

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

Colney Medical Centre

45-47 Kings Road, London Colney, St Albans,
AL2 1ES

Tel: 01727823111

Date of Inspection: 02 January 2014

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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 |
| Cleanliness and infection control | ✓ 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 | The Gynaecology Partnership Limited |
| Registered Manager | Dr. Kapil Kedia |
| Overview of the service | Colney Medical Centre is registered to provide primary care to people requiring a gynaecology service. |
| Type of services | Doctors consultation service Diagnostic and/or screening service Doctors treatment service |
| Regulated activities | Diagnostic and screening procedures Family planning 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 |
|-----------------------------------------------------------|------|
| <hr/> | |
| 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 |
| More information about the provider | 4 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 5 |
| Care and welfare of people who use services | 6 |
| Cleanliness and infection control | 7 |
| Supporting workers | 8 |
| Assessing and monitoring the quality of service provision | 9 |
| <hr/> | |
| About CQC Inspections | 10 |
| <hr/> | |
| How we define our judgements | 11 |
| <hr/> | |
| Glossary of terms we use in this report | 13 |
| <hr/> | |
| Contact us | 15 |

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 2 January 2014, talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection visit on 02 January 2014, we spoke with three people who used the service. The people we spoke with said that they were very happy with the service they received. One person said "I have visited the centre three to four times and I have found that the staff were very helpful and I did not have to wait long to see my doctor. I have had lots of tests and at the moment I am happy with the treatment. I have no concerns." Another person said "This was my first visit. I had been referred by my GP. The staff, including the doctors were very professional and efficient. The doctor discussed the next step of my treatment with me and I felt calm and reassured."

We found that the provider was meeting the standards we had inspected. People had been involved in the decisions about their treatment and their privacy and dignity was respected. People received treatment as discussed and agreed by them. There was a system in place to control the spread of infection. Staff had been provided with the relevant training so that they were competent in their roles. There was a quality assurance system to assess and manage the quality of service.

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 privacy, dignity and independence were respected.

Reasons for our judgement

The manager said that people's privacy and dignity was respected. Consultations took place in the privacy of the surgery with the doors closed. The staff we spoke with said that they only asked people's names when they arrived at the reception or when they received a call for cancellation or changes to their appointments.

We noted that leaflets providing information about the service was available for people. The manager said that people could also access the centre's website so that they would be able to make an informed decision. We noted from the records of people's treatment plans that they had discussed their treatment with the doctor. This meant that people had been involved in the decision about their treatment.

The centre is accessible for wheelchair users or people with mobility problems.

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

The manager said that people had been referred by their GP and each referral had been triaged so that the staff were able to make an informed decision whether the centre would be able to meet the needs of people or not.

We noted from people's records that an assessment of their needs had been carried out, their medical history obtained and their overall health check carried out including clinical tests. We also noted that treatment options had been discussed with them and follow up visits had been planned so that the doctor would be able to explain the findings of the tests. The results of the tests provided information so that the right type of treatment would be prescribed for the individuals.

We also noted that advice such as weight loss had been given to people so that they would improve their chances of conceiving. The manager said that in most cases people's treatment started with medication following the results of the tests. As part of the assessment, we were told that people had a hysteroscopy so that the doctor would be able to provide appropriate advice and treatment.

This meant that people received care and treatment that would be appropriate for them in meeting their needs.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and were cared for in a clean, hygienic environment.

Reasons for our judgement

The manager said that the practice had procedures in place to ensure that the cleanliness of the instruments, equipment and premises were being maintained. We noted that regular checks had been carried out to monitor the effectiveness of the procedures and safe practices.

We noted that the centre was visibly clean and fresh. The surgeries had been hygienically cleaned and well maintained. This meant that people received care and treatment in a clean environment.

We saw the staff training records that showed that they had received training on the prevention of infection to ensure standards were being maintained in relation to national guidance. We noted that staff had access to gloves, aprons and masks to control and prevent the spread of infection. We noted that hand washing procedures had been displayed in each surgery and in the toilets to remind people and staff of the importance of hand washing after using the toilet. We also noted that a cleaning schedule was in place to ensure that all areas of the centre had been cleaned regularly to maintain a clean and hygienic environment.

We saw evidence that there were contracts in place for the collection and safe disposal of clinical waste.

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

The staff we spoke with said that they had completed an induction programme when they first started work at the centre. This ensured that they were aware of the policies and practices in place and what was required of them.

We noted from staff training records that they had received all mandatory training including yearly refreshers so that they were aware of current practices and competent in their role. They also said they had completed other relevant course such as being a chaperone which meant that female staff would be present when patients had a scan or a biopsy.

The manager said that they discussed issues regarding the day to day management of the centre on a daily basis and that the managers were always available if required. We had been informed that staff meetings have been planned so that staff would be provided with a platform to talk about their work, experiences and future events in a formalised way.

The staff we spoke with said that they received regular formal supervision and yearly appraisals so that their work was appraised and training needs identified. This meant that staff had been supported in their work so that people received care and treatment that met their needs.

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

The manager said that they carried out yearly questionnaire surveys for people. The most recent questionnaire survey carried out in July 2013 found that people were very satisfied with the treatment they had received. It was a friendly and pleasant centre and that the staff were nice and helpful.

We saw evidence that a record of all complaints received had been logged and dealt with satisfactorily, and in line with the centre's complaints procedure.

We were told that treatment plans and staff files were held electronically and these records were accessible to authorised personnel only and were password protected.

We noted that regular fire safety and health and safety checks had been carried out so that people were treated and the staff worked in a safe environment. We also noted that regular servicing of equipment and other maintenance contracts were in place including the removal and disposal of clinical waste.

The manager said that they were developing a training matrix so that each staff would be reminded when they would be due for their refresher courses to ensure that they would be kept up to date with current practices. However, we were unable to assess the impact of this as the matrix was not in place on the day of our inspection.

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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