

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

The Clock House Medical Practice

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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	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Clock House Healthcare Limited
Registered Manager	Mr. William Cassidy
Overview of the service	Clock House Medical Practice is a private practice that offers a range of services to members of the community. Referrals are made from local general practitioners or consultants. The service is set at a large period building that has been converted into a modern medical establishment.
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 21 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We saw how the provider ensures that the people who use the service are treated with dignity and respect. All individuals have specific treatment pathways in place that are well documented and shared between departments and professionals. The provider has not provided the staff with training on the protection of vulnerable adults, this means that staff are not aware of the signs of abuse or how to respond to allegations of abuse.

Staff are employed through a system of interview and we saw that each member had the correct checks in place and satisfactory references. The provider has a system in place to regularly assess quality and seeks feedback from people who use the service.

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 24 May 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

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 privacy, dignity and independence were respected.

Reasons for our judgement

We saw how staff interacted with the people who used the service and people using the service were treated politely and respectfully. We looked at the clinic rooms and saw that they all had secure doors, privacy windows and privacy curtains. This ensures that people have privacy and their dignity is maintained whilst having treatment at the clinic.

The waiting room and the treatment rooms have posters advocating the choice of chaperones for all patients. This ensures that the people who use the service have the choice to be accompanied if they so wish.

The provider ensures that the people who use the service have information on the treatment they will be receiving. This is delivered through information leaflets that are sent to any patients prior to receiving treatment. This ensures that the people using the service are fully aware of the process, treatment and any other information related to their appointment.

The provider acquires consent to treatment through written consent which is obtained before treatment commences. Consent forms and information leaflets are sent out to the people who use the service prior to treatment being received.

The provider has confidentiality agreements in place that are signed by the staff at the service to ensure that all the people who use the service have their rights respected. We also saw the provider's confidentiality policy and the dignity policy that was available at the service.

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 at two sets of patients notes which are kept manually. All patient notes are kept in secure filing systems that only staff have access. These two people had both been referred by their general practitioners and we saw that the referral letters were stored on the files for these patients. We also saw all correspondence to patients, results from procedures and correspondence to general practitioners or the NHS trust. Patient's notes were appropriate, detailed and legible. This demonstrated that patients needs were being met.

An initial assessment is carried out with each patient. This provides a diagnosis from the very beginning and establishes a treatment pathway. We also saw that full examinations are all well documented and shared with any relevant members of the team. All past medical history is recorded and was available for the two patient's notes that we saw.

We looked more in depth at the notes that were taken during patients appointments. The notes from the staff at the service were legible and any further treatment that was needed was documented. All treatment delivered, further appointments and prescribed medication were also full documented within the notes.

We saw that some people who used the service had received both tests and/or treatments at the clinic. The results of these tests were in place within the files for clinicians to have easy access too. We also saw that professionals within the clinic had referred people who use the service for further testing or treatments. We saw the letters for referrals for this process and saw results for any further investigations 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 has not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

We asked to provider to show us evidence of the practice that is in place for the safeguarding of vulnerable adults. The provider has flow diagrams in place to show staff the correct reporting procedures for reporting any concerns. This showed the procedure from the time of having a concern to the conclusion of the process.

However, the provider has not delivered any safeguarding training to any of the staff working at the service. Without the underpinning knowledge of what constitutes abuse or the signs that staff should be looking for, the reporting process becomes ineffective

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 looked at the staff files for two nursing staff that worked at the service. We saw that these staff were employed through a interview process and we saw the questioning for these candidates. We saw how these are scored and the detailed responses that were given.

Both of the staff had in date criminal bureau checks in place and these were kept securely and in the correct manner. Each member of staff had two references in place that the provider felt were satisfactory for employment. We also saw the copies of each individual professional registration.

Staff support is delivered through a yearly appraisal that is delivered by the manager of the service. The appraisal sets out to support staff and help them to develop both personally and professionally. The provider does not provide clinical supervision or developmental supervision to the nursing staff. The provider may like to note that it would be good practise for staff to have the opportunity to have a one to one supervision with their line manager every six to eight weeks.

We looked at the training records for the staff and we saw the training that had been delivered. The training covers mandatory training such as confidentiality, health and safety, infection control, moving and handling and life support. There are other training programmes delivered through the programme. Clinical training is also available for clinicians that are employed within the service.

There was no evidence of staff meetings specifically for each department. The provider may like to note that meetings enable staff to discuss topics that are directly linked to the provision of the clinic. There is however a six monthly meeting that takes place. The management sets the agenda for the meetings but staff are encouraged to discuss any topics if they so wish.

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

The provider has developed systems for assessing the quality of service provision. There is an annual infection control audit that takes place. The audit takes place over a full day and is completed by a consultant microbiologist and a lead infection control nurse. We saw the completed audit for 2012. The audit was thorough and set out a detailed action plan of improvements that the provider should implement. We saw that the provider had responded to these and that all recommendations had been completed.

The provider told us that a health and safety audit is being carried out on April 8th 2013. There was no evidence to show us that another audit had taken place the previous year.

The provider issues patient survey questionnaires to a randomised selection of people who used the service. We saw the results that had been compiled for 2012 and looked at the areas that the provider had sought feedback from. These ranged from the greeting at the service, waiting times, information provided and staff professionalism. The results from the service were calculated and we saw a positive result. We also saw how areas where patients had signified room for improvement were fed into team meetings and addressed with the staff by the registered manager. This ensures that service provision is improved for the areas that the people who use the service have identified.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse How the regulation was not being met: The provider has not taken reasonable steps to identify the possibility of abuse by not providing staff training. Regulation 11(1)(a)
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 24 May 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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