

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

The Foot and Ankle Clinic

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Tel: 01753660830

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2014

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

Details about this location

Registered Provider	Windsor Foot and Ankle Clinic LLP
Registered Manager	Dr. Raman Dega
Overview of the service	The Foot and Ankle clinic is an independent clinic. It offers a consultation and treatment service to adults for foot and ankle conditions.
Type of services	Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 10 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with four patients. Everyone was very positive about their experiences at the clinic including the information provided and the care they received. One patient said "(The consultant) went through everything from beginning to end."

The clinic offered a pleasant and comfortable environment. We found there were effective systems in place for the maintenance of the premises.

The provider had systems in place for monitoring the quality of the service including recording patients' comments, complaints and incidents. We found there were systems in place to identify, assess and manage risks to people who used the service.

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.

Patients' privacy, dignity and independence were respected.

Reasons for our judgement

Initial consultations and injectable treatments were offered at the Foot and Ankle Clinic. More invasive treatments were provided at a choice of independent hospitals in Buckinghamshire and Berkshire. Patients said they were offered a choice of venue when they booked their appointment. Patients were asked if they had medical insurance and were informed of charges if requested.

We spoke with four patients. One patient's comments summed up the general view: "(The consultant) went through everything from beginning to end." We reviewed the clinic website; it contained detailed information regarding a range of foot and ankle conditions and the common procedures performed by the clinic's surgeons. The Registered Manager told us patients were referred to the clinic website as a valuable source of information. One patient confirmed they had been shown where to access further information about their condition and treatment on the clinic website. This indicated patients were made aware of treatment options and possible outcomes to enable them to make an informed decision.

The premises were wheelchair accessible. We were told no patients in wheelchairs had been seen at the clinic, although patients who required the aid of crutches were often accommodated. During our visit we observed polite interactions between staff and patients. Patients told us they were rarely kept waiting past their allotted appointment time. This meant people were treated with respect.

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 patients' safety and welfare.

Reasons for our judgement

The patients we spoke with were very satisfied with the care they received. One patient said their experience had "Been nothing but positive." Another patient told us they were "Very impressed with (the consultant)." Patients were asked to complete a registration form. This was confirmed by what we saw and what patients told us. Patients were referred for diagnostic procedures such as x-ray or magnetic resonance imaging (MRI). Patients were referred for treatment to the physiotherapist or podiatrist if appropriate. This was confirmed by two of the patients we spoke with. A trained first aider was onsite; in a medical emergency, we were told staff would call 999. This meant suitable arrangements were in place to manage emergency situations.

We reviewed a sample of two patient records. We saw the consultant had recorded the details of the consultation and treatment options in the patients' medical records. We were told the patients' GPs were sent a discharge letter at the end of treatment unless the patient did not give their consent for the information to be shared. This meant patients' needs were assessed and care and treatment was planned and delivered accordingly.

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.

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

Reasons for our judgement

The clinic occupied one consulting room on the ground floor. Staff offices were located on the first floor. We saw the provider had taken steps to provide care in an environment that was adequately maintained and comfortable. Staff told us all maintenance checks were carried out by authorised contractors. We reviewed the report of the annual fire inspection (July 2013). We noted the recommendations in the report had been implemented. The provider maintained organised records of maintenance checks; these included gas, fire and the building security system. This demonstrated the provider had processes in place to protect people's health and safety.

Staff responsible for the maintenance of the building undertook regular environmental checks to ensure the premises were safe and fit for purpose.

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 in place to identify, assess and manage risks to the health, safety and welfare of patients who use the service and others.

Reasons for our judgement

Patients who used the clinic were asked for their views about their care and treatment. We saw comment cards were given to patients at the end of their treatment. A small number had been completed. The feedback was all positive and demonstrated that people who used the clinic were very happy with the service they received. Staff told us a plan was in place to formalise a patient satisfaction survey to obtain more detailed patient feedback in the future to improve the service.

A complaints notice was on display in the waiting area. Patients told us they had no cause to complain about any aspect of the service. The provider had a system for recording and responding to complaints although no complaints had been received by the clinic.

We reviewed the clinic's accident book. It included very few minor incidents relating to staff. We were told there had been no patient incidents reported. This meant incidents were monitored in the interest of people's safety.

The surgeons and clinic manager conducted regular meetings and an annual clinic review meeting. We reviewed the notes of the last annual review meeting (5 February 2014). We found there had been discussion and agreed actions in relation to service improvement issues. This meant there was a process in place to develop the service.

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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