

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

Bristol Urology Associates

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Date of Inspection: 04 February 2014

Date of Publication: February 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Bristol Urology Associates Ltd
Registered Managers	Mrs. Anna Katharine Persad Mrs. Phedra Kibi Louise Wright
Overview of the service	<p>Bristol Urology Associates Ltd is a healthcare service specialising in urological conditions for people of all ages including children. The service is available to private and NHS patients.</p> <p>The clinic provides an outpatient consultation and treatment service only. There are arrangements with local hospitals for people requiring inpatient treatment and care.</p>
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Why we carried out this inspection

We carried out this inspection to check whether Bristol Urology Associates had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers

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 4 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Our inspection of 29 September 2013 found that people were not adequately protected from the risk of unsafe or unsuitable equipment. This was because the provider did not always ensure resuscitation equipment was adequate, available and maintained. Specifically resuscitation equipment was available but the service did not have a defibrillator to help someone who had collapsed. This meant that people may not receive prompt emergency care and treatment to meet their needs.

We had found that there was no evidence of the local multi-agency safeguarding policies and procedures for either vulnerable adults or children. This meant that people were not protected from abuse because guidance about safeguarding people from abuse was not accessible to all staff.

We had also found that there were ineffective arrangements in place to demonstrate that staff were trained, competent and supported to provide safe and appropriate care to people. The provider wrote to us and informed us they would be compliant with the standards by 27 November 2013.

At this inspection we found the provider had ensured there was a defibrillator at the clinic so that people would receive prompt emergency treatment.

There was evidence multi-agency safeguarding procedures for vulnerable adults and children were available. This meant people were protected from abuse.

There were arrangements in place to demonstrate staff were competent and supported to provide suitable care to people.

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

Care and welfare of people who use services

✓ Met this standard

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

At the last inspection on 29 September 2013 we had found that the clinic did not have a defibrillator. There had been no list of equipment to check that all equipment was available and had not expired. This meant that people who attended the clinic may not receive the prompt emergency care and treatment to meet their needs.

At this inspection we found that the provider had ensured there were arrangements in place to deal with foreseeable emergencies.

The managers told us they had purchased a defibrillator machine. We saw that the defibrillator was readily available in the event of acute medical emergency.

We saw that there was now a list of the emergency equipment that would be used in the event of an acute medical emergency. The managers told us that they carried out regular checks. These were to ensure that the equipment needed to perform emergency life support was available and in working order. We saw the records of these checks. The managers signed and dated the records to confirm they had been carried out.

The managers told us that the staff team had done training so that they would be able to assist with emergency life support at the clinic. We saw records that confirmed staff had received this training. This meant that staff were competent to respond in the event of a medical emergency.

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

At our last inspection on 29 September 2013 we had found that there was no evidence of local multi-agency safeguarding policies and procedures for either vulnerable adults or children. This meant that people were not protected from abuse because accurate and appropriate guidance about safeguarding people from abuse was not accessible to all staff.

At this inspection we found that the provider had systems in place so that they were able to respond appropriately to any allegation of abuse. The provider's safeguarding policy and procedure had been updated. We saw that there was separate guidance for vulnerable adults and children. The safeguarding procedures now clearly set out what actions were needed for any allegations of abuse of vulnerable adults or children. The guidance also now referred to the role of the relevant local authority safeguarding team. Specifically that they were to be contacted and their advice was to be sought before an internal investigation would be carried out at the clinic.

We viewed records that confirmed there was documented evidence that the staff team had been on training related to safeguarding of adults. Staff we spoke with also told us that they had found the training useful for their role.

The managers showed us confirmation that they were booked on a course in the near future about safeguarding children. They also told us they sought the advice of a doctor who was a specialist in the health of children. This was to ensure that they had a suitable system in place to respond to an allegation of abuse of a child at the clinic.

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

Our inspection of 29 September 2013 had found that there were ineffective arrangements in place to demonstrate that staff were trained, competent and supported to provide safe and appropriate care. The provider had been unable to provide details of up to date staff training, development and support that reflected staff needs to provide a safe quality service.

At this inspection we found that the provider now had details of up to date staff training, development and support that reflected staff needs to provide a safe quality service. We saw that staff received appropriate professional development. We viewed the training records of the staff and doctors who worked at the clinic. We saw that staff had attended training on a range of subjects that were relevant to their work at the clinic. Staff had attended training over the last year which included clinical subjects such as infection control, moving and handling and clinical outcomes for people after surgery was carried out.

We were told that staff meetings were held every two months. We saw that there were now minutes of these meetings. The minutes showed that staff discussed the overall quality of service people received. They also shared ways that the quality of service could be improved.

The managers told us that each doctor was supervised and appraised in their work by a senior medical practitioner. We saw evidence that confirmed that all of the doctors who worked at the clinic took part in regular supervision meetings with other medical professionals. This was to review and discuss their work and overall practise with other suitably qualified doctors.

A systematic staff induction programme was now in places for all new employees. We saw that an induction policy had been written since the last inspection. This policy set out in a structured way how staff should be inducted when they first started work at the clinic. The policy also stated that the managers reviewed the effectiveness of all staff induction programmes.

The managers showed us the newly implemented induction programme for all new staff. They had devised the programme after the last inspection visit. We saw that the inductions that people received addressed a wide range of subjects relevant to their role. For example as a part of their induction people learnt about health and safety and infection control .They also learnt about safeguarding vulnerable adults, equalities, and how to treat people who used the service. The managers also asked new staff to give them feedback at the end of the induction process.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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