

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

## Eric Moore Health Centre

1 Tanners Lane, Warrington, WA2 7LY

Tel: 01925405577

Date of Inspection: 16 April 2013

Date of Publication: May  
2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Kleyn Healthcare Limited
Registered Manager	Miss Julie McCann
Overview of the service	<p>Eric Moore Health Centre in Warrington provides a diagnostic ultrasound service to patients referred by other health professionals. At present the service has temporary offices in Bewsey Street. The location at Tanners Lane has good signage to direct patients. It is only this service that has been inspected under the Health and Social Care Act 2008 and other provisions made from the health centre are not covered by this report. There is no service provided to patients under the age of 18.</p>
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

*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
<b>Summary of this inspection:</b>	
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
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
<b>About CQC Inspections</b>	10
<b>How we define our judgements</b>	11
<b>Glossary of terms we use in this report</b>	13
<b>Contact us</b>	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 16 April 2013, talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

We spoke to one person who was using the service. They told us that they had signed a consent form and that the procedure had been explained by their GP prior to being referred. They told us they were more than happy with the service and had attended their GP surgery only the day before and had received a telephone call the following day from the service with an appointment. One person told us "it is very impressive, the staff both on the telephone and in person are very good and have put me at ease." People told us and we observed that staff took the time to discuss the ultrasound scan and to ensure that they fully understood the findings of the scan. They told us they were more than happy with the service and had attended their GP surgery only the day before and had been rang the following day by the service with an appointment. " it is very impressive, the staff both on the telephone and in person are very good and have put me at ease." They told us and we observed that staff took the time to discuss the ultrasound scan and to ensure that they fully understood the findings of the scan.

Comments taken from the latest patient survey said " staff are friendly;" "staff are friendly and professional;" "very friendly staff , explained everything to me , what was going on and what was to happen next;" "speedy and efficient service." Throughout the visit we saw that staff responded to people in a polite, professional manner.

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](http://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.

---

### Reasons for our judgement

We spoke with one person who was using the service. They told us that they had signed a consent form and that the procedure had been explained by their GP prior to being referred.

We observed a giving a full and Consultant Radiologist giving detailed explanation whilst carrying out the procedure and she was showing the patient pictures of the scan at every stage so that the patient knew what was happening on the screen. Consent forms seen included information about possible risks and staff discussed this at the appointment.

We saw that the service had a policy in place for consent to examination which included information regarding people's capacity to make decisions. A chaperone policy was seen and all patients were seen with a chaperone, if the patient does not wish to be chaperoned a note is made in their file.

**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**

---

We spoke with someone who was attending for an ultrasound scan. They told us they were more than happy with the service and had attended their GP surgery only the day before and had received a telephone call the following day from the service with an appointment. One person told us "it is very impressive, the staff both on the telephone and in person are very good and have put me at ease." People told us and we observed that staff took the time to discuss the ultrasound scan and to ensure that they fully understood the findings of the scan.

Comments taken from the latest patient survey said "staff are friendly;" "staff are friendly and professional;" "very friendly staff , explained everything to me , what was going on and what was to happen next;" "speedy and efficient service."

We spoke with staff members and looked at care/treatment records which showed that all patients were referred by their General Practitioner (GP). and all reports were typed up and sent to the GP on the same day as the patient received the scan. All patients are treated by fully qualified Consultant Radiologists or Ultrasonographers who are registered with the appropriate professional bodies – either the General Medical Council or Health Professions Council. Records were kept of all patients who received an ultrasound scan. Staff spoken with were knowledgeable about the procedures and equipment used. We saw that risk assessments and guidance notes relating to people's health and safety and the use of equipment were available. For example, we saw risk assessments for the scanning room and product and safety information regarding the use of gels and disinfectants used within the scanning process.

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

---

### **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

### **Reasons for our judgement**

---

During our visit we saw that a policy and procedure for safeguarding vulnerable adults was in place. The document gave the definition of a vulnerable adult and examples of types of abuse people may experience. The policy stated that the service would cooperate fully with external agencies in the event of a concern being raised. The document stated that all concerns should be referred to Warrington Borough Council's safeguarding unit under their joint agency safeguarding procedures; and that anyone can raise a concern at any time. No safeguarding concern had been raised about the service.

A complaints procedure was available. No complaints had been made to the service.

We discussed the recruitment procedure which was thorough and looked at the staff file of three most recently employed people. This showed that evidence of identity was checked. We saw that a Disclosure and Barring check (previously Criminal Records Bureau Disclosure) and references had been obtained before they began working for the service. This was to make sure people receiving services were protected. Any gaps in employment history had been explored before they started working at the service.

**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**

---

During our visit records demonstrated that clinicians working at the service were registered with professional organisations. For example, we saw evidence of registration with the Health Professions Council. Training records demonstrated that clinicians had attended further training for their role. All qualified staff also worked in the NHS on a part time basis.

There was evidence of peer and clinical supervision by the Clinical Director of the service to assist in maintaining consistent standards. For example, we saw certificates for training in resuscitation and internal training on scanning safely. Records demonstrated that some training from another employer included information governance and infection prevention. We saw evidence that staff had undertaken training for their role. For example, records demonstrated that staff had received training in manual handling; emergency evacuation; safeguarding adults and display screen assessments. Throughout the visit we saw that staff responded to people in a polite, professional manner.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others

---

### Reasons for our judgement

---

We saw that people's views on the service they had received were sought. Staff told us that at the end of a person's appointment they were invited to complete a feedback sheet. People were asked to write their views on whether their experience had met their expectations; the friendliness and professionalism of the staff and would they recommend the service. The form also gave the opportunity to write any other comments they may have about their scanning experience.

During our visit we looked at a sample of the most recently completed feedback forms. All rated the service as excellent or very good. The Manager advised that the organisation routinely and regularly reviews the comments received by the patients on the service and these are analysed for action and/or reflection. As part of ensuring that people received a quality service peer meetings were held every three months and a sample of reports were discussed to aid consistency and improvement.

We were told that the service undertakes a 25% "double reporting" system by a second radiologist to ensure accurate diagnosis. We were told that 10% of cases were subject to external review by an independent consultant radiologist and a three monthly external audit also takes place. Meetings and education sessions were also held with local GP's.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

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

---