

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

The Marion Gluck Clinic

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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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Marion Gluck International Limited
Registered Manager	Dr. Marion Gluck
Overview of the service	The Marion Gluck Clinic specialise in hormone therapy and preventative medicine. The clinic treats both men and women for a range of conditions.
Type of service	Doctors consultation service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 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 8 November 2013 and talked with people who use the service.

What people told us and what we found

We spoke with two people who used the service and looked at 23 feedback forms. People were satisfied with the care and treatment received. They felt that the procedures had been explained well and found the written information provided comprehensive. Consent had been obtained by the most appropriate person.

Care was planned in a way to ensure people's safety. People were assessed by the practitioner to determine whether the treatment requested would be suitable. People were given advice and information. There were procedures in place to deal with medical emergencies.

The clinic was clean and well maintained. There were systems in place to reduce the risk of infection, including a policy on infection control.

There was a complaints policy in place and people were given information on how to make a complaint. People we spoke with and the comments from the patient feedback forms were complimentary about staff.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People had an initial consultation with the doctor where an initial physical examination could take place and blood was usually taken. Physical examinations were conducted and blood was taken after obtaining verbal consent and we were told that this was recorded in the patient notes. The provider's website also detailed that blood was usually taken at the initial consultation. People were given written information to take away with them and any recommended course of treatment, including the risks and benefits were explained.

People were given a copy of a consent form prior to the initial consultation which was required to be filled in before any treatment was given. This clarified whether the person gave permission for the clinic to liaise with the person's general practitioner (GP) as well as an agreement to the proposed treatment. The form also clarified that people could request a chaperone if needed. We saw an example of a person's notes and saw that verbal consent had been recorded and that the consent form had been filled in.

The practice manager explained the usual course of treatment which would be given to people. Treatment was in the form of prescription medication and supplements which people were required to obtain. Follow up appointments were arranged after varying lengths of time for the doctors to monitor whether people were happy with the treatment. People then explained whether they felt that the treatment was working for them and whether wanted to continue or withdraw from treatment. The practice manager explained that for this reason consent was an on-going and collaborative process.

We spoke with two people who use the service. They told us that they felt all explanations of treatments were clear and they felt well informed. One person said "I am given very detailed advice, but at the end of the day it is up to me whether I follow it". Both people also confirmed that they had been asked to sign a consent form prior to treatment.

We saw that systems were in place for ensuring the consent form had been signed before every procedure. All consent forms were scanned onto the computer system and double

checked by administrative staff to ensure that they had been filled in before they were shredded. We were told that staff had discussed consent at team meetings to ensure knowledge of the procedure was correct and up to date.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. A medical history was taken from the person receiving treatment, which included details of any allergies and medication they were taking. These were discussed with the person during their consultation.

All people were assessed by the doctor who determined whether it would be safe for them to undergo the proposed treatment. The treatment was continually monitored after varying lengths to ensure it was working and people were happy with the results. We spoke with two people who use the service and read 23 feedback forms. Comments on the forms included "friendly and welcoming practice, put me at ease" and "peaceful and calm".

There were arrangements in place to deal with foreseeable emergencies. Administrative staff had received first aid training and the doctors had received life support training which was updated every year. There were emergency drugs and equipment available which was checked regularly.

People were asked for the emergency contact details for their next of kin who could be contacted in the event of an emergency. The provider may wish to note that they did not provide emergency contact details to people in the event of an out of hours emergency.

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 protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. On the day of the inspection, the clinic was clean and well maintained. There was an infection control policy in place and all staff took responsibility for ensuring that all protocols were adhered to and kept up to date.

A cleaner attended the service every evening and doctors maintained the cleanliness of the consultation rooms between appointments. Administrative staff regularly checked the premises to ensure that they were clean and tidy. Instruments were single use only. Sharps bins were in use and had been correctly assembled and there were appropriate procedures for the handling and disposal of clinical waste.

We saw that there were adequate hand washing facilities in the consultation rooms. Personal Protective Equipment, including gloves were accessible to staff. People who use the service had no concerns about the cleanliness of the clinic and one person described the facilities as "spotless".

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. Non clinical staff were screened by a recruitment agency, interviewed by the practice manager and required to provide two references before an offer of employment was made.

Staff were required to undergo a Disclosure and Barring check (formerly a Criminal Records Bureau check) before working at the clinic. Clinical staff were also required to provide evidence of their professional qualifications and registration. We saw three staff files and saw evidence that all appropriate checks had been conducted.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints policy which was available on the provider's website. People were encouraged to ask questions and patient feedback forms were available in the reception area.

There was a complaints policy in place. The policy stated that all complaints should be acknowledged within two working days and investigated within 20 working days. The practice had a complaints file which contained all complaints and further actions taken as a result. We saw that complaints were dealt with in line with the policy. We were shown that complaints were collated and analysed by the practice manager. These were then monitored for trends and further learning to be undertaken as a result. We were told that further learning from complaints was disseminated to staff in monthly team meetings when required.

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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