

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

Farnham Centre for Health

Hale Road, Farnham, GU9 9QS

Date of Inspection: 11 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✗	Action needed
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	InsideVue Limited
Registered Manager	Dr. Robert Davies
Overview of the service	Farnham Centre for Health provides diagnostic ultrasound for NHS and private patients of all ages.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

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'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013, checked how people were cared for at each stage of their treatment and care and talked with staff.

Speaking with one of the directors of the company.

What people told us and what we found

The registered manager was not available on the day of the visit. We were assisted with the inspection by one of the directors of the company and two members of staff.

There were no clinics arranged for the day of our visit so we were unable to speak with people who used the service. We reviewed a sample of people's comments on individual patient feedback forms and the result of the last quarter collated comments on patients satisfaction survey. We found people rated their satisfaction as very good to excellent.

We found that the service sought people's consent before treatment and care were offered. We saw there was regard for people's privacy and dignity at the service. People's care plans reflected their individual wishes and preferences. Staff showed respect for people when they spoke with us and in the language they used in records.

Staff told us they had training in safeguarding children, but had no training in safeguarding adults. This was supported by one of the directors of the company.

We saw risk assessments were in place to ensure people were protected against unsafe practice. The service had systems in place to regularly assess and monitor the quality of care people received.

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 09 April 2013, 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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

There were no clinics arranged for the day of our visit so we were unable to speak with people who used the service. We reviewed a sample of people's comments on individual patient feedback forms and the result of the last quarter collated comments on patients satisfaction survey. We found people rated their satisfaction as very good to excellent.

We saw from documented evidence that people's consent to care and support was sought by staff before care was carried out. We were told as a result of the service's patient's satisfaction survey they had improved their referral processes. This meant that on referral the GP gave the person the service's "Preparation Sheet".

This preparation sheet included the type of scan, preparation for scan if needed and the address and contact details of the clinic. The person signed and dated the preparation sheet which they brought with them for their scan. We were told that at the point of booking the appointment the staff at the clinic reiterated the information on the preparation sheet. Staff said this was done to ensure patients exercised their right to choose. For example, staff said, "The GP might tick internal scan for a trans-vaginal scan. We offer the choice of trans-abdominal as well as trans-vaginal scan. This demonstrated that people were offered the choice to change decisions about treatment that had been previously agreed. We were told a further verbal check for consent to care and treatment was carried out by the person performing the scan and this was documented in the person's notes.

The staff told us the information on the "preparation sheet" allowed them to select the appropriate staff to deliver the person's agreed care. For example, a sonographer who specialised in paediatric health worked with children, and all muscular skeletal scans were carried out by a consultant radiologist.

Children who had received care and treatment had their consent forms signed by a parent or a guardian. The same procedure was followed for children as for adults whereby the verbal consent of the children were sought before the procedure commenced.

People who used the service who lacked the mental capacity to sign their consent to receive care and treatment, had the consent form signed by a person who is legally entitled to sign on their behalf. This demonstrated that staff respected the rights of people who used the service to have an advocate who assisted them in understanding their options and helped them made an informed decision.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There were no clinics arranged for the day of our visit so we were unable to speak with people who used the service. We reviewed a sample of people's comments on individual patient feedback forms and the result of the last quarter collated comments on patients satisfaction survey. We found people rated their satisfaction as very good to excellent.

We saw in the two care files we reviewed, that prior to people being accepted for treatment, they had a NHS ultrasound referral form completed by the GP. Staff told us they used the information on the referral form as the basis of their pre scan assessment. They said this enabled them to plan the most suitable care for the person who wished to use the service. For example if a person was diagnosed with diabetes, that person would be given an appointment suitable to their diabetic needs. This meant care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw in the care records we reviewed that people's care was planned based on the information contained in the GP referral form. We were told that the service carried out a triage to ensure the referral was appropriate. For example, people whom the GP referred with suspected diagnosis of cancer had their referral forms returned to the GP for referral under the two week rule. (This is the Department of Health (DoH) instruction that any patient with suspected cancer, such as testicular and breast cancers should be seen under the two week rule (TWR) by the relevant consultant). This was to ensure the service met the care and welfare needs of the people who used the service.

We saw risk assessments were carried out as required. For example, people had their

weight documented. We were told by staff this was to ensure the couch in the treatment room which had a weight limit was able to bear the person's weight safely. We saw risk assessments were carried out for moving and handling people who used wheelchairs. We were told this was to make certain suitable staff were available to assist the person from chair to couch and back to chair where needed.

We reviewed the records of care given and found that care documented as given was a reflection of the care needs identified on the referral forms.

One of the company directors told us all staff had completed a "Heart Start" course, which included cardio pulmonary resuscitation (CPR) for both adults and children. Clinicians had undertaken a defibrillation course which was also included in the "Heart Start" course.

This demonstrated that people who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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

Our judgement

The provider was not meeting this standard.

People who used the service were not fully protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There were no clinics arranged for the day of our visit so we were unable to speak with people who used the service. We reviewed a sample of people's comments on individual patient feedback forms and the result of the last quarter collated comments on patients satisfaction survey. We found people rated their satisfaction as very good to excellent.

One of the directors told us that they had completed safeguarding of children training but had not yet started the adult safeguarding course. He said none of the clinical staff had completed the Surrey County Council (SCC) multi agency training in safeguarding people from abuse. The service did not have a copy of the local authority's guidance on safeguarding adults. This meant that both registered manager and staff had no ready access to information on managing adults safeguarding matters promptly.

One of the directors showed us the service's policy on child abuse, we noted that it was current. The administration staff we spoke with all said that they had not received training in safeguarding people from abuse.

Staff said they were aware of the impact the MCA had on their practice when caring for people who lacked the mental capacity to make their own decisions. We observed that staff were knowledgeable about the implications of deprivation of liberty safeguards (DoLs)

and the reasons why they needed people's consent to treatment and care. They told us however, they had not completed the Mental Capacity Act 2005 (MCA) and the deprivation of liberty safeguarding (DoLs) course.

This meant that the provider failed to make suitable arrangements to ensure people who used the service were protected against the risk of abuse.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

There were no clinics arranged for the day of our visit so we were unable to speak with people who used the service. We reviewed a sample of people's comments on individual patient feedback forms and the result of the last quarter collated comments on patients satisfaction survey. We found people rated their satisfaction as very good to excellent.

Staff had been employed prior to the service transfer of registration to CQC. Appropriate checks were undertaken by an umbrella company which dealt with recruitment of staff before staff began work. The service is no longer using this umbrella company.

Staff told us they had been working at the practice between ten and twenty - five years. They said they were interviewed for their jobs under an umbrella company which the service no longer used. A director of the company told us they had no employment records for staff, as the records were kept by the umbrella company which they had previously used to recruit staff. He said the service had not employed any new staff in the last ten years. We saw evidence that the service had obtained current CRB checks for all staff employed at the service.

We reviewed their employment policy which included the requirements related to employment of workers under Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities). A director of the company told us no new staff had been employed since ten years ago, and the umbrella company had all the employment records of staff. We spoke with three members of staff who told us they have been employed with the service for between ten and twenty-five years.

A director of the company said the service ensured all current employees were honest, reliable, and trustworthy and staff treated people who used the service with respect. We

saw evidence of staff's qualification and that staff had undertaken relevant and up to date training which enabled them to perform their duties. A director of the company told us staff had regular supervision and yearly appraisals. They said this ensured that staff were capable to perform their roles and duties.

This meant that people who used the service had their health and welfare needs met by staff who were appropriately qualified and able to perform their duties in a safe way.

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 received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

There were no clinics arranged for the day of our visit so we were unable to speak with people who used the service. We reviewed a sample of people's comments on individual patient feedback forms and the result of the last quarter collated comments on patients satisfaction survey. We found people rated their satisfaction as very good to excellent.

We observed through case tracking the health and social care needs of people who used the service, that the service had developed and used risk assessments to safely manage people's health, safety and lifestyles. This meant that necessary changes to people's plan of care were made when information gathered and analysed identified a risk of inappropriate care or support.

A director of the company informed us that staff were trained to recognise actual and potential risk triggers and how to deal with them effectively in a confidential way. Staff told us they were confident in using the service's reporting system and knew they would be supported in raising any concerns of poor practice.

Staff told us people who used the service were asked on each visit to complete a patient satisfaction questionnaire to obtain their impression of the service provided. One of the directors of the company told us, as part of monitoring the quality of care provided by the service, they regularly performed clinical audits and quality control which formed part of the company's strategy to improve service. One of the directors of the company said they regularly measured practice against CQC Essential standards of quality and safety. They identified actions to improve practice and implemented those actions to ensure clinical

audit was used as a tool for change. We were told for example, the service had improved the patient preparation sheet as a result of comments analysed from people who used the service.

We reviewed the service's quality assurance monthly proforma and saw all outcomes were good with no actions required.

This meant that people who used the service and others were protected against the risk of inappropriate or unsafe care and treatment.

Complaints

✓ Met this standard

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 had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

There were no clinics arranged for the day of our visit so we were unable to speak with people who used the service. We reviewed a sample of people's comments on individual patient feedback forms and the result of the last quarter collated comments on patients satisfaction survey. We found people rated their satisfaction as very good to excellent.

People were made aware of the complaints system. This was provided in a format that met their needs. We observed the service had a complaints book in place. We observed their complaints policy and guidelines. Staff told us they had received one complaint in the last two years and this was resolved to the person's satisfaction. We saw evidence of this in the service's complaints record folder.

Staff told us one of the company directors was always available in the service, so that people could speak with him on a one-to-one basis. They said this reduced the need for complaints. One of the directors of the company told us the service encouraged and supported a culture of openness where individuals felt confident that their complaints or concerns were listened to and acted upon.

This meant that people who used the service or others acting on their behalf are sure that their comments and complaints are listened to and acted upon effectively.

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 activity	Regulation
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
	How the regulation was not being met: The registered person had not made suitable arrangements to ensure people who used the service were safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs. (Regulation 11)

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 09 April 2013.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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