

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

Bourn Hall Norwich

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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
Cooperating with other providers	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bourn Hall Clinic (Norwich) Limited
Registered Manager	Mr. Dorian Ian Morley Ransome
Overview of the service	Bourn Hall Norwich is registered to provide specialist fertility services without any overnight beds.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical 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 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 28 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

In this report the name of a registered manager appears who was not in post at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

People spoken to told us that they were involved in the decisions about their care and treatment. This showed us that before people received treatment they were asked for their consent and the provider acted in accordance with their wishes.

We reviewed examples of the treatment protocols and individual care pathways. This showed us that people received treatment that was in line with best practice guidance. This meant that people experienced care, treatment and support that met their needs and protected their rights.

The care and treatment pathways seen showed us that the provider worked closely with primary care and acute hospital services. This demonstrated to us that the provider was working collaboratively within the local health economy.

The records seen showed us that all the equipment used by the service had been validated and installed in accordance with the manufacturer's guidelines. This showed us that people were protected from the risks associated with unsafe or unsuitable equipment.

We saw that an audit programme was in place and evidence was seen of the actions taken in response to any identified concerns. This showed us that the provider had an effective system to regularly assess and monitor the quality of service that people received.

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

We spoke with two couples who were receiving treatment from this service. They told us that they were involved in the decisions about their care and treatment.

For example one person told us that, "We have been pleased with the information provided to us throughout our treatment." Someone else said that, "The medical staff and all nurses are knowledgeable and supportive."

There was good provision of information available to people who were considering or receiving treatment. For example the provider had an informative website and each potential enquirer received a folder containing pertinent and comprehensive information about the possible treatment options and any possible side effects. We saw that fertility focus groups were provided for the general public and discussion forums had been established for people who had received or were receiving treatment.

We reviewed the procedures and processes in place for obtaining consent and noted that these were comprehensive and clearly identified the importance of obtaining informed consent throughout the specific treatment cycle.

We noted that there were a number of consent forms that were required to be completed in line with the licensing requirements of the Human Fertilisation and Embryology Authority (HFEA). These were in addition to the general and treatment specific consent forms required by the provider as part of their standard operating procedures.

The treatment records seen showed us that the relevant consent forms had been signed by the person and the applicable medical practitioner. Staff told us the steps they took to ensure that each person was aware of the treatment that they were going to receive and outlined how on-going consent to treatment was reviewed and monitored.

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

This location provided a specialist fertility service for NHS patients as commissioned by NHS England and for people who choose to self-fund. Access to the service was via a referral system that included an initial consultation with their General Practitioner and referral by a Consultant Obstetrician and Gynaecologist with a specialisation in fertility issues.

Those people spoken with confirmed that they were satisfied with the specialised treatment and support provided. They told us that they were kept informed throughout the process and appreciated the counselling support and monitoring of foetal development that were established as part of each treatment.

One person told us that, "We have been pleased with the support and understanding shown to us." Someone else said, "This is such a good service to have locally and is so convenient."

We reviewed examples of the treatment protocols and individual care pathways used by the service. These showed us that people received treatments that were in line with the best practice guidance as issued by the National Institute of Clinical Excellence (NICE) and the licensing requirements of the Human Fertilisation and Embryology Authority (HFEA). For example, we saw that people received the required counselling support throughout their treatment cycle and that this was provided by independent counsellors and that close monitoring of early pregnancy took place.

We saw that there were good facilities available for private discussions with people using this service and for maintaining the privacy and dignity of people whilst receiving treatment. For example there were rooms available for specific counselling appointments and a telephone support and advice line staffed by suitably qualified and experienced nursing staff.

Clear pre and post treatment procedures were in place. We met with the lead consultant and the clinical nurse lead and they confirmed that they had been involved in the planning and commissioning of the service. They were able to outline the care principles and

treatment pathways provided by this service.

Evidence was seen of staff attendance at training opportunities and examples were seen of staff undergoing regular Continuous Professional Development (CPD).

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The care and treatment pathways seen showed us that the provider worked closely with both NHS primary care and acute hospital services. We saw evidence of close and collaborative working with the other specialist fertility services offered by the provider. We noted that people benefitted from a localised Norfolk service for example from reduced travel time and cost. The records seen contained appropriate referral letters and feedback information regarding treatment progress.

We saw examples of joint working with local acute trusts for example the provision of consulting rooms for the use of NHS consultants. Study days had been provided for primary care practices and other medical and nursing staff with an interest in fertility.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The records seen showed us that all the equipment used by the service had been validated and installed in accordance with the manufacturer's guidelines. The records seen also showed us that the facility had been through an installation and operational qualification before providing care and treatment to people. We saw examples of maintenance and other service contracts, which included contingency arrangements where necessary. Comprehensive risk assessments were in place and suitable control measures were seen to mitigate identified risks wherever possible.

We saw that preventative maintenance records were in place and that these were being maintained in line with the manufacturers' requirements. We saw examples of audits carried out on the suppliers of services to the clinic and how these were being reviewed as required.

Examples were seen of standard operating procedures for the use of clinical equipment and extended training for staff regarding the clinical processes involved. These were monitored through clinical effectiveness data and observed practice.

The staff spoken with confirmed that they had received the required training to use the equipment relevant to their job role and were able to access further advice and support if required.

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

Records were in place that demonstrated how the provider assessed and monitored the quality of their services. For example we saw a clear internal audit programme in place and evidence was seen of the actions taken in response to any identified concerns.

An infection control audit was scheduled for November 2013 and we were told that this would be carried out by an external auditor. We saw that each person received a satisfaction survey upon completion of treatment and that these were reviewed by senior management when returned. We were informed that once a representative sample had been received; the results would be collated and the findings used to inform practice within the clinic.

Senior staff confirmed that the provider would be seeking external accreditation of this clinic with ISO 9001:2008. This was in line with the other clinics run by this provider that were already registered with the Care Quality Commission (CQC),

We saw that the provider had been licensed by the HFEA for four years from May 2013 and would be subject to their programme of inspections. Discussions were taking place between the HFEA, certain providers of fertility services and the CQC to avoid the duplication of regulatory activity within this sector.

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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