

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

4 Dorking Road, Epsom, KT18 7LX

Tel: 01372840830

Date of Inspection: 01 October 2013

Date of Publication:
November 2013

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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Clock House Healthcare Limited
Registered Manager	Mr. William Cassidy
Overview of the service	Clockhouse Medical Practice offers private surgical and non-surgical outpatient services across several specialities. Non-surgical services include physiotherapy, X-ray, ultrasound and audiology testing. Surgical services include cataract surgery, orthopaedic surgery, colonoscopy and cosmetic surgery.
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

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:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Requirements relating to workers	12
Complaints	13
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	14
<hr/>	
About CQC Inspections	15
<hr/>	
How we define our judgements	16
<hr/>	
Glossary of terms we use in this report	18
<hr/>	
Contact us	20

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 1 October 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

We carried out an inspection at the Clockhouse Medical Practice to look at the care and welfare of the patients who used the service.

During our inspection we spoke to three patients, six members of staff, one consultant and the infection control lead. In addition four patients who were attending the service completed our patient questionnaire.

All four questionnaires showed us that people rated the service 'excellent'. We were told by one patient we spoke with "Very happy, no complaints."

The staff that we interviewed told us the ways in which they ensured that patients understood their treatment which meant they could make an informed decision.

We found that although the practice had a good recruitment policy, there were some gaps in the information required to be kept on staff files.

Each person that we spoke with on the day told us they could approach the staff if they were unhappy about anything.

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 28 November 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

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 patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We were told that consent was obtained in different ways dependent on the procedure being carried out. For example, written consent would be obtained if a patient had sedation, a local anaesthetic or had an eye injection. Verbal consent was obtained if, for example, a patient had a dressing changed. We looked at 10 patient files and saw that where patients had undergone surgical procedures, written consent had been obtained. We looked at the results of a recent consent audit which showed us that consent had been obtained from all but one patient during a 3-month period. We were told by the provider that this audit was discussed at their Medical Advisory Committee meeting and staff reminded of the importance of obtaining consent. This told us that staff obtained consent from patients before they carried out any treatment.

The staff that we spoke with told us that they would use pictures, drawings or written information to aid a patients understanding of treatment. The four patient questionnaires we collected showed us that all four people felt they were given sufficient information in order to make a decision. When we asked patients the same question, we were told "He wouldn't do anything without my consent" and "Everything was explained and I was given further information." This showed us that staff ensured that a patient fully understood what treatment they were to receive before they gave their consent.

We were shown the practice's consent policy and noted that it included information on the Mental Capacity Act in the event that a patient was unable to consent. This told us that the provider took into account the best interest of the patient.

Staff told us they had access to interpreters and encouraged carers or family members to accompany a patient when appropriate. One member of staff said that they would go through the consent form with the patient and encourage them to take time to think about

what they were consenting to. This meant that staff ensured that patients fully understood and consented to the treatment that was being given 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

People's needs were assessed and treatment planned in line with their individual needs.

All patients had a pre-assessment appointment where diagnosis and treatment options were discussed. During this appointment patients were given the opportunity to ask questions. This was confirmed by the patient's that we spoke with. One person told us "He explained everything fully and I could ask questions." All four patient questionnaires showed us that people felt they were given sufficient time to ask questions.

Staff used 'check' lists for patients prior to, and immediately before a surgical procedure. The detailed forms included prompts for patients to comment on all aspects of their health. This was confirmed in the sample of 10 patient records that we looked at. This meant that treatment was delivered in a way that was intended to ensure people's safety and welfare. It also showed us that staff took into account patients past medical history.

During our inspection we observed that people were treated with respect by staff. Staff spoke to patients in a kind and caring manner and addressed them by their full name. We asked people if they were satisfied with the care and treatment they received and felt involved in decisions about their care. They all said they were. Comments included: "Very happy" and "Very caring." This told us patients were satisfied with the care they had received at the service.

We were told that consultants would refer and treat patients at another location if the facilities were more appropriate for their care and treatment. For example, in the case of patients who required a general anaesthetic. In addition, staff told us that they would assist someone into the building if they were in a wheelchair, or make them comfortable if they were in pain. This showed us that staff took into account the individual needs of a patient and patients could access services at a location that met their care needs more appropriately.

We asked staff what arrangements they had in place in the event that the service had to close (for example in the case of a fire). The provider may wish to note that there was no formal contingency plan; however as their consultants operated in alternative locations we

were assured by the provider that patients would be redirected. We saw that the service had oxygen cylinders available in the recovery room and theatres and three defibrillators were available to staff. We also saw evidence that staff had either undergone recent resuscitation training or had training booked. This told us that staff would know what to do in the event of a patient collapsing, for example. It also told us that the provider had arrangements in place to deal with any emergencies at the service.

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.

Reasons for our judgement

People were cared for in a clean, hygienic environment.

We asked patients about the cleanliness of the premises and whether they were aware that staff carried out procedures in a way that would minimise the spread of infection, for example, washing their hands. Both the patient questionnaire results and the patients that we spoke with told us that no one had any concerns about the cleanliness of the service. This told us patients were satisfied with the arrangements for hygiene and infection control.

We saw that the waiting areas, theatres, consulting rooms and recovery room were clean and hygienic. The clinical areas had hand washing procedures, liquid soap, hand towels, gloves, sharps bins and clinical and domestic waste bins. We also observed that the patient toilets had suitable hygiene facilities.

We noted that the clinical areas had surfaces which had been designed to be easily disinfected. For example, the floors had molded edges and corners to minimise the risk of bacteria building up in crevices. Staff were knowledgeable on the decontamination arrangements. They showed us how they would prepare a room for a patient and explained their procedures in between patients. The service used mostly disposable equipment, for example disposable drapes. The sterilisation of instruments was carried out in the central sterile service department (CSSD) at Epsom & St Helier hospital. Patient gowns were laundered by an external contractor.

The service had a decontamination room for the sterilisation of endoscopes. We saw that this room had appropriate 'clean' and 'dirty' areas. Suitable protective clothing, such as masks, aprons and gloves were available for staff. We were shown the arrangements for testing the decontamination equipment which ensured it worked correctly. We were shown the log books where these tests were recorded. In addition, staff showed us how they recorded which endoscope was used on which patient. This meant there were satisfactory arrangements in place for managing the decontamination processes and staff were aware of their responsibilities related to minimising the risk of cross infection between patients.

We were told that the infection control (IC) lead for the service was a microbiologist and the IC team from Epsom & St Helier hospital carried out annual audits. We spoke to the hospital IC lead and were shown the results of the last audit. We saw that the service had made some changes following this audit. For example they replaced their fabric tourniquets (a bandage that controls bleeding) for disposable ones and displayed information in the theatres which ensured staff knew which cleaning products to use in which areas. The IC lead added that training was well attended by the practice staff and that staff were responsive when improvements were required.. This told us that the provider had arrangements in place to manage and monitor hygiene and infection control within the service.

The service used internal and external cleaners for both the clinical and non-clinical areas. We saw that there were weekly cleaning schedules which ensured appropriate cleaning had been carried out throughout the premises. We noted the service used disposable cleaning equipment, such as colour coded mop heads and staff had information on which cleaning products to use for each area.

The service had an annual deep clean, a clinical waste collection and we saw that policies were available to staff on hand hygiene, infection control and decontamination of endoscopes. Staff followed the Epsom & St Helier infection control guidelines. We saw evidence that staff would have all completed infection control training by the end of this month. This showed us that staff were appropriately trained and had access to the most up to date information on infection control.

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.

The provider could not guarantee that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

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 started work.

We looked at the service's recruitment policy. This stated that staff should complete an application form, provide proof of identity, references and give relevant information about physical or mental conditions that related to their ability to work.

We looked at a sample of eight staff files and found that the service's recruitment policy had not always been followed. The files did not all include the necessary information required to comply with Schedule 3 of the Health & Social Care Act 2008. For example, we noted that one staff file held no proof of identity and two did not have medical information. None of the files held information on reasons staff had left previous employment.

In addition, the criminal records policy said that all clinical staff would undergo a Disclosure and Barring check (DBS) which was previously known as a CRB. We looked at the information provided to us and found that one clinical member of staff did not hold a certificate for this location and the provider was unable to provide us with evidence that all staff had undergone this check. Following our inspection the provider informed us that they would carry out a complete audit of their personnel files to ensure they complied with Schedule 3.

We saw from the staff files however that all clinicians were registered with their professional bodies, which meant they were able to carry out their duties as qualified clinicians.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints and comments were listened to.

We asked for a record of any complaints received over the last 12 months and saw that the provider had dealt with each complaint appropriately and in a timely manner. We saw that complaints had been resolved to a patient's satisfaction. This told us the provider had an in-house complaints procedure in place which staff followed.

We asked patients if they would know how to make a complaint. One patient told us that they would not know. Another patient said they had not noticed a complaints procedure. However none of the patients that we spoke with (or who completed a questionnaire) told us they had needed to complain. Staff told us that patients could approach them if they needed to make a complaint or complete a patient satisfaction questionnaire which allowed them to leave comments or suggestions.

We were told that information on how to make a complaint was on the service's website; however the provider may wish to note that when we looked we found this difficult to locate. The provider may also wish to note that patients who did not have access to the internet may not be aware of how to make a complaint. This meant that, although the service received very few complaints, the provider did not provide a complaints procedure in an easily accessible format.

All of the staff that we spoke with were able to tell us how they would deal with a complaint. They said they would try to resolve any complaint in the first instance and refer it to their line manager if they couldn't. Staff told us how much they liked working at the service. Their comments included "The staff are nice and courteous", "Love working here" and "Patients are treated well." This told us that the provider had ensured staff were aware of how to deal with a complaint.

We saw from the results of the 2012 patient survey the service carried out that 86% of the people who responded rated the service 'excellent' overall. We also noted some compliments which included "Thank you for your kindness – you have been so professional and friendly" and "The whole experience was very good."

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The provider did not meet Schedule 3 of the Health & Social Care Act (HSCA) 2008 which were the minimum requirements that related to the employment of staff.
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 28 November 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 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
