

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

## Woodbank Surgery

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Tel: 01617051630

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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>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Kleyn Healthcare Limited
Registered Manager	Miss Julie McCann
Overview of the service	Woodbank Surgery is a privately operated service that provides diagnostic ultrasound services to people over 18 years of age. The service is situated within the Woodbank Surgery and Health Centre in Bury, Greater Manchester. It is only this service that is currently registered under the Health and Social Care Act 2008 and other provisions made from the health centre are not covered in this report.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with two people who used the service and they told us that the treatment options were clearly explained to them by the staff.

The people we spoke with told us they were happy with the services provided. They told us they were treated with respect and were happy that the service was local, convenient and closer to their homes meaning they didn't have to attend the hospital.

The people we spoke with told us they felt the treatment room was clean and well maintained. They told us they were happy with the staff and that the staff were very friendly and courteous.

The people we spoke with told us they were delighted with the service provided and that if they had any concerns they would raise them with the service or their General Practitioner (GP).

You can see our judgements on the front page of this report.

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### More information about the provider

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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

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### 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.

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### Reasons for our judgement

We spoke with two people who used the service and they told us that the treatment options were clearly explained to them by the staff.

The provider had operational guidelines in place, which included instructions for staff on the process for seeking informed verbal and written consent. We spoke with the Operations Manager and Lead Sonographer, who told us they did not obtain written consent from the majority of people who used the service because they mostly carried out non-invasive scan procedures. A non-invasive procedure means that no break in the skin is created and there is no contact with the mucosa, or skin break, or internal body cavity beyond a natural or artificial body orifice.

The Operations Manager and Lead Sonographer told us they sought written consent from people when carrying out specific scans, such as some gynaecologic or scrotal ultrasound scans because these procedures were regarded as more invasive or had an impact on a person's privacy and dignity.

The Operations Manager told us that people who use the service were referred to the service by a General Practitioner (GP) via the NHS choose and book system. The GP specified the type of scan that was required and would have discussed the treatment options with the person before they were referred to the service.

The Lead Sonographer told us that the staff clearly explained the process to people who use the service before they underwent a scan procedure, allowing them to make an informed decision on whether they wanted to go ahead with the procedure or not.

The Operations Manager and Lead Sonographer told us that if a person lacked the capacity to make their own decisions, they would be accompanied by their representatives. If the staff had any concerns about a person's ability to make their own decisions, they would not carry out the procedure and seek support from the referring GP. Where a person was unable to speak English, the referring GP would be responsible for arranging an interpreter.

During the visit, we looked at three peoples' medical records. The staff had clearly documented that verbal consent had been obtained in the records we looked at. We also looked at two peoples' medical records where written consent had been obtained prior to carrying out the procedures.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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The people we spoke with told us they were happy with the services provided. They told us they were treated with respect and were happy that the service was local, convenient and closer to their homes meaning they didn't have to attend the hospital.

The provider operated from one treatment room situated in the Woodbank Surgery. There was also a consultation room adjacent to the treatment room. The majority of people who used the service received treatment through the NHS and were referred to the service via the NHS choose and book system by a General Practitioner (GP) requesting a specified type of scan.

The Operations Manager told us that they had approximately 400 appointments per month. The people who used the service were over 18 years of age and the vast majority only underwent a single scan procedure.

The provider carried out a range of ultrasound scan assessments, including general abdominal, gynaecology, vascular, muscoskeletal, renal bladder and prostate scans. The service also applied a number of exclusions, including breast, cardiac, chest, thyroid, ophthalmology, obstetrics and pregnancy scans assessments. The service also excluded people aged under and people with suspected cancer.

The referral to the service was made using a request form, which was completed by the GP. The referral form included information such as the persons' contact details, health conditions and details of the type of scan required.

Following the referral request, the staff arranged an appointment to carry out the procedure based on the individuals' preferences. People were also given information leaflets providing them with information about the procedure they planned to undertake. The Operations Manager told us that where people had requested changes to their appointment times the requests were fulfilled by the staff.

During the visit, we looked at three peoples' medical records, which were paper based and consisted of the referral forms, consent forms, scan test results and scan images. The Lead Sonographer told us that the test results were faxed or posted out to the referring GP. We saw that the people who used the service were not rushed during their appointment and saw that staff carried out their duties in a way that maintained peoples'

dignity and privacy.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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The people we spoke with told us they felt the treatment room was clean and well maintained.

The provider had one ultrasound machine in place. The Operations Manager told us that if the machine was faulty, a portable unit from another of the providers' locations could be used until it was repaired. We looked at records which showed that routine maintenance and servicing of the ultrasound equipment took place every six months.

The Operations Manager told us that the scan procedure was a simple process and they did not use any single use instruments or equipment. We saw that disposable items such as gloves and aprons were readily available. Reusable equipment such as the ultrasound equipment probes were cleaned using disinfectant wipes and decontaminated using a chlorine-based disinfectant in between use.

The Operations Manager told us that the ultrasound equipment, couch, chairs and trolleys were also thoroughly cleaned and decontaminated at the end of each day. We looked at recent decontamination log sheets which showed that the ultrasound machine was cleaned and decontaminated on a daily and weekly basis.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The people we spoke told us they were happy with the staff and that the staff were very friendly and courteous.

The overall responsibility for the service was with the Registered Manager, who was also the Chief Operating Officer. The Registered Manager was supported by a Clinical Director and an Operations Manager.

The Clinical Director was supported by a Lead Sonographer, seven consultant sonographers, a Governance Lead, a Consultant Radiologist and two lead radiologists. The Operations Manager was supported by eight clinical aids who supported the clinical staff and also carried out administrative duties.

We looked at records which showed the staff had the relevant qualifications and experience to deliver the services provided. The Lead Sonographer told us that staff rotas were scheduled six weeks in advance. We looked at the most recent staff rotas which showed that there was sufficient staff on duty for each session.

Additional staff from other nearby locations managed by the provider were available to provide cover during periods of leave or absence, or if demand required an extra session. The Operations Manager told us that they were adequately resourced to meet the needs of the people who use the service.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The people we spoke with told us they were delighted with the service provided and that if they had any concerns they would raise them with the service or their General Practitioner (GP).

The provider had a complaints policy which outlined the process for reporting and investigating complaints. The policy included contact details for the corporate headquarters of the organisation. People who use the service were given information on how to raise complaints through information leaflets.

The Operations Manager told us that if a complaint was received, it would be acknowledged within two working days and investigated and responded to within 10 working days. The provider had received four formal complaints since September 2010.

We looked at the records for two complaints received during August and October 2011. The records consisted of handwritten notes which showed the basis of complaint, the staff involved, the timelines for responses and actions taken to address the issues raised. The records showed that the complaints had been documented and investigations and responses to the complaints were carried out within the specified timelines.

The Clinical Director was responsible for overseeing the complaints process and the senior staff team routinely reviewed and analysed complaints to look for any improvements to the service.

The provider may find it useful to note that the complaints policy did not include a standardised template for documenting complaints. This means that staff may not always document complaints information in a consistent manner.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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