

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

Unit 10.1.1 The Leathermarket

11-13 Weston Street, London, SE1 3ER

Tel: 02031894604

Date of Inspection: 23 December 2013

Date of Publication: January 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
----------------------------------------------------	---------------------

Safeguarding people who use services from abuse	✓ Met this standard
--------------------------------------------------------	---------------------

Supporting workers	✗ Action needed
---------------------------	-----------------

Complaints	✓ Met this standard
-------------------	---------------------

Details about this location

Registered Provider	Concordia Ambulatory Care Services Ltd
Registered Manager	Mr. Michael Davey
Overview of the service	Concordia Ambulatory Service offers Non Obstetric ultrasound services and consultant led Cardiology Outpatient services in various locations throughout the UK.
Type of services	Community healthcare service Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Complaints	12
Information primarily for the provider:	
Action we have told the provider to take	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 23 December 2013, checked how people were cared for at each stage of their treatment and care and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

People who use the service were given appropriate information and support regarding their care or treatment. Records showed that before people were offered any treatment the details of the treatment on offer were explained with the various options.

We reviewed the provider's customer satisfaction results taken in October 2013, from one of its cardiology services. These stated that one hundred and eight people out of the one hundred and nine surveyed said that they had confidence in the health care professional they saw at their appointment.

The provider had policies in place in regards to safeguarding children and adults. The policies highlighted that it was the responsibility of all staff to safeguard people from abuse. It also detailed the various forms of abuse which could take place such as sexual, physical and emotional and the signs to look for.

We spoke with two members of staff who said they received a review of their performance. We asked to see evidence of this but were told that this was not available on the day of our visit.

The provider had a complaints policy in place which highlighted that all complaints would be acknowledged in three days and assigned a complaints manager. The policy also stated that complaints would be dealt with effectively and properly investigated.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 15 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. Records showed that before people were offered any treatment the details of available treatment was explained with the various options. We saw evidence that the provider had conducted a survey on people's experiences at one of the locations in which its services were offered. The results showed that 68% of the one hundred and five people surveyed said that they were given information on what to expect prior to their appointments with the service. A further 69% said that the information told them enough about what to expect at their appointment. We saw evidence of the leaflet sent to people before appointments, which provided information on the tests which would be carried out and what a person could expect. For example we saw a leaflet explaining the different cardiology tests a person could have and how long each test would take.

People expressed their views and were involved in making decisions about their care and treatment. We reviewed the records for two people who had appointments with the cardiology service and seven people who had appointments with the ultrasound service. We found that during consultations people had expressed their concerns and had been involved in decisions about their care. Records also showed evidence that where people had refused treatment, their request had been noted on their file. We spoke with one member of staff who told us that when appointments were offered to people, this would be at a time convenient to them.

People's diversity, values and human rights were respected. The results of a survey conducted by the provider into its cardiology services in October 2013, showed that 96% of one hundred and ten people surveyed said that they felt staff maintained their privacy and treated them in a respectful manner when attending appointments.

People's care and treatment was planned and delivered in a way that protected them from

unlawful discrimination. The provider had a chaperone policy in place and this offered people an opportunity to bring a relative or friend to appointments. This ensured that if people had cultural or religious needs which meant they needed a chaperone this was available. We saw evidence in one of the patient files we reviewed that a chaperone had been present during a consultation.

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

We were not able to speak with people using the service due to our visit taking place at the provider's head office. However; we reviewed the provider's customer satisfaction results from one of its cardiology services taken in October 2013. These stated that one hundred and eight people out of the one hundred and nine surveyed said that they had confidence in the health care professional they saw at their appointment. Results also showed that 74% of the people surveyed said that they would recommend the service to a friend or family member if they needed similar care and treatment.

People's needs were assessed and care and treatment was planned and delivered in line with their individual plan of care. One member of staff told us that when a referral was made for any of the provider's services, people's needs would be assessed. This would take place to ensure that people were offered the correct service and allowed the provider to assess whether they were able to meet a person's needs. They also told us that once an individual attended an appointment the health care professional would carry out any necessary examinations and obtain further information from the person. This allowed the health care professional the opportunity to identify what care and treatment would be needed. We saw that the provider had a protocol in place which highlighted the procedure which had to be followed when referring people to their services and how health care professionals were to deal with cases based on the outcome of consultations and tests.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw evidence that the provider requested a full medical history and discussed treatment on offer before it was decided which treatment would be provided. This was to ensure that if people had allergies or other medical conditions which needed to be considered, this was addressed before treatment commenced. One member of staff we spoke with told us that the provider ensured they had all the relevant information about people's medical history to ensure people's safety.

There were arrangements in place to deal with foreseeable emergencies. One member of staff told us that if an incident took place an incident report would have to be completed. This was done through the provider's web-based incident reporting system. We reviewed the system during our visit and saw that incidents were referred to the company directors

and they were responsible for resolving cases and stating what actions had been taken in addressing the matter.

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 prevent abuse from happening.

Reasons for our judgement

The provider had policies in place in regards to safeguarding children and adults. The policies highlighted that it was the responsibility of all staff to safeguard people from abuse. It also detailed the various forms of abuse which could take place such as sexual, physical and emotional and the signs to look for. The provider's policy stated that all concerns should be referred to the provider's registered manager.

We spoke with two members of staff who said they had completed safeguarding training. One member of staff we spoke to in detail was able to identify the various forms of abuse and the signs they would look for. They also stated that if they had any concerns they would speak to the registered manager or the company's HR director as they took the lead in dealing with safeguarding matters.

During our visit we asked to see staff training records to confirm staff had completed safeguarding training, however these were not available at the time. We asked the provider to send us evidence of this training after the visit, but records we received did not provide evidence that people had undertaken safeguarding training prior to our visit. Staff we spoke with said that they discussed safeguarding as part of their induction but the induction records we reviewed did not show safeguarding was one of the induction subjects. The absence of training in regard to safeguarding people may have meant some staff did not have sufficient knowledge or understanding to enable them to identify and manage such situations, if the need should arise.

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

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw evidence that an audit had been carried out at one of the provider's clinics. We saw the reports for October and November 2013. These looked at each member of staff working at the clinic and sampled reports they had completed. Comments were made with suggestions for areas of improvement to help where staff practice needed to improve, such as grammar and consistency of information in reports. The provider said that the results of this audit would be fed back to staff. We asked to see evidence of staff supervision records to confirm this, but were not provided with any. This meant we were unable to confirm that staff were provided with feedback and support to improve their practice.

We spoke with two members of staff who said they had completed appraisals and supervision was held with managers. We asked to see evidence of supervision and appraisal records but were told that these were not available on the day of our visit.

We asked to see evidence that people's performance was reviewed during their probationary period. We were told that most staff were new and thus an appraisal had not been completed for them. We were sent the probationary report for one member of staff who had been appraised. This showed how the areas for improvement which had been identified with timescales. This meant that staff were able to identify the areas for improvement and the actions needed to remedy the situation.

Some staff were able, from time to time, to obtain further relevant qualifications. Records showed that some staff had been offered training relevant to their role. We saw evidence of staff training completed in patient confidentiality, business continuity management and password management for staff who were based in the provider's head office. We asked to see evidence of training and development opportunities for all levels of staff. However; from the records we reviewed there was no evidence that staff working in the provider's clinics had been offered the same opportunities as staff in the head office. This may have meant that people did not receive care and treatment from staff who were properly trained and competent to carry out their specific roles.

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 given support by the provider to make a comment or complaint where they needed assistance. We saw evidence that the patient information leaflet provided to people gave the details of how people could provide feedback on the service they received. The leaflet provided people with an email address and telephone number to contact. The provider also had complaints leaflet which stated that if people were not happy with how things had been dealt with they could take the matter to either the Parliamentary and Health Service Ombudsman or the Independent Complaints Advocacy Service (ICAS).

The provider had a complaints policy in place which highlighted that all complaints would be acknowledged in three days, assigned a complaints manager and dealt with in a timely manner. The policy also stated that complaints would be dealt with effectively and properly investigated.

We saw the provider's complaints handling system and saw how one complaint made had been dealt with. The complaint had been investigated and dealt with quickly and had been resolved to the person's satisfaction. We saw evidence that although there were different services involved in delivering care or treatment the provider took appropriate action to coordinate a response to the person raising the complaint, thereby resolving the matter.

We spoke with one member of staff who told us that complaints would be dealt with as quickly as possible. They also said that all complaints would be logged on the provider's web-based system which recorded the actions taken and following up when resolving a complaint.

The provider had a complaints policy in place which highlighted that all complaints would be acknowledged in three days, assigned a complaints manager and dealt with in a timely manner. The policy also stated that complaints would be dealt with effectively and properly investigated.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Supporting workers
Treatment of disease, disorder or injury	How the regulation was not being met: We found the provider did not have systems in place to ensure that people employed or working as self employed contractors received adequate support and supervision. We found that the provider was non-compliant under Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
