

Inspection report 2005/2006

The Surrey Park Clinic (Health & Hormone Clinic) *Guildford*

Introduction

Independent healthcare providers in England must be registered with the Healthcare Commission. To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The Healthcare Commission tests providers' compliance at least annually by assessing each registered establishment against a set of *National Minimum Standards*, which were published by the Government for that purpose and set out the expected standards for different types of independent health services.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance.

In addition to this report, the establishment has received fuller information about the basis for the inspection findings, which is available on request from the Healthcare Commission (Independent Healthcare), Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG. The establishment's action plan, which sets out the steps it is taking in response to inspection findings, may be requested from Mrs Toni Manley, The Registered Manager, The Surrey Park Clinic (Health & Hormone Clinic), Stirling House, Stirling Road, Guildford, Surrey GU2 7RF.

Background and main findings

Background

The Surrey Park Clinic (formerly The Health and Hormone Clinic) is situated within Surrey Research Park. There is on site parking and public transport nearby. The clinic is led by a consultant gynaecologist with directly employed registered nurses, administrative and support staff. Other specialists, including medical and paramedical practitioners, have been granted practising privileges. Services provided include general gynaecology, specialist clinics and diagnostic services on an outpatient basis only. Some minor gynaecological procedures are undertaken. The clinic was first registered in October 2004 and as this is the first inspection report, all relevant standards and aspects are assessed.

This inspection took place on 2 August 2005.

The Healthcare Commission carries out one third of its inspections in the independent sector without prior notice, and this inspection was announced.

Main findings

Overall the establishment provides a service that meets the needs of its patients. Members of staff are welcoming and helpful, treating patients with courtesy and professionalism and this is

reflected in patient feedback. The environment has been decorated and furnished to a high standard and is well maintained. Since registration the position of the sluice has been moved and now presents a slight infection risk. A requirement to present plans to the Healthcare Commission to remedy this is made. Quality monitoring systems are being implemented and require some further development. Staff training and updating takes places regularly and members of staff work together as a team. Care and treatment are in line with accepted professional guidelines. Requirements have been made regarding the need to record additional information.

Achievements

The establishment has been decorated and furnished to a high standard. This provides a pleasing environment for patients and staff, as confirmed by 2 patients and by inspectors observation. Staff are welcoming and friendly, putting patients at ease. 4 patients commented on this.

Assessments

The Healthcare Commission only makes assessments of standards where we do not have evidence that the establishment is likely to be achieving the required level of performance. Other standards are not assessed because we have been able to corroborate evidence from the establishment of satisfactory performance.

For each standard that we assess, we use a four point scale.

standard exceeded	Commendable: above the required levels of performance
standard met	No shortfalls: achieving the required levels of performance
standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance

The assessments are grouped under the following headings and each standard shows its reference number.

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients’ needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?
- Service specific standards for the type of establishment inspected

Safety

Standard	Assessment
Patients receive treatment using equipment and supplies that are safe and in good condition. (C18)	Standard Met
Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately. (C20)	Standard Met
The risk of patients and visitors acquiring a health care associated	Standard Almost Met

infection is minimised. (C25)	
Children are protected effectively from abuse. (C13)	Standard Almost Met
Measures are in place to ensure the safe management and secure handling of medicines (C22)	Standard Almost Met
Medicines, dressings and medical gases are handled in a safe and secure manner. (C23)	Standard Almost Met
Patients are not treated with contaminated medical devices. (C26)	Standard Met

Clinical and cost effectiveness

Standard	Assessment
Treatments provided to clients are in line with the relevant clinical guidelines. (C3)	Standard Almost Met
Clients are assured that monitoring of the quality of treatment and care takes place. (C4)	Standard Almost Met

Governance

Standard	Assessment
Appropriate policies and procedures are in place to help ensure the quality of treatment and services. (C7)	Standard Almost Met
Clients are assured that a fit person runs the establishment. (C8)	Standard Almost Met
Clients receive care from appropriately recruited, trained and qualified staff. (C9)	Standard Almost Met
Clients receive treatment from appropriately recruited, trained and qualified healthcare professionals. (C10)	Standard Met
Clients are treated by healthcare professionals who comply with their professional code of conduct. (C11)	Standard Almost Met
Personnel are freely able to express concerns about questionable or poor practice. (C16)	Standard Met
Contracts ensure that clients receive goods and services of the appropriate quality. (C28)	Standard Met
Records are created, maintained and stored to standards, which meet legal and regulatory compliance and professional practice recommendations. (C29)	Standard Almost Met
Clients are assured of appropriately completed health records. (C30)	Standard Almost Met
Clients are assured that all information is managed within the regulatory body to ensure confidentiality. (C31)	Standard Almost Met
Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects. (C32)	Standard Met

Patient focus

Standard	Assessment
Patients receive clear and accurate information about their treatment and its likely costs. (C1)	Standard Met
The treatment and care provided are patient centred. (C2)	Standard Almost Met
Patients have access to an effective complaints process. (C14)	Standard Met
Patients receive appropriate information about how to make a complaint. (C15)	Standard Met
Patients are resuscitated appropriately. (C27)	Standard Met

Accessible and responsive care

Standard	Assessment
Clients views are obtained and used to inform the provision of care and prospective clients. (C6)	Standard Almost Met

Care environment and amenities

Standard	Assessment
Clients receive treatment in premises that are safe and appropriate. (C17)	Standard Almost Met
The appropriate health and safety measures are in place. (C21)	Standard Almost Met

Service specific standards

Standard	Assessment
Patients are assured that appropriate arrangements for all aspects of their treatment are in place. (PD1)	Standard Met
Minor surgery takes place safely. (PD3)	Standard Almost Met
Medication is prescribed safely and effectively. (PD5)	Standard Almost Met
Patients are assured that effective pathology services are in place. (PD6)	Standard Almost Met
Patients are able to contact private doctors. (PD7)	Standard Almost Met
Patients are offered the opportunity to give or refuse consent for information on their treatment to be passed to their normal GP. (PD8)	Standard Met

Conditions of registration

The establishment's registration is subject to the following conditions.

Condition of Registration:	Met/Not met:
No children under the age of 18 years will be treated at the establishment	Met

Requirements and recommendations

The requirements below address cases of non-compliance with the Private and Voluntary Healthcare Regulations 2001, that were found as a result of assessing the standards listed above. Requirements are the responsibility of the 'registered provider' who, as set out in the legislation, may be either the registered manager of an establishment or, if day to day management is delegated from a head office, the designated responsible individual there. The Healthcare Commission will monitor action plans and, if necessary, take enforcement action to ensure compliance with the regulation shown. Recommendations relate to non-statutory aspects of government standards or national guidance, and are for establishments to consider.

Statutory requirements: areas of non-compliance identified in the inspection

No.	Regulation	Requirement	Time scale
1	9(1)(e) 15(1)(b) 18(3)	A medical practitioner was observed attending the clinic in theatre clothing from another healthcare establishment. The registered person must ensure that doctors change out of "theatre blues" before entering the clinic to minimise the risk of infection.	2 August 2005
2	9(1)(e) 15(6)	Cleaning staffs were not aware of the need to use colour-coded equipment as a means of infection control. The registered person must ensure that all contract cleaning staff are aware of which coloured buckets are used in which areas. These instructions should be kept in the sluice.	1 September 2005

3	15(1)(3) 25(1)	Contaminated instruments were being transported across 'clean' areas. The registered person must ensure that all contaminated instruments are transported across clean areas in sealed containers to minimise the risk of infection.	1 September 2005
4	9(1)	There were no written policies and procedures for carrying out surgical operations covering staffing arrangements, equipment, installations, facilities and theatre practice. The registered person must ensure that they are made available so that all staffs are aware of agreed practices.	1 October 2005
5	21(1)(a)	A full record of all contemporaneous notes of consultations was not available. The registered person must ensure that practitioners with practising privileges provide a copy of all contemporaneous notes for retention by the clinic so that the clinic managers are aware of and can refer to records of all treatments and consultations if necessary.	1 October 2005
6	15(5)	Medicines given to patients to take home are currently only labelled with the patient's name and clinic name. The registered person must ensure that medicines are labelled with all relevant information to comply with the Medicines (Labelling) Regulations 1976 as amended.	1 November 2005
7	18(2)	Manual handling training had not been carried out. The registered person must ensure that relevant training is given to all personnel and lifting equipment is maintained to minimise risks to patients and staff.	1 November 2005
8	25(2)	The position of the sluice room, which had been moved since registration, was only accessible through a patients' toilet. The registered person must prepare plans and present them to The Healthcare Commission by 1 December 2005 so that the layout of the clinic does not present an infection risk.	1 December 2005

Statutory requirements: areas of non-compliance outstanding from the last inspection

No.	Regulation	Requirement	Time scale

Recommendations

Standard	Recommendation
C2	Written consent should be obtained before treatment where the treatment or procedure is complex, or involves significant risks or side effects. This is to provide evidence that all relevant points have been discussed and that the patient agrees to go ahead.
C3	Clinical protocols should be available for all procedures carried out at the clinic so that all practitioners know what practices have been agreed and can follow them.
C4	Checks and audits on practice should be recorded so that monitoring can be carried out and improvements made where necessary.
C6	Patient surveys should be carried out and the resulting information shared with prospective patients. This is so that the clinic and prospective patients are

	aware of the views of existing patients and can take them into account.
C8	The job description for the registered manager should set out the requirement to conduct the clinic in accordance with the law and national minimum standards so that the post holder is aware of these responsibilities.
C9	Interview notes, confirmation of professional indemnity, proof of identity and a declaration in accordance with C9.2 should be obtained/recorded prior to employment. This is to ensure that all relevant checks on staff suitability have been carried out. Training records should be completed, signed and dated by the trainer and trainee in respect of all training, particularly mandatory, so that a full record is available and to assist the identification of 'gaps'.
C11	To provide information for health care professionals that a breach of codes of practice constitutes a disciplinary offence so that they are aware of this.
C13	Training should be provided for all staff in child protection procedures so that they know what to do should they have concerns about a child visiting the clinic. Policies and procedures that reflect professional guidance should be prepared so that staff can refer to them.
C17	Clinical waste bags should be labelled to enable it to be traced back to its points of origin. The locked clinical waste bin outside the premises should be secured so that it cannot be taken away without authorisation. A preventative maintenance plan should be prepared so that all facilities and items of equipment with required dates for servicing/maintenance can be readily identified. Monthly checks of fire fighting equipment should be written down so that a full record is available and there is a system of assurance that all items are in place and in suitable condition.
C21	The chair in the recovery room should be able to be reclined so that patients can be recovered in this position if necessary. The sink taps in the treatment room should be taps mixing hot and cold water so that the correct temperature of running water can be achieved to obtain the best hand washing results.
C22	A label printer is on order for the labelling of dispensed medicines. A pharmacist should approve the master labels to ensure they include all relevant information.
C22/PD3	The expiry date of the anaphylaxis box was checked and recorded weekly. The contents of the box should also be checked at regular intervals to ensure the medicines inside are fit for use.
C23	Some medicines in the treatment room were stored in a locked cupboard under the sink. Medicines should be stored away from a sink waste pipe to ensure the medication cannot be contaminated from the waste pipe. Copies of some medicine orders were not held on file at the clinic. A record of all orders should be kept, together with a record of receipt to maintain an audit trail. Medicines discarded at the clinic e.g. expired medicines, were not recorded. A record of disposal should be kept for packs of medicines destroyed in order to maintain a robust audit trail.
C25	Cleaning schedules should be recorded so that there is an assurance that all relevant tasks have been carried out. Wipe clean surfaces should be used for all furniture and floors in clinical areas so that risks of infection can be kept to a minimum. 'Clean' items should be removed from under the sink in the treatment room so that risks of contamination are minimised.
C30	Entries in health records should be timed to provide evidence of contemporaneous note taking. The designation of the signatory should be recorded to allow easy identification and confirmation of position/qualification

	of the person who has written the notes.
C31	The information management policy should take account of the recommendations of the Caldicott Committee report on the review of patient identifiable information. This is to ensure that no information about patients is held when it does not need to be. Written information should be made available for patients on their right to access their health records. This is so that patients know that they have this right and who to approach should they wish to obtain their records.
PD5	Prescribing at the clinic was evidence based and/or in accordance with protocols used at the neighbouring Trust hospital. Documentation of the protocols and evidence base should be present at the clinic together with evidence of clinical audit. This is to ensure that prescribing is in accordance with the protocols and / or evidence base.
PD6	Audits of pathology services should be carried out to identify whether practice meets the required standard so that improvements can be made where necessary.
PD7	Written information about 'out of hours' contacts should be made available for patients so that they know how to communicate with a person who has knowledge of their condition in an emergency.

The action plan in response to these recommendations and requirements may be requested from the establishment at the address at the front of this report.

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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