

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

Bluecrest Health Screening

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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	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Buttercup Health Limited
Registered Manager	Mr. Peter James Blencowe
Overview of the service	Bluecrest Health Screening provides a range of tests for adults at a series of clinics throughout the UK. Tests can be used to assist people in establishing whether they are at risk from potential health problems so they can take steps to reduce risk and improve their health.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 March 2014 and 10 March 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

The provider carried out tests for people who were concerned they may be at risk from potential health problems.

Staff working for the company were trained to look for signs of potentially vulnerable adults. If people were identified as potentially vulnerable they were advised to contact their GP for advice.

People's records were kept securely and only those authorised had access to them.

People were provided with a comprehensive personal health report following tests with a copy of results provided for their GP.

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

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

People who used the service requested tests which related to potential health problems.

When people contacted the company they initially spoke with a member of staff at the contact centre. We saw the staff there asked people details about their personal circumstances and this information was used to check whether people were suitable candidates for the service. This initial round of questions was taken as consent for the provider to carry out tests.

Prior to people having diagnostic tests carried out they were sent an invitation to attend an appointment. This letter gives details of the time and location of the appointment and also gives people the opportunity to cancel if they have decided against having the screening tests.

We saw people who used the service were asked further questions prior to any tests being carried out. Again this meant consent was being sought prior to any tests being carried out. In addition to this we saw there was a document titled 'Informed Consent' left in a place that was visible to everyone having tests carried out.

We observed one person having diagnostic tests carried out at one of the company's screening events. We saw staff speaking with people about the service they provided and the tests they would be carrying out. We saw people were asked if tests could be carried out and blood could be taken prior to this being done.

All these measures meant consent was obtained and the provider was able to ensure ongoing consent throughout all tests.

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 who used the service were cared for in a way that suited their individual needs.

The company carried out tests on people who wanted to know if they were at risk of certain medical conditions. Using the results of tests meant some people were able to minimise the risks of becoming ill. Tests available to be carried out included kidney function, diabetes, blood pressure and also tests for coeliac disease.

Where people were interested in undergoing tests we saw they were asked questions about their health and were also asked about family medical histories. Based on the information provided a decision was made as to whether people were suitable for health screening.

We saw staff listened to people's answers and saw that if there were concerns about answers they had given or their mental health they were advised they were not suitable for screening. People who were thought to be unsuitable for testing were advised to see their GP if they were concerned about their health. This meant people were not having tests that would not be helpful to them.

We saw the provider had a policy in which meant people over the age of 80 were normally refused screening. In addition where people were already displaying signs of illness they were advised to seek medical advice from their GP. In addition people who used the service were only allowed to have tests once in a twelve month period.

Following people's tests they were provided the results in a Personal Health Report book. The personal health reports included the results of all tests carried out, a traffic light system so people were more able to understand their results and also the body age in comparison to the person's actual age.

In the back of the book there was a list of all tests carried out and the results for people's GP. This meant people were protected from the risks of having inappropriate tests because their GP was made aware of the results.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

We saw staff working at screening clinics were provided with Personal Protective Equipment. This included disposable gloves, disposable aprons and hand hygiene gel.

Prior to tests being carried out we saw staff used disposable wipes to clean equipment, including examination benches and scales. We saw equipment was cleaned in front of customers and before each new customer. This meant the risks of infection were minimised because equipment was cleaned regularly.

We saw staff working for the company took blood for testing. We saw staff used reusable tourniquets for this purpose. (Tourniquets are adjustable straps that are used to control circulation while blood is taken.) In order to reduce the risks of cross contamination staff had several straps to fit tourniquets which they were able to change throughout the day.

We saw clinics had appropriate sharps boxes which were correctly assembled and disposed of when used. We saw syringes were individually wrapped and were opened in front of people who used the service when they were ready to be used.

We spoke with two of the staff working in clinics and both told us they were given a good supply of personal protective equipment which they used daily. Staff told us they changed all the disposable equipment after every customer and equipment was taken from the clinics when they were finished.

All these measures meant the risks of infection were minimised because the provider had taken steps to ensure equipment was clean and correctly disposed of.

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

People who worked for the company were appropriately trained to carry out their roles.

Prior to starting work for the company we saw people were required to complete an application form and provide the names of people who could act as referees on their behalf.

We saw references and qualifications were checked and before starting work were subject to a police check. This Disclosure and Barring Service (DBS) check (previously Criminal Records Bureau) is used to ensure people employed by the service were of good character and had not been prevented from working with vulnerable adults.

We looked at the records of two members of staff. We saw the provider carried out risk assessments before they employed people. These risk assessments were used to ensure people who used the service were not cared for by people the employer had deemed to be unsuitable.

We saw all staff working in clinics were trained phlebotomists (trained to take blood from people). We saw the provider provided training for people who had no experience but also provided annual training updates to ensure people's skills were kept current.

All staff working for the company were provided with training appropriate to their roles but they were given safeguarding training. We saw staff were trained to identify signs that vulnerable people may display in their speech and behaviour.

All these measures meant people who used the service were protected from the risks of inappropriate care because staff were properly trained in their roles.

Records

✓ Met this standard

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 because accurate and appropriate records were maintained.

Reasons for our judgement

The provider kept records securely and protected service user's personal information.

Everyone we spoke with told us paper records were not used. We saw information was recorded directly to computer records and the company database was protected from unauthorised access with the use of passwords.

Staff working for the company were only given access to areas of the database that was vital to their roles. All users had personal identification and passwords which were required to be changed monthly.

Where people chose to go ahead with screening tests information was passed to staff at clinics electronically. Clinic staff used a laptop to record people's personal information and also medical information.

People's test results were provided directly to their home or other preferred address. The information contained in the report was provided directly by the laboratory that carried out tests and information was recorded on the company database for future information.

This meant people's records were kept securely and could only be accessed by authorised personnel.

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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