

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

## Southdowns Private Healthcare

97 Havant Road, Emsworth, PO10 7LF

Tel: 01243388712

Date of Inspection: 27 February 2014

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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting 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	Southdowns Private Healthcare Limited
Registered Manager	Dr. Abu-Talib Chinwala
Overview of the service	Southdowns Private Healthcare provides general practice services and some specialist services. Services to individuals include laser treatment for hair removal, acne and skin conditions, travel vaccinations and childhood immunisations. It employs two GPs and a reception staff.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Treatment of disease, disorder or injury

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*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 27 February 2014, 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 spoke with two patients who used the service. They were both satisfied with their treatment. Comments about the service included: "I felt I was listened to with all my concerns." Another patient told us, "I can't speak highly enough about the service I received. We found the provider was protecting people from unsafe treatment by assessing them individually. One patient told us, "I've never ever had such a wonderful explanation of my condition."

Staff had received training in safeguarding vulnerable adults and children. They were aware of the appropriate agencies to whom safeguarding concerns should be raised to ensure people were protected from risks of harm.

We found members of staff were appropriately supported, trained and supervised in delivering care and treatment to patients who used the service. Staff told us they had annual appraisals and the training they required.

The provider had systems in place for monitoring the quality of service provision. They undertook regular audits and monthly patient satisfaction surveys.

We observed systems in place to assess and monitor complaints at the practice. We saw that the complaints process had been effective against those complaints we had reviewed. Members of staff told us that any learning from complaints was communicated at practice meetings.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff told us that all new people to the service would complete an initial medical questionnaire and would then be seen by the doctor for a medical assessment. This would identify their health care needs and help the doctors to provide appropriate treatment.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. We found that the practice used a person centred approach in its care of patients. For example, care plans were developed around individual needs. We found that the practice had undertaken reviews of people's at appropriate and timely intervals dependent on need. Patients with higher risks and greater support needs were reviewed more frequently. This meant that people's on-going health needs were monitored and cared for.

People's care and treatment reflected relevant research and guidance. We spoke with both GPs who worked at the practice. They were able to describe to us how they kept up to date on new developments particularly with guidance from the National Institute for Health and Clinical Excellence and alerts received from the medicines and health products regulatory agency.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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People who used 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.

Staff and the patients attending the practice had access to information about complaints and adult protection procedures. Patients told us that they felt safe in the surgery and that they felt comfortable with reporting any concerns they had to staff.

Staff we spoke with had a good understanding of safeguarding issues and procedures. The surgery responded appropriately to any allegation of abuse. The practice had an up to date safeguarding policy in place. Members of staff we spoke with knew who to report concerns to and felt comfortable that they could report abuse if it was necessary. Staff said that they had regular training on safeguarding issues and knew where to access the surgery policy if needed. We examined records of two members of staff and found that they had been trained in safeguarding within the last 12 months. This meant that staff and patients understood how to report safeguarding matters appropriately.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We spoke with two GPs and we looked at their continuing professional development and training records. Their records identified what training they had accessed and completed and how many hours of study had been carried out to meet their continuing professional development (CPD) requirements.

Examples of training accessed included annual resuscitation training, safeguarding training and training in infection control. We found staff were supported through appropriate training. This ensured that the GPs and staff had appropriately knowledge and information to care for patients safely.

We also saw evidence in the personnel files that both GP's had up to date registration with the General Medical Council (GMC) and had received appraisal in November 2013.



## 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 had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. All members of staff we spoke with told us patients were asked to complete satisfaction surveys after each appointment. Two patients we spoke with confirmed they had been asked for their views and both told us they were very happy with the treatment.

The service undertook regular audits to improve the care. We inspected the audits undertaken and found that actions had been taken to improve care. For example, patients with disabilities had been reviewed to identify if there were any trends in their conditions so that the care to them could be improved. We looked at the audit results and found no change in care was needed as the doctors followed appropriate guidelines.

We saw the result from a survey and found patients were highly satisfied with the service. Staff told us results were discussed at practice meetings, so any improvements could be identified.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The provider had a policy for the management of adverse events. The procedure ensured that the staff member involved completed their own analysis of what had gone wrong and what could have been done differently. This was shared with the staff team, so the whole team learned from adverse events. This meant that people were protected because incidents were properly investigated and appropriate action taken.

## Complaints

✓ Met this standard

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 were responded to appropriately.

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### Reasons for our judgement

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We found the service had clear procedures for handling and responding to complaints made. We saw that the complaints process was published in the information provided and this included detail of our organisation should a person want to raise their concerns with us.

All of the patients we spoke with said that they had no worries or concerns, but if they had any issues they would have raised them directly with the doctor. The provider told us they recently had a complaint that was resolved following the complaints process and the lessons learnt discussed at the practice meeting. We were shown the information relating to this complaint and concluded it followed the practice's own policies. We found the provider took account of complaints and comments to improve the service. This meant learning was identified and improvements were made to the service as a result. .

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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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

### 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)

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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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