

Review of compliance

The Burghley Park Clinic	
Region:	South west
Location address:	Taw Hill Medical Centre Aiken Road Swindon Wiltshire SN25 1UH
Type of service:	Acute services
Publication date:	July 2011
Overview of the service:	<p>Located on the first floor of the Taw Hill Medical Practice on the outskirts of Swindon, The Burghley Park Clinic provides medically supervised aesthetic treatments, including laser and intense pulsed light (IPL) skin treatments.</p> <p>There is also a (non diagnostic) 3d baby scanning unit which provides detailed still and moving images of the unborn baby which parents can take home with them.</p> <p>The service operates approximately one day per</p>

	week; appointments are arranged to suit people's requirements, with most laser and IPL treatments being provided on Saturdays.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that The Burghley Park Clinic was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 June 2011, toured the premises, and checked the provider's records. We spoke on the telephone to a number of people who had received treatment at The Burghley Park Clinic.

What people told us

People told us that the clinic was a nice environment and they were made to feel welcome and relaxed. One person said "the lady who did the scan was fantastic. We were very pleased with the results."

People who had received laser treatment or consultation said that they appreciated the time taken to explain the treatments to them, including the risks and any side effects. They said that they appreciated the honesty of the doctor, who was also described as "very sympathetic and human". Several people commented that the treatment was more comfortable than treatments they had received at other establishments. People were mainly pleased with the results of their treatment, and were returning for further treatments. One person said that they had seen some improvement in their condition after treatment but it had not worked as well as they had hoped, although the doctor had warned them that their expectations may not be met. All of the people we spoke to said that they would recommend the clinic to friends or relatives, with one person adding "I would tick excellent on every box"

What we found about the standards we reviewed and how well The Burghley Park Clinic was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are supported and enabled to make informed choices about their treatment. Privacy, dignity and diversity are considered and respected. The clinic seeks people's views about their experience of the service.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People are supported to make informed decisions about their care and treatment. There are strict protocols in place to ensure that people's consent to treatment is documented and consent documentation is regularly audited.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People receive safe and appropriate care and treatment because their wishes, needs and risks have been properly assessed by appropriately trained staff. Feedback from people who have used the service shows that they feel their needs are met.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

This outcome is not applicable as the clinic does not prepare food or drink for people. There are no eating or drinking restrictions for people who attend the Burghley Park Clinic.

Outcome 6: People should get safe and coordinated care when they move between different services

The nature of treatments provided at the Burghley Park Clinic means that they are provided independently of other healthcare services but there are systems in place to transfer information, with the patient's consent, when required.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

The provider has systems in place to ensure that appropriate action is taken to support people who may have been abused.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The premises are well maintained and cleaned to prevent infection. Staff take appropriate precautions to minimise the risk of infection, and the cleanliness of the environment is regularly audited.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Medicines are only prescribed by a suitably qualified medical practitioner. There are systems in place to ensure the safe and appropriate prescription of medicines.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The clinic is appropriately laid out, furnished and equipped to create a welcoming environment, and to protect people's privacy and dignity. The premises are well maintained and there are regular checks in place to ensure that the environment is safe and fit for purpose.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People have access to appropriate equipment to ensure effective, safe and comfortable treatment.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The clinic has appropriate recruitment and vetting procedures to ensure that people are cared for by suitable and appropriately qualified staff.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There is assessment of demand for the service and the numbers and skills of staff needed to meet those needs, and this is reviewed regularly. Feedback from people using the service demonstrates that they are happy with the service they receive.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Feedback indicates that people who use the service have confidence in the skills and abilities of staff.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider has systems in place to audit quality and identify risks or areas for improvement.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People have access to a clear complaints procedure which is well publicised and they feel confident that their concerns will be listened to and acted upon.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

A record is kept for every patient who attends the clinic and this contains clear and up to date information which can be used to plan appropriate treatment. Records are stored securely and regular audit ensures that records continue to be fit for purpose.

- Overall, we found that The Burghley Park Clinic was meeting this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant
with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that they were treated with dignity and respect. They told us that the staff took the time to discuss their condition, their treatment options and expected outcomes of treatment. People said they felt well informed because they were given lots of information, both on the clinic's website, and at their consultation, when they were given the opportunity to ask questions. They said that they did not feel pressurised into receiving treatment.

Other evidence

The clinic has a Client Guide to Services which people can view on their website and it is available in the clinic. The guide sets out the services and facilities available at the clinic, how the service operates and who is employed there. It also contains a price list for treatments and tells people what to do if they have are unhappy about

any aspect of their treatment. The guide includes a statement about how people should expect to be treated at Burley Park Clinic. It says “All our customers are treated with respect and we undertake to preserve and defend patient/practitioner confidentiality at all times. Care is taken to ensure the services provided facilitate and respect people of different cultural and ethnic backgrounds and those with physical and sensory disabilities”.

We were told that a written and spoken translation service was available for anybody whose first language was not English. Hearing loops were available in all consultation rooms and all signage was Braille compliant. We were told that large print copies of documents could be made available for people who were visually impaired.

The clinic conducts regular patient satisfaction surveys and we saw the most recent one published on the website. Questionnaires were sent to all patients seen in the clinic in the last year. We were told that 25% of these patients responded. We noted that 100% of respondents thought that the clinician involved them in decisions about their care. Similarly 100% of respondents said that they were treated with dignity and respect and that their privacy, independence and human rights were respected. People with specific needs relating to equality, diversity and human rights also said that these were met.

There is also a suggestion box in the clinic, although were told that this was rarely used. The registered manager told us that one patient had suggested that a bike rack outside the clinic would be helpful. We were told that the clinic intended to install one in response to this.

Our judgement

People are supported and enabled to make informed choices about their treatment. Privacy, dignity and diversity are considered and respected. The clinic seeks people’s views about their experience of the service.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant
with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People told us that they appreciated the time taken to discuss treatment options and they understood the risks and possible side effects of treatments. They said that they did not feel rushed or pressurised into having treatment. They said that they were given lots of information about their condition and their treatment so they felt enabled to make informed decisions.

Other evidence

We were told that all patients receiving laser or IPL treatment would be required to attend for a consultation with the doctor. Treatment options are discussed and patients are given an information leaflet on the proposed treatment. This information includes information on possible side effects and complications. It tells people what to expect from the treatment, how to prepare for it and what after care is required. It also advises patients that successful outcomes are not guaranteed. All patients who decide to proceed with treatment are required to complete a consent form. This

includes a summary of the consent procedure which outlines the importance of people being well informed about their procedure. The policy also outlines procedures for obtaining consent in circumstances where the patient cannot read or speak English, children under the age of 18 or those who lack mental capacity. We were told that the clinic provides laser treatment for acne to people aged 16 or over, with parental consent.

We saw examples of completed consent forms, which had been scanned and incorporated into people's electronic medical records. We were told that medical records are regularly audited and results reported to the Medical Advisory Committee. In addition, in the most recent patient satisfaction survey, 87% of respondents said that staff were helpful, providing lots of information about treatments before treatment.

Our judgement

People are supported to make informed decisions about their care and treatment. There are strict protocols in place to ensure that people's consent to treatment is documented and consent documentation is regularly audited.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant
with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People said that they were happy with the way that they were treated. Most people were satisfied with the results of their treatment. One person said they were a little disappointed with the results but stressed that they had been warned that outcomes for people differed. People said that they would recommend the service to their friends and family. One person said “I would tick excellent on every box”.

Other evidence

The most recent patient satisfaction survey showed that 95.9% of respondents rated the service good to excellent overall. 70.8 % of respondents said that their treatment met or exceeded their expectations and 100% of respondents felt that the time allocated for their treatment was adequate for their needs.

We looked at the clinic’s complaints and incidents records and noted that no complaints had been received in the last 12 months and there had been no untoward incidents. We were told that any adverse event would be reported to the Medical Advisory Committee (MAC), which met approximately four times a year, and

monitored the quality of service. We saw a record of the last MAC meeting.

We saw that there were laser/IPL treatment protocols in place which had been drawn up by an expert medical practitioner. These set out the pre treatment checks required, the manner in which the treatment was to be applied, the variations in settings used and when to stop treatment. There was a log kept of every time the laser/IPL equipment was used and for what purpose, and this was linked to the relevant patient's medical record. We saw copies of pre treatment medical questionnaires which had been completed by patients. We were told that these formed the basis of a risk assessment for each patient and that treatment would be refused if there were contra indications which may affect the person's health or the success of the treatment.

Laser/IPL treatments provided at The Burghley Park Clinic are aesthetic treatments and ultrasound scans are non diagnostic. However the practitioners providing these treatments are appropriately qualified to spot any abnormality which may require investigation by another health care professional. We were told that ultrasound scans were only available to women who had already undergone their foetal abnormality scan (normally done at 20 weeks), but in the event that any abnormality was seen, this would be discussed with the patient, who would be advised to seek further advice/investigation. Similarly, for people receiving laser/IPL treatment, any skin abnormality would be discussed with the patient who would be advised to see their GP.

We saw information given to patients who have received treatment about after care. They are also provided with a help line number to contact if they have any concerns. This is available 24 hours a day, seven days a week.

Our judgement

People receive safe and appropriate care and treatment because their wishes, needs and risks have been properly assessed by appropriately trained staff. Feedback from people who have used the service shows that they feel their needs are met.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

Outcome 5: Meeting nutritional needs
This outcome is not applicable as the clinic does not prepare food and drink for people. There are no eating or drinking restrictions for people attending The Burghley Park Clinic.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant
with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

We received no feedback form people about this outcome

Other evidence

The nature of treatments provided at The Burghley Park Clinic makes it unlikely that transfer of care would be required. People who attend the clinic are usually self referred and we were told that most people chose not to have details of their treatment shared with their GP. We were told that in the event of a medical emergency, people would be transferred to the nearest, most appropriate NHS facility and there is a protocol in place for such eventuality. A full medical record printout would be provided if required. The provider confirmed that no transfers took place in the last 12 months.

Our judgement

The nature of treatments provided at the Burghley Park Clinic means that they are provided independently of other healthcare services but there are systems in place to transfer information, with the patient’s consent, when required.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant
with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People had no comments about this outcome.

Other evidence
The provider told us that all employees undergo checks by the Criminal Records Bureau and all had received training to recognise the signs of abuse in children or vulnerable adults. The provider told us that it has policies and procedures in place to protect vulnerable people but these have never been used.

Our judgement
The provider has systems in place to ensure that appropriate action is taken to support people who may have been abused.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant
with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People told us they found the clinic to be clean and well maintained. They said that they saw staff washing their hands.

Other evidence

In the most recent patient satisfaction survey, 95.7% of respondents rated the cleanliness of the facility “extremely suitable”.

We observed that the premises were clean, tidy and fresh. There were adequate hand washing facilities and appropriate arrangements for the disposal of waste. The premises are NHS premises and we were told that the supervision and monitoring of cleanliness was the responsibility of the premises manager. We were told that the clinic had an infection control policy and that compliance with this was monitored by the Medical Advisory Committee. We were told that an audit of cleanliness and infection control was undertaken at least annually and the last audit achieved a score of 96%. There have been no infection control incidents or infections reported at the clinic.

Our judgement

The premises are well maintained and cleaned to prevent infection. Staff take appropriate precautions to minimise the risk of infection, and the cleanliness of the environment is regularly audited.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
The provider is compliant with outcome 9: Management of medicines

Our findings
What people who use the service experienced and told us People did not provide any feedback in relation to this outcome.
Other evidence The provider told us that there were no medicines stored, dispensed or administered in the clinic, associated with the regulated activities. We were told that patients receiving treatment for Rosacea were sometimes prescribed an antibiotic medicine. We were told that information about the effects of this medicine was given to patients. We were told that the clinic has a medicines management policy and compliance with this was monitored by the Medical Advisory Committee and prescription of medicines was audited as part of a regular medical records audit. We were told that that there had been no adverse incidents or complaints relating to the prescription of medicines. We were told that medicine required for resuscitation or other medical emergencies

were not kept in the clinic, but in the event of an emergency, practitioners could access equipment and medication held in the NHS medical centre.

Our judgement

Medicines are only prescribed by a suitably qualified medical practitioner. There are systems in place to ensure the safe and appropriate prescription of medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant
with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People told us that the clinic was a pleasant, comfortable and relaxed environment.

Other evidence

The clinic occupied treatment rooms on the first floor of Taw Hill Medical Centre, an NHS facility which was purpose built in 2004. There was adequate car parking in the Taw Hill Centre, including disabled bays. Signage was clear and the building was fully accessible to people with physical and sensory disability. The clinic could be accessed by stairs or a passenger lift and there was a small waiting area outside the clinic. All rooms were appropriately furnished and finished and appeared well maintained.

There was strictly controlled access to the laser treatment room, with warning lights on display when the lasers were in use. Metal shutters to the windows were activated and the door locked when the laser equipment was switched on. The laser equipment could not be used until all safety measures were in place. The treatment area had been regularly inspected by a certified laser protection advisor, from whom safety advice was also available.

We were told that maintenance and servicing of the premises, including all equipment, was the responsibility of the premises manager. A register was maintained showing when checks were due and completed, and this was monitored by the Medical Advisory Committee.

We saw appropriate fire fighting equipment and clearly signed fire exits.

Privacy and dignity was maintained by the use of curtains and blinds.

Our judgement

The clinic is appropriately laid out, furnished and equipped to create a welcoming environment, and to protect people's privacy and dignity. The premises are well maintained and there are regular checks in place to ensure that the environment is safe and fit for purpose.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement
The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings
What people who use the service experienced and told us <p>People said that that they were confident that the equipment used was safe and was operated safely. Several people told us that the laser treatment received at The Burghley Park Clinic was more comfortable than at other laser clinics they had visited.</p>
Other evidence <p>We saw records kept of regular servicing and maintenance of equipment. Laser equipment could only be operated by authorised users, of which there was currently only one. There was adequate personal protective equipment, including protective eye wear for patients and operators. There were strict operating procedures in place for the safe operation of all laser equipment.</p>
Our judgement <p>People have access to appropriate equipment to ensure effective, safe and</p>

comfortable treatment.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant
with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People said that the staff were “extremely nice” and “fantastic”. The doctor was described as “very sympathetic and very human. He always takes the time to explain things and takes time with the treatment so you feel as comfortable as possible.”

Other evidence

There were just three staff employed by the clinic at the time of our visit, including the registered manager who was a practising General Practitioner, and undertook all laser IPL treatments. The ante natal scans were undertaken by a part time ultrasonographer, who also practised in the NHS. A receptionist had just been appointed by the Taw Hill Medical Practice and employed to work one day a week in the clinic. She was undertaking her induction training at the time of our visit.

We checked staff files and were satisfied that necessary pre employment checks had been undertaken and that practitioners continued to be registered by their relevant professional body.

Our judgement

The clinic has appropriate recruitment and vetting procedures to ensure that people are cared for by suitable and appropriately qualified staff.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant
with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People said that they were made to feel relaxed and comfortable. They said that staff took time with them to explain things and they were never rushed. People said that appointments were made to fit with their personal circumstances and they appreciated this. They said that they were seen promptly.

Other evidence
We were told that staffing levels were adjusted according to demand for services. The clinic had recently employed a part time receptionist to work on Saturdays as this was the day that most laser treatments were carried out. Ante natal scans were provided as required, including some evenings.

Our judgement
There is assessment of demand for the service and the numbers and skills of staff needed to meet those needs, and this is reviewed regularly. Feedback from people using the service demonstrates that they are happy with the service they receive.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant
with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People said that they were confident that staff were competent and skilled.

Other evidence

We looked at staff records and saw that they received regular training and support to fulfil their role. Staff receive annual appraisal and we saw evidence of this. We were told that ongoing supervision was ad hoc and informal but performance is monitored through patient feedback and audit of medical records, and any adverse events. The registered manager told us that he aimed to see staff at least once a fortnight. Appraisal records provided evidence of staff satisfaction with this arrangement and their terms and conditions of employment. The clinic plans to undertake a staff satisfaction survey.

Our judgement

Feedback indicates that people who use the service have confidence in the skills and abilities of staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant
with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not receive feedback from people about this outcome.

Other evidence

The provider told us that it monitored quality and assessed risk by listening to feedback from patients and conducting regular audit. People were encouraged to provide feedback on the clinic's website and an annual satisfaction survey was conducted. There was also suggestion box in the clinic waiting room.

We were told that patient feedback, complaints, adverse events and audits were reported at regular Medical Advisory Committee (MAC) meetings and we saw evidence of this.

We saw defined protocols for each treatment which included contraindications, pre treatment tests, and procedures to be followed if anything goes wrong with

treatment. We also saw procedures outlining safe operating procedures, including controlled and safe access and adverse event procedures. Any adverse reactions to laser treatment, however small, were recorded in a treatment log.

The clinic maintains a risk register which is regularly reviewed by the MAC.

Our judgement

The provider has systems in place to audit quality and identify risks or areas for improvement.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement
The provider is compliant with outcome 17: Complaints

Our findings
What people who use the service experienced and told us <p>People said that they had no complaints but felt that the clinic would be receptive to negative feedback and would take appropriate action to rectify any shortcomings.</p>
Other evidence <p>The clinic had a <i>Client Guide to Services</i> which was available on their website. This included a summary of the clinic's full complaints procedure, which, it stated, was available on request. The summary explains to people how they may go about making a complaint, how it would be dealt with and who to contact if they remained dissatisfied. We saw from the clinic's complaints log, that no complaints had been received about the service in the last 12 months but the registered manager told us that they welcomed complaints and saw them as an opportunity to make improvements.</p>
Our judgement

People have access to a clear complaints procedure which is well publicised and they feel confident that their concerns will be listened to and acted upon.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant
with outcome 21: Records

Our findings

What people who use the service experienced and told us

People told us that they were confident that staff respected that their personal information was confidential.

Other evidence

The clinic's *Client Guide to Services* advised patients how to access their medical records and assured people that confidentiality would be respected in accordance with the Data Protection Act. We saw that electronic medical records were completed for all patients who attended the clinic. These were password controlled in order to ensure their security. We looked at a sample of records and each one contained clear, up to date information, including a record of the patient's expectations of treatment. Pre treatment medical questionnaires and consent forms were completed and scanned into the record. We were told that medical records were audited at least annually and we saw evidence that such an audit had just been completed, and achieving excellent results.

Other records in the clinic, including staff records, treatment logs, complaints, adverse incidents, were all well organised and up to date.

Our judgement

A record is kept for every patient who attends the clinic and this contains clear and up to date information which can be used to plan appropriate treatment. Records are stored securely and regular audit ensures that records continue to be fit for purpose.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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