

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

Thames Valley Vasectomy Services

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Tel: 08452255775

Date of Inspections: 23 December 2013
13 December 2013

Date of Publication: January
2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Thames Valley Vasectomy Services Ltd
Registered Manager	Mrs. Leanne Marie Kittel
Overview of the service	Thames Valley Vasectomy Services provides vasectomies and other minor surgical procedures to patients in a primary care based setting. Services are provided to patients free of charge via the NHS under service level agreements with local clinical commissioning groups (CCGs). Patients can also choose to have the procedure carried out privately.
Type of services	Doctors consultation service Doctors treatment service
Regulated activity	Surgical procedures

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Summary of this inspection

Why we carried out this inspection

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

This was an announced 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 13 December 2013 and 23 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all the information we have gathered about Thames Valley Vasectomy Services.

What people told us and what we found

Our inspection consisted of a location visit on the first day and telephone interviews of patients who used the service on the second day.

We spoke to seven patients about their respect and dignity when they used the service. All of the people we spoke with reported no concerns and were complimentary in their feedback.

The patients we spoke with were satisfied with their procedure outcomes. For example, one patient reported, "The service was so good I wrote in to say thank you and how pleased I was". Another patient we spoke with told us, "Outstanding" and a third patient stated, "I would recommend (the service)".

There were effective systems in place to reduce the risk and spread of infection. Patients were given information about how to prepare for the surgery and prevent infections prior to attending their appointment.

Appropriate checks were undertaken before staff began work. We looked at three employee files. Staff recruitment records we looked at showed proper procedures had been followed.

Patients we talked with spoke highly of the service and indicated their opinions were taken on board in the day to day delivery of procedures. Patients we spoke with had only

compliments to make about Thames Valley Vasectomy Services.

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 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

Our judgement

The provider was meeting this standard.

Patients' privacy, dignity and independence were respected. Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke to seven patients about their respect and dignity when they used the service. All of the people we spoke with reported no concerns and were complimentary in their feedback. For example, one patient we asked told us, "Fantastic - couldn't be better." When asked about dignity, another patient said, "(I was) totally comfortable throughout". These comments reflected what all seven patients told us when asked.

Patients who use the service understood the care and treatment choices available to them. The provider chose to use the "no scalpel" type of vasectomy procedure to enable sterility in men. The provider had a range of information available for patients who were in the process of considering a vasectomy or who had already booked to have one. The majority of this information was available on the provider's website. We saw information on the website included frequently asked questions, comparison of "no scalpel" vasectomy to traditional vasectomy, information about safety and alternative contraception explanations. During our inspection we saw the doctor, nurse and registered manager ensured patients could ask questions, confirmed that patients understood the consequences of the procedure and provided further printed information to take away.

Patients expressed their views and were involved in making decisions about their care and treatment. Patients were referred to the service by their GP under the NHS or could obtain the procedure through private arrangements. The registered manager told us all patients were treated equally regardless of how they were referred to the service. Patients we spoke with were complimentary of the service. We spoke with patients who were prepared for a procedure, those that had the procedure on the day of the inspection, and patients who had completed their surgical journey. We saw the doctor asked patients for their feedback throughout their consultation and surgery. Patients were also regularly asked for feedback by the nurse who assisted the doctor at the location. We saw results of a patient survey from January to September 2013. There were responses from 103 patients. We saw patients were completely satisfied with the length of time to obtain an appointment,

the ability of the doctor to explain the procedure and the service overall.

Patients' diversity, values and human rights were respected. The service was compliant with the requirements of the Equality Act 2010. The service was operated from an NHS hospital in the community setting. Easy and appropriate access was available for people with a disability. The premises were suitable for people who had mobility problems or used a wheelchair as the location was on ground level, with wide doors and corridors for moving through. The registered manager told us appropriate arrangements were in place for patients whose first language was not English. For example, they told us that a translator could be promptly organised and the need would be determined by the medical administrator. Adequate arrangements were also available for people with hearing or sight difficulties. We saw communication and diversity requirements were included in a standard set of screening questions when patients were first referred to the service.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

Reasons for our judgement

We spoke with seven patients about the care they experienced when they used Thames Valley Vasectomy Services. The patients we spoke with were satisfied with their procedure outcomes. For example, one patient reported, "The service was so good I wrote in to say thank you and how pleased I was". Another patient we spoke with told us, "Outstanding" and a third patient stated, "I would recommend (the service)".

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Patients had the option of different routes for the vasectomy depending on their personal requirements. The registered manager told us patients could choose to have a consultation only and then take time to make a final decision about the surgery. The registered manager explained there was also a "fast-track" approach which meant patients could have the consultation and surgery all in one go. A small number of patients decided they did not wish to proceed with the procedure and their decision was respected by the provider. We saw the doctor asked the patient and their partners about contraception choice, lifestyles and plans for children or changes in relationship. The provider only offered the surgery where the patient met pre-defined criteria for progressing to the operation.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. We pathway tracked a patient who chose the "fast-track" option on the day of our inspection. We saw the doctor first spoke with the patient and their partner in a consultation room. The doctors checked the patient's medical and surgical history, asked about medications and allergies. The doctor then performed a physical examination to ensure there were no contraindications (reasons not to have) the surgery. We saw the nurse then escorted the patient to the changing room where the patient was prepared for the procedure. The surgical intervention was carried out using local anaesthetic in a procedure room under sterile conditions. The patient was then helped back to the changing room, where they were given their post-operative instructions.

Extensive information was provided to patients by the doctor and nurse following their surgery about self-care. We saw this included education about pain relief, how to prevent swelling and bleeding, how to undertake personal hygiene and how to keep the surgical

site clean. Patients were also informed about contraception precautions until they received clearance from the doctor about their sterility. The nurse provided reassurance and guidance to patients about sexual activity and how to provide a semen sample 16 weeks following the procedure. Patients were also provided information about what would happen if their semen sample did not confirm sterility at that stage and possible options for ensuring the success of the procedure.

Patients' care and treatment reflected relevant research and guidance. We found the service's procedures and information provided by staff were based on recent clinical research. For example, we saw the doctor was able to explain statistics to patients about potential outcomes of their vasectomy, possible complications and the success rate. We heard the doctor explain the percentages for each subjects to patients and quote where the information was obtained. We found the doctor was knowledgeable about the procedure and experienced in the performance of the surgery. The provider's website further supported that the service offered to patients was based on current literature. For example, we saw that the website discussed the guidelines set by the Royal College of Obstetrics and Gynaecology and how the service's practice was in line with them.

There were arrangements in place to deal with foreseeable emergencies. The doctor, nurse and registered manager were trained in basic life support and records we viewed verified this. The service had a "grab bag" on site at the location which contained essential emergency equipment and medications to use in the event of a cardiac arrest or other life-threatening event. The registered manager told us the service was able to use the location's defibrillator if necessary and staff were trained in its operation. Patients were also given information to take home on what to do if there was excessive swelling or bleeding and direct after hours contact numbers for the service. Patients could also attend their local GP or accident and emergency department if necessary.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

We asked patients their opinions about cleanliness and infection control. All of the patients we spoke with told us the location was clean and reported no concerns about infection control. One patient told us they were, "Really impressed" by the infection control practices whilst another stated the provider was an, "Example for the NHS".

There were effective systems in place to reduce the risk and spread of infection. Patients were given information about how to prepare for the surgery and prevent infections prior to attending their appointment. We saw the information included how to ensure personal hygiene and remove body hair from the surgical site prior to arrival. The provider may find it useful to note that a diagram in the pre-operative patient pack could be included to ensure patients have clipped hair from the correct area. Patients were also examined prior to the procedure for any signs of infection or ill health which may prevent the doctor from proceeding.

We saw apart from instrument sets for the surgical procedure, the provider used disposable, single use sterile equipment. This included surgical gloves, gowns, masks, drapes and dressings. Patients' surgical sites were prepared with antiseptic solution and this was applied and allowed to dry in line with the instructions for use. The doctor and nurse scrubbed their hands or applied alcohol hand gel to prevent infection, depending on the task they undertook. We observed the intraoperative period and saw that sterile procedures were maintained by the doctor and nurse. Between patients, we observed the nurse completely disinfected surfaces in line with current guidance.

Surgical instrument trays were sterilised off site using a local NHS provider. We noted there were a sufficient number of surgical sets available. This meant the transport and cleaning process of the surgical sets did not interfere with planned procedures. We saw the transport arrangements for the instrument trays was in line with guidance and ensured that the sterility of the tray sets was maintained throughout their journey. The provider kept records of the surgical instrument tray sterilisation for each patient. We looked at these in some of the patients' records. This meant that if there was ever a problem with infection control, the trays could be traced back to the original sterilisation process.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke to seven patients as part of our inspection but their feedback did not relate to this regulation. Our inspection was announced to the provider. However, some of the requirements related to workers documentation was not present at the location on the day of the inspection. This was because the employees' personnel files were stored off site at the provider's registered address. The registered manager was able to transport some of the documents we requested to view. All files reviewed on the day of the inspection were in line with the requirements of the regulations. We wrote to the provider to ask for further documents to be sent to us as part of the inspection. We received the documents we needed to see immediately after the inspection.

Appropriate checks were undertaken before staff began work. We looked at three employee files. Staff recruitment records we looked at showed proper procedures had been followed. We saw documents and personnel file contents of the most recent employees to commence carrying on the regulated activities at the location. Documentation in personnel files for all workers included an application form and/or CV, proof of identity, recent photograph, a Disclosure and Barring Service (DBS) criminal history check, checks of conduct and where necessary copies of relevant qualifications.

There were effective recruitment and selection processes in place. We spoke with the registered manager who confirmed that new applicants were required to complete an application form and provide a CV, undertake an interview and provide necessary documentation prior to being offered a position. The manager told us how new staff would be interviewed to check their knowledge, skill and ability to undertake the job. A registered nurse we spoke with confirmed what the registered manager had told us about the application and appointment process for new staff.

We found staff who were required to be professionally registered with a statutory body, for example the Nursing and Midwifery Council (NMC) or General Medical Council (GMC) kept their registration up to date. We saw the provider had a system for the expiry dates of nursing and medical registrations and actively sought evidence of staff renewals about a month before expiry. The provider had a procedure in place if the employee did not provide their original updated annual registration certificate in time.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients we talked with spoke highly of the service and indicated their opinions were taken on board in the day to day delivery of procedures. Patients we spoke with had only compliments to make about Thames Valley Vasectomy Services. One patient told us, "I was unaware there was a complaints policy. This is something that was of no interest to me; I did not need it". When asked whether they were aware of the complaints system, another patient said, "(It was) unnecessary". We asked all of the patients we spoke with whether they had ever raised a complaint about the service. No one we spoke with had a complaint and one person told us, "I've absolutely no complaints from the five years I've been with them".

We reviewed the provider's complaints policy, available on their website. The provider invited patients to raise any issues with them directly. If the patient was still dissatisfied, the policy provided alternative contacts such as the patient advice and liaison service (PALS) and the independent complaints advocacy service (ICAS).

People were made aware of the complaints system. For most patients, this was provided in a format that met their needs, usually via the provider's website. We were told by the registered manager that all patients received information at the initial telephone screening and also in an information pack after booking for a procedure. We also viewed the pack and the information given to patients. We were told of the process for making a complaint by the registered manager and any patient that wished to complain was able to do so verbally to a member of staff before, during or after the surgery. The registered manager told us a response would be made by telephone and followed up in writing. There were clear timescales for responses, investigations and for deciding the outcomes of complaints.

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.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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