

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

THMG Marlow Clinic

Court Garden House, Pound Lane, Marlow, SL7
2AE

Tel: 01628816190

Date of Inspection: 16 May 2013

Date of Publication: June
2013

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

Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Aesthetic and Cosmetic Surgery Limited
Registered Manager	Ms. Joanne Patricia Hindmarsh
Overview of the service	<p>THMG Marlow Clinic is part of The Harley Medical Group- Aesthetic and Cosmetic Surgery Ltd.</p> <p>It is located on the second floor of a listed building in the grounds of a leisure complex. The clinic offers consultations, non surgical aesthetic procedures and pre and post-operative assessments for surgical procedures. Surgical procedures are carried out at other THMG locations. The clinic is in the process of changing its registered manager.</p>
Type of service	Doctors consultation service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 16 May 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We inspected the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury.

The clinic was not accessible to wheelchair users. We were told people were advised of the nearest accessible clinic by The Harley Medical Group (THMG) contact centre.

We spoke with two people; they said they were "happy" with the care provided. One person said they were "reassured" by the aftercare they had experienced.

We reviewed four staff recruitment files and found checks were made before and during staff employment, although they were not all up to date.

The provider had systems in place to ensure the premises were maintained to the required standards, although some issues which were the landlord's responsibility had to be followed up.

Clinical governance systems were in place to ensure the quality of the service was monitored through audits, adverse incident analysis and learning from complaints.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with two people who had been treated at the clinic. Both expressed some dissatisfaction with their level of pain control after the surgical procedure however, overall they said they were "happy" with the care provided.

Staff told us a patient care pathway was followed for each procedure, which was monitored by the clinic manager. This ensured people were provided a consistent service. We reviewed two patients' records which included completed medical histories, signed consent forms and pre-operative assessments. One of the records indicated a potential risk which had been identified as part of the medical history check. This had been followed up by the clinic staff and the consultant had subsequently decided to make an adjustment to the procedure. This demonstrated systems were in place to reduce risks and ensure patients' safety.

One person said they were aware that following the two aftercare appointments with the nurse they would be offered a final discharge appointment with the consultant and they were "reassured" by this. Both people said they had been provided emergency contact numbers to be used if needed.

Staff said patients were routinely contacted by a designated nurse two to three days after a surgical procedure to check "everything was ok". This was confirmed by one of the patient's we spoke with. We were told the organisation had systems in place to ensure patients were supported out of hours and directed to the nearest THMG hospital if needed.

Staff told us new procedures were introduced into the organisation following research and expert advice. Training was provided to all practitioners and individual assessments carried out before staff were passed as competent to undertake the procedure. We saw examples of assessment checks in our review of staff members files. This ensured patients were protected from unsafe or poor practice.

The treatment rooms had emergency equipment which was regularly checked. We saw a sample of staff records of annual update training in basic life support. This indicated staff would be able to care for patients in an emergency situation.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The clinic was located on the first floor of a listed building. We were told people were advised of the nearest wheelchair accessible clinic by the THMG contact centre.

During our tour of the clinic we found it to be clean and well maintained. We were told a number of areas of the premises maintenance such as gas safety, electric safety and fire alarm testing were the responsibility of the landlord. At the time of the inspection the last gas and electric safety certificates were not available for us to review. However, we saw evidence to indicate these had been requested from the landlord.

Staff told us the maintenance contracts were held and managed by THMG head office. The provider maintained a record of premises' checks which included a fire risk assessment, emergency lighting test, air conditioning and Legionella water test. These were all conducted in 2012 and found to be satisfactory.

A clinic wide risk assessment had been carried out in 2012 and three action points were highlighted. The provider may find it useful to note that two actions were outstanding.

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

There were effective recruitment and selection processes in place. The clinic had a small number of staff who had been in post several years. Most staff also worked in other clinics for example, the consultant attended the clinic one day a week and operated from other THMG hospitals.

We reviewed the organisation recruitment and employment policy (January 2013). It included a checklist of evidence for new staff. We reviewed four staff recruitment files for office, nursing and medical staff. All the files included identity checks, Criminal Record Bureau (CRB) checks, references, occupational health checks and hepatitis B checks for clinical staff. This ensured staff were recruited in line with accepted good practice.

We were told the operations directorate based at head office was responsible for ensuring checks on medical staff were up to date and maintained the records. A checklist was kept at clinic level which included GMC registration, indemnity insurance, hepatitis B, CRB and appraisal. The provider may find it useful to note that some of the items on the checklist were out of date.

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

The organisation had a clinical governance system to ensure consistency across all clinics. We were told the regional clinical services manager conducted a comprehensive quarterly audit of the clinic. We reviewed the last audit report and action plan (March 2013). The audit assessed compliance in areas including the health and safety practices and adverse incidents and complaints monitoring. The action plan identified some areas for improvement which had been addressed. For example, during the inspection a new health and safety company visited the clinic to carry out a risk assessment and we saw this had been recorded in the action plan. This demonstrated the provider had systems in place to monitor and improve the service.

Patients were asked to complete a satisfaction questionnaire at the end of their treatment. Responses were collated by the head office and the clinic was sent a report. We reviewed the last quarter report for January to March 2013. The response rate was low however the respondents rated all aspects of the service 'good' or 'very good'.

We reviewed the adverse incident log. It recorded the investigation and learning or recommendations following an incident. We noted the incident report had also been filed in the patient record. This was to ensure staff were aware of the incident in the event the patient attended the clinic in the future. There was evidence that learning from incidents took place and appropriate changes were implemented.

Complaints

✓ Met this standard

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.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The complaints procedure was displayed in the waiting area. The people we spoke with were satisfied with the service and told us they had no cause to complain.

We reviewed the clinic's complaints log. It contained records of four complaints in the last twelve months; two of which had been satisfactorily resolved and two were ongoing. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

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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