

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

Wimbledon NeuroCare

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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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Wimbledon NeuroCare Limited
Overview of the service	Wimbledon NeuroCare Clinics provides diagnostic and screening services for people with neurological conditions. Although the main office is based in Wimbledon, people see their Consultant at one four sites in London and the South East of England.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

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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 3 December 2013, checked how people were cared for at each stage of their treatment and care and talked with staff.

What people told us and what we found

We were unable to speak with people during our inspection. This was because people that used the service attended their appointments with Consultants at one of four sites in London or the South East. We looked at other information to understand the experiences of people using the service. We saw from completed questionnaires, people were asked to rate and comment on their experiences. The majority of people that responded had been happy with the service they received.

We visited the service's head office where records of people using the service were kept and maintained. We spoke with the recently appointed general manager who will be making an application to the Care Quality Commission (CQC) to become the registered manager at this location. We also spoke with other office based staff.

We saw people using the service were provided with detailed information to help them prepare for their appointment and tests. People were given opportunities to discuss their proposed tests with staff if they had any issues or concerns about them. Information about these tests was also available in leaflet form and on the service's website. We looked at people's records and saw people received the tests that had been planned for them.

Staff were provided with appropriate guidance and instructions about what they should do to protect people and children who may be at risk of abuse, harm or neglect.

Managers ensured clinical staff employed by the service kept their skills and knowledge up to date. Office based staff received training appropriate to their roles.

The service actively sought the views and experiences of people using the service and took appropriate action to make improvements where these were needed. There were also regular staff meetings and visits to the four sites which enabled managers to identify changes and improvements that were needed to the quality of service provided.

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.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. People who use the service understood the care and treatment choices available to them. People using the service had been referred to Wimbledon NeuroCare by their general practitioner (GP) or Consultant to carry out additional diagnostics and screening of their neurological condition. The general manager explained to us that once a referral was received by office based staff, people were contacted immediately to arrange a time and date to meet with a Consultant.

We spoke with one of the office based staff who told us when they telephoned people to arrange their appointment, they explained to them the tests that would be carried out during their visit. They discussed with them any issues or concerns they had about the tests. The staff member showed us how each call was followed up by either a confirmation email or letter which provided details of the appointment such as time, date, location and the Consultant's name. There was also useful information about how people should prepare for their appointment and where they could get more information about the tests they would have. We were also told that any specific needs people had for their appointment were identified at this stage. For example if someone needed an interpreter because English was not their first language. The general manager said there was a demand for interpreters of Arabic languages and the service employed translators to meet this need.

The general manager told us at each of the four sites that people went to for their appointments there were a range of information leaflets about the different types of tests. We looked at a sample of these. There was detailed information and advice for people about each specific test which explained; what the test was for and how it could benefit them, how to prepare for the test, how the test was performed, what people may experience during the tests, any potential side effects or risks, any alternatives to the test

and when people could expect their results.

We looked at the service's website where we found information about the services provided by Wimbledon NeuroCare. People could access information and advice about the different types of tests offered by the service which they could also download in leaflet form. There was also advice for people about where they could get additional information about their conditions from organisations that provided specialist advice and support.

The service also provided people with an information leaflet about how their consent would be obtained prior to any tests being carried out. People were told the service must provide them with all the information they needed to make a decision about their treatment, their right to change their mind even after giving consent and that people could expect to be looked after by staff with the relevant experience to do so. People were also told they could expect to have their privacy and dignity respected in a safe and comfortable environment.

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 treatment was planned and delivered in line with their individual treatment plan. We looked at the electronic records of three people using the service. We saw detailed referrals had been received for each person from their GP's or Consultants. These contained people's contact details, their medical history, the reason for the referral and the tests that were required in respect of their neurological condition. We saw office based staff sent these referrals to Consultants in advance of people's appointments so that they had all the information they needed about the person, their condition and why they had been referred. Office based staff had also sent people the relevant information they needed to prepare for their appointment.

We saw people had received the tests that had been planned. We noted after each appointment Consultants prepared a detailed report, which documented the tests that were carried out, the results from these tests and their diagnoses and suggestions for what should happen next in the ongoing care and treatment of the person. These reports were sent to people's GP and/or Consultant and a copy was sent to the person using the service.

There were arrangements in place to deal with foreseeable emergencies. The general manager told us all clinical staff were required to have up to date knowledge of basic adult life support skills. We looked at a sample of clinical staff's training records and found certificates that confirmed clinical staff had received this training.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse happening. We looked at the service's policies for safeguarding of vulnerable adults and child protection. These contained information and guidance for staff about the different types of abuse that could occur. Staff were instructed to report any concerns they had about a vulnerable adult or child to the general manager. The procedure set out the manager's responsibility for dealing with and reporting safeguarding concerns to the local authority. The general manager told us they would follow the service's policy and procedure for reporting any concerns or issues that were identified to the appropriate authority.

We saw these policies were contained within the service's staff handbooks. There were separate handbooks for office based staff and clinical staff. Staff were required to sign to confirm they had read and understood these policies. We spoke with one member of staff who told us they had done so. The staff handbook also contained the service's whistleblowing policy which set out what staff should do if they had any concerns about the service and how this would be dealt with by the provider.

We looked at staff training records for three clinical members of staff which showed they had received training in safeguarding of vulnerable adults and child protection. The general manager told us all clinical staff were required to be up to date in this training.

We also saw as part of the service's recruitment process, all staff were required to have security checks. We saw evidence that enhanced Criminal Records Bureau (CRB) checks had been carried out on staff to ensure their suitability to work.

There had been no safeguarding issues raised by the service over the preceding twelve months. We confirmed this through our records.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We looked at the information kept by the service about the training completed by staff to keep their skills and knowledge up to date. We checked three clinical staff's training files and saw these contained evidence of training received in areas such as; adult safeguarding, child protection, basic life support, fire safety, moving and handling, infection control, health and safety, equalities and diversity and customer care. The general manager told us they regularly checked staff records to ensure clinical staff's skills and knowledge were up to date as this was a requirement of their role.

We saw evidence office based staff had regular weekly meetings in which they were able to discuss the running of the service with senior managers. From minutes of these meetings we could see discussions took place about any issues or concerns staff had. We also noted staff were made aware of any changes that impacted on their daily roles.

The general manager told us there were staff training days for office based staff which covered specific topics and areas relevant to their roles. They told us that the next training day scheduled for the 19th December 2013 would cover all aspects of customer care to improve people's experiences of using the service.

We saw staff received an annual appraisal. We looked at the appraisal for one member of staff and noted they had been able to discuss and review their performance against their agreed objectives with their manager. We also saw discussion took place about any training and development needs they felt they had in the coming year.

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

People who use the service were asked for their views about their care and treatment and they were acted on. People were given a patient feedback questionnaire when they attended their appointment in which they could rate and comment on their overall satisfaction with the service. People were also asked for their suggestions about how the service could be improved. People could complete this questionnaire online. Completed questionnaires were sent to the general manager to review people's responses and to take appropriate action if any issues or concerns were raised.

We looked at recently completed questionnaires. All of the people that had completed this were positive about their appointment with their Consultant. We noted one person however had been unhappy about the manner in which they were dealt with by reception staff. The general manager explained reception staff across the four sites were not employed by the service. However they were arranging to meet with them to discuss what improvements could be made to improve the overall customer experience. They said this meant developing good working relationships with staff across these sites so that if there were any issues or concerns these could be highlighted and addressed promptly.

People were provided with information about how they could make a complaint about the service. People were given a leaflet which explained how they could do this and how it would be dealt with by staff. People were also invited to comment and make suggestions for improvements to the service.

We looked at the arrangements in place to assess and monitor the quality of service provided. The general manager and other office based staff conducted regular visits to the four sites. As part of these visits staff checked that policies and procedures were being adhered to at each site and that clinical staff had the equipment they needed to carry out their duties. Staff told us these visits were also used to discuss the day to day running of the service and suggestions to improve the quality of the service provided.

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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