

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

## Beard Mill Clinic

Stanton Harcourt, Witney, OX29 5AG

Tel: 01865301537

Date of Inspection: 10 December 2012

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Fees</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr Victoria Heath
Overview of the service	An out patient clinic providing ultrasound scans for pregnant women.
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 unannounced 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 10 December 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We met with three service users; one relative and the manager of the clinic. We also made observations on the facilities and environment.

All the service users and the relative were unanimous in agreeing that they felt that they were very well cared for. One service user described the clinic as a "first class facility". Another told us that she received "fabulous treatment". The relative said that he had been particularly impressed with the time the manager took to explain things and to reassure him.

We saw that the clinic was well maintained with a strong emphasis on safety given that small children were likely to be attending the clinic with their parents. There was adequate parking and good access into the clinic.

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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People were enabled to make decisions regarding their care and treatment.

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### Reasons for our judgement

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We met with three people who had attended the clinic for planned appointments. We also met with one relative who was accompanying the service user.

We observed the manager of the clinic interacting with people in a respectful way.

The scans were carried out in a private room, where the windows were covered to maximise the privacy of the service user.

All of the service users we spoke to said that they considered that the manager spent time with them to explain the procedures, to help them to make the best choices regarding further scans and care. One service user said that the thing that she was most impressed with was the time the manager took to explain things and to reassure her. Her partner concurred with this, and said that he felt the manager also took time to answer all of his questions and also to reassure him.

We saw that service users were able to plan appointment times that were convenient to them. One service user told us that she had been offered an early morning appointment that suited her other commitments. The other service users told us that they had been offered appointments very quickly after they made contact with the clinic. This showed us that people were involved in their care planning and treatment. All of the people we spoke to had attended the clinic during previous pregnancies.

We saw that each person who had treatment at the clinic was sent a questionnaire a short time after the expected birth date of their baby to ask about their treatment at the clinic. If there was no response the manager followed this up by email. The responses were all filed.

We saw that the website was up to date and informative. People we spoke to said that they felt that they were provided with all the information they needed to make decisions about the need for further appointments.

## Fees

✓ Met this standard

People who pay for a service should know how much they have to pay, what they are paying for, how to pay, and when to pay for it

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### Our judgement

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The provider was meeting this standard.

People who use the service are provided with the information regarding the price to be charged for each episode of care.

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### Reasons for our judgement

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We saw that the website for the clinic provided a list of fees payable for scans and treatment. The provider was, therefore, transparent in the information provided regarding fees.

People we spoke to said that they considered that the clinic provided good value for money and that they were happy to pay the fees charged, because of the standard of care and the level of reassurance the manager gave them.

All service users made contact with the clinic themselves and all people seen paid for their treatment privately. They were not, therefore, placed under any pressure to agree to treatment.

We saw that there was a schedule of when different scans should be carried out and this ensured that people were only offered the scan that was appropriate for their stage of pregnancy.

**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.

Service users are protected against the risks of receiving care or treatment that is inappropriate or unsafe

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

People's care and treatment reflected relevant research and guidance. We saw that people's treatment was delivered in line with agreed protocols and guidelines. Because people generally only attended the clinic for one or two appointments there were no care plans.

We were told by the manager that she had a contract with one of the large NHS Trusts and received professional supervision by one of the world experts in fetal medicine. She told us that she attended the NHS hospital for one day a month and ran clinics there. This enabled the manager to practice using the most up to date, safe and evidence based care.

We saw that the clinic had links with the local acute NHS hospital and had copies of their policies and procedures. The manager told us that she had a good working relationship with the local hospital and was able to make calls to, and receive calls from them if necessary. This benefitted people using the service as the clinic had knowledge of the Trust where many people would go on to receive routine or urgent care.

The service user we met told us that they felt confident that if they contacted the clinic that they could be seen quickly. We observed the manager reassuring one service user that she could contact the clinic at any time.

All of the service users we spoke to were complimentary about the care they received at the clinic. One told us that the treatment was both "fabulous" and "professional".

We observed some interaction between the manager and a service user as she gave support and information following the scan and discussed the next steps for the service user.

We discussed the procedures that the clinical would follow in the event of a clinical emergency and the manager told us that she would contact the relevant General Practitioner as well as discuss the situation with the

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People using and working in the service are protected against the risks associated with unsafe or unsuitable premises.

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## **Reasons for our judgement**

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We saw that the the building was well maintained. It had easy access for wheelchairs and pushchairs.

The building was a converted mill with free flowing water through the building and the grounds. We saw that there were procedures in place to ensure that the internal doors to the area above the water were permanently locked to maintain the safety of people, and especially small children, who were visiting the clinic.

We saw the schedule for maintenance of the Fire Equipment and that this was contracted out to a private provider.

People's right to privacy; dignity; choice and safety were protected. We saw that the room where the scans were carried out maximised privacy with blinds to the windows.

The building had good lighting and heating and there was adequate space in both the waiting area and the treatment room.

Clinical equipment including needles and syringes were stored in cupboards in the treatment room and we saw that there was a contract for the collection and disposal of clinical waste and we saw that the manager was required to complete a quarterly compliance and safety audit with the company.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider protected people against the risk of inappropriate or unsafe care and treatment. This was because the provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the service were asked for their views about their care and treatment. Decisions about care and treatment were made by appropriately trained and experienced staff.

During our inspection we looked at aspects of quality assurance systems that were in place. This included service level agreements with companies that were contracted to provide services to the clinic. We saw evidence of records relating to Data Protection Act and The Security Standards Council. We also saw evidence that the manager was registered with the General Medical Council (GMC) and the Medical Defence Union (MDU).

We saw evidence of quality assurance systems that related directly to the quality of the service offered. We reviewed the feedback forms received from people who used the service and were told that there was a very high response rate to the questionnaires. People's comments included "Thankyou for seeing us. It is such a lovely clinic" and "After the initial appointment we were in no doubt that we wouldn't go anywhere else, truly excellent service in all respects". If people had not responded we saw that the clinic followed these up.

We saw that there was a comprehensive risk assessment carried out in February 2011. The manager told us that this had been reviewed but there was no documented evidence of this.

We saw the outcomes of quarterly quality and accuracy audits of scans done at the clinic. These were submitted to a national organisation that monitored the quality and accuracy of such screening. We were told that these had to be completed or the software would not permit the manager to access the system. The outcomes from these audits stated that the clinic was meeting the standards required for scanning.

There was a system in place for people to raise a concern or make a complaint. We saw that there had not been any recent complaints. Service users told us that they felt able to raise any concerns if the need arose.

The service also had a system for reporting, investigating and responding to clinical incident. There had not been any recent incidents. The manager told us that any concerns or incidents would be discussed at supervision.

## 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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