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

### Healthspace

<table>
<thead>
<tr>
<th>Address</th>
<th>Tel: 02392267000</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-30 London Road, Cowplain, Waterlooville, PO8 8DL</td>
<td></td>
</tr>
<tr>
<td>Date of Inspection: 31 January 2014</td>
<td>Date of Publication: February 2014</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Best Practice (South of England) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Julieanne Page</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Health space is an independent health care provider that provides outpatient care and treatments. Administrative and nursing staff are employed by Healthspace to support the health care professionals who treat people who use the service.</td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Acute services without overnight beds / listed acute services with or without overnight beds</td>
</tr>
<tr>
<td><strong>Regulated activities</strong></td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Surgical procedures</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
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'.

Summary of this inspection:

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What people told us and what we found 4
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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 carried out a visit on 31 January 2014, observed how people were being cared for, talked with people who use the service and talked with carers and/or family members. We talked with staff.

### What people told us and what we found

We found there were care pathways in place that detailed the care and support people needed for specific treatment. These care pathways ensured people received care and treatment in line with current best practice guidance.

Staff received appropriate professional development. There was evidence that staff had attended mandatory training courses including basic life support, child protection and infection control.

There were systems in place to ensure appropriate checks were completed for all staff before they started work at Healthspace.

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw health records and guidance about people’s health and support needs were up to date, reviewed regularly and when people’s needs changed.

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

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>✓ Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

People experienced care and treatment that met their needs.

Reasons for our judgement

Peoples’ needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. The registered manager and the senior nurse explained the treatment process to us. This included taking a medical history, assessments (including physical examinations measuring the person's height and weight and testing their urine and blood) and diagnoses.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Treatment was discussed with people using the service and treatment plans were arranged as necessary. For instance, we saw an example of a pain management plan after a minor operation.

There were arrangements in place to deal with foreseeable emergencies. For example, there was a resuscitation policy, which staff had signed to state that they had read and understood it. Emergency equipment was available and checked regularly and included a first aid kit, oxygen and a defibrillator. Emergency medicines were also available and these were checked weekly by the senior nurse. We were shown evidence of these checks.
Requirements relating to workers

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At the last inspection February 2013, the registered manager could not be assured that appropriate checks were completed for all staff before they started work at Healthspace.

At this inspection, we found that systems had been introduced to ensure appropriate checks were completed for all staff before they started work at Healthspace. We found that the registered manager had a good understanding of the recruitment process and had ensured that all records of members of staff were kept safely on the site. We checked the records of three members of staff and found that the recruitment process had been followed appropriately.

We found that the majority of the services provided at Healthspace were provided by health practitioners who rented clinical and treatment rooms at the premises. We found that these professionals were not employed by Healthspace, but had 'practicing privileges contracts' with the organisation. This meant that the registered manager received documentary assurance that each professional had the relevant qualifications and experience. They also had relevant insurance policies in place and were registered with the relevant governing bodies for their profession. We looked at the records for two practicing professionals which identified that the relevant information was obtained to ensure they had the relevant skills and experience to provide treatment.

We spoke to a new member of staff who confirmed to us that the recruitment process included the necessary checks. The registered manager confirmed that the service's recruitment process which included checks against the Criminal Records Bureau and references being obtained were completed prior to the new member of staff startin work at Healthspace.

We looked at the policy for the induction of new staff members. When we spoke with a new member of staff, who started in January 2014, they confirmed that they had completed an induction period which included reviewing all policies and procedures.
Supporting workers

Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development. There was evidence that staff had attended mandatory training courses including basic life support, child protection and infection control.

Members of staff told us they had access to training at the local GP practice and used these opportunities to update their skills and knowledge. Members of staff also received annual appraisal and three monthly supervision meetings. We were presented with the evidence for the dates for appraisals for 2013-2014.

We found staff team meetings took place regularly where issues relating to the clinical quality of the service were discussed. These meetings were held monthly and we reviewed the minutes for a random selection of months (September 2013, November 2013 and January 2014).
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We were shown 'patient information' leaflets which were given to each person who used the service. These leaflets provided patients with detailed information about the service, which included information on how to make a complaint. We also saw that there was information on how to make a comment or complaint available in the clinic reception area. This showed that people were aware of the complaints system.

Members of staff we spoke with were aware of the complaints process and where to refer people to if they wished to make a complaint. People we spoke with also demonstrated they were aware of 'who to go to' if they wanted to make a complaint.

The registered manager told us that the service did not have any complaints. We were shown a process on how the service recorded complaints in detail, along with details of any investigation and resolution. This indicated that people's complaints were fully investigated and resolved where possible to their satisfaction.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We saw that health records and guidance about people's health and support needs were up to date, reviewed regularly and when people's needs changed. All records we looked at were accurate which meant people were protected against the risks of unsafe or inappropriate care and treatment.

Records were kept securely and could be located promptly when needed. Staff had a good understanding of the importance of keeping records safe and secure and knew that the identity of people must not be disclosed to people who were not staff. This meant that the service was protecting people's confidentiality.
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing</td>
<td>Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff</td>
<td>Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints</td>
<td>Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records</td>
<td>Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

**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.