

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

THMG Chelmsford Clinic

92 Broomfield Road, Chelmsford, CM1 1SS

Tel: 02072919700

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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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Aesthetic and Cosmetic Surgery Limited
Overview of the service	THMG Chelmsford Clinic is an independent healthcare service that provides cosmetic surgery procedures.
Type of service	Doctors consultation service
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'.

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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 announced 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 17 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

During the inspection we spoke to people who attended appointments. People were positive in their views of the service they received. Examples of comments included: "I can't fault my surgeon from start to finish." and "it's been a really good experience" and "I'm very pleased with the outcome."

People told us they were involved in planning and making decisions about their procedures and that they had been provided with information to take home and read. They also told us they were encouraged to look on the internet for information and said the surgeons explained procedures and risks in a way they understood.

People told us they felt the care and support they received both before and after their procedures, was thorough and supportive.

The procedures for prescribing medication were safe and robust. People were supported by the surgeons to receive medication, when required for their recovery from their surgical procedures.

The effectiveness of the surgery and service people received was checked and monitored to make sure it was safe and suitable.

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

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. We spoke with five people who used the service during this inspection, who told us they felt satisfied with their care and the results of the surgery they had. The people we spoke with said they had not felt pressurised by staff to make any decisions. One person said: "Staff are kind and professional, there was no pressure at all, they tell you to go away and think about things before making a decision." Another person told us: "I was able to ask any question and they were really nice and helpful."

People who used the service were given appropriate information and support regarding their care and treatment. The manager showed us guidance that was given to people when they were considering and going ahead with surgery. The documents were specific to the procedures people had chosen. We saw confirmation in the care records that people were given their own copy of the guidance document about their planned surgery before they underwent the procedure.

People told us they were given sufficient comprehensive, verbal and written information about their treatment. We saw that people were given an information pack about their planned surgery. The information given to people included details which related to any possible risks in relation to the procedure.

People's dignity and privacy were respected. We saw that appointments were timed to make sure people were seen in private consultation rooms. We observed that people were seen by the surgeons and nurse in private rooms at the clinic. The rooms people were seen in had locks and signs on the doors. This meant people would not be disturbed and it helped to protect people's privacy.

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

The provider ensured that people who used the service understood and consented to procedures before treatment was provided. The records we reviewed contained consent forms that had been signed by the person and the doctor. One of the people we spoke with told us: "I could not fault my surgeon they told me everything."

We saw that people were asked to sign a consent form before their procedure was carried out. The form clearly showed that people had given their informed consent about the surgery. It also showed that the surgeon had explained to the person any risks that could arise from the procedure. This ensured people fully understood the risks and implications involved in the surgery.

The surgeons who performed the surgery had signed the consent forms to verify they had explained to each person details that related to the surgery and any possible after effects from it.

We read a copy of the information pack that was given to all prospective patients about the surgery process. This included information about the types of surgery available and what to expect from the process at THMG Chelmsford clinic. This meant people were able to use this information to make an informed decision about whether they wanted to proceed with surgery or not.

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 care and treatment was planned and delivered in line with their individual care plan. People attended the clinic for an initial consultation where a detailed medical history was recorded. These included details of any medicines people were taking.

Medical checks and investigations and tests were carried out before people were able to proceed with the surgery. The staff described to us all consultations and assessments that had to be carried out before a person was able to undergo the surgery. Where people had health conditions which may mean they were not suitable to have the surgery, we saw that these risks had been identified. We saw in records we looked at that people were advised to discuss these matters with their GP as well. We saw in the five records we looked at that each person had a care plan in place that clearly set out the details of their surgical procedures. This included the care that would be required before and after the operation.

The people we spoke with told us they had discussed and agreed their proposed treatment with the surgeon at the clinic. We also saw that people were given a copy of their agreed care and treatment plan, including the costs of the treatment.

The nurse we met told us they carried out pre-operative assessments prior to the date of the surgery to make sure people were suitable to undergo the surgery. We saw detailed records kept of treatments provided at each appointment people had at the clinic. This included records of when medicines were administered to people after surgery.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Suitable arrangements were in place for the recording and prescribing of medicines. We saw that a record was kept of when medicines were prescribed to people after their surgery. We saw that nurses recorded when they saw a person. They assessed when they may need medication to be prescribed to aid them in their recovery from their operations. The surgeons prescribed medicines either in person at the clinic or remotely.

We saw that there were procedures in place to ensure that remote prescribing was carried out in line with the General Medical Council guidance. We saw that people were invited back for a follow up appointment either with a nurse or with the surgeon when they had been prescribed medication. This was so the recovery of people after their surgery was properly monitored.

We saw that people were asked by the surgeon that they saw for the contact details of their GP. They were also asked for permission for them to be informed of any medicines that may be prescribed after surgery. If this was provided then the service wrote to the GP and told them of any medicines supplied to the person. This helped to show that the provider was keeping medical records up to date and was co-operating with other providers involved in the person's care.

When medication was prescribed after surgery this information was used to monitor the service people received. We saw that audits were carried out of the number of people who were prescribed medication after they had surgery. We saw that records were kept and this information was used to see if there were any trends which related to when people were prescribed medication after surgery or not.

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

We saw survey forms that confirmed people who used the service were asked to comment about their treatment. People were asked their views of the surgery and the way they were treated through this process. This confirmed that where there were issues raised by people who had used the service, these were properly responded to and addressed.

The safety and effectiveness of the service people received was properly monitored. We saw audits that covered the environment where post operation assessments of the effectiveness of surgery with people took place. This was to ensure people saw their surgeon after their surgery in a clean and suitable environment. We also saw infection control practices in the clinic were monitored. Where shortfalls were identified in the quality of any aspect of the way the clinic was run an action plan was put in place.

We saw that the provider's complaints procedure was on display in the clinic's reception area. People told us they were given information on how to contact the provider after their operation took place. The provider had a complaints manager at their head office who responded to and investigated complaints.

We saw a record of complaints and that an audit was carried out on a regular basis. This was carried out by a manager to ensure that complaints were properly addressed. We looked at one complaint and saw that this was fully investigated and resolved, where possible, to the satisfaction of the complainant.

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

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