which was meeting their needs. Through the feedback forms one person said, "A very impressive, highly professional service." Another person had written, "AMS are professional and exceptionally efficient."

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

AMS St Annes had a complaints policy and procedure. People were made aware of the complaints system. Information on making a complaint was freely available throughout the service. People were offered feedback forms and encouraged to complete these by the staff.

There had been no complaints in the last twelve months. We asked how the manager would deal with any complaints. The manager explained the steps she would take to investigate any complaints. She told us she would keep the person informed throughout. She said any complaints would be investigated thoroughly and feedback provided to the person.

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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