

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

Nova Healthcare

Level 4, Bexley Wing, St James's Hospital,
Beckett Street, Leeds, LS9 7TF

Tel: 01132067830

Date of Inspection: 23 October 2012

Date of Publication:
November 2012

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

Consent to care and treatment	✓	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	HTI St James's Limited
Registered Managers	Ms. Katherine Casey Mr. Daniel Zenner
Overview of the service	Nova Healthcare is run by HTI St James's Limited. This service is in cooperation with the Leeds Teaching Hospitals NHS Trust and is situated within the cancer services building at the Bexley Wing, St James University Hospital, Leeds. The service offers treatment in the care of people diagnosed with cancer, blood disorders and certain neurological diseases, through chemotherapy, radiotherapy and Gamma Knife radiosurgery.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Doctors consultation service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Requirements relating to workers	11
Complaints	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 October 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Before people received any care or treatment they were routinely asked for their consent and the provider always recorded their wishes. All the care and treatment plans we looked at contained evidence of consent being obtained prior to people receiving treatment. One person told us, "They always ask for consent, they are very good like that and they discuss things with me."

People experienced care, treatment and support that met their needs and protected their rights. People had thorough, detailed care and treatment plans relating to all aspects of their care needs. People were very positive about the service. One person said, "For my care and treatment I have to say I would give 100%."

We observed that people were cared for in a clean, hygienic environment. There were effective systems in place to reduce the risk and spread of infection. The people we spoke with told us that they had no concerns with the cleanliness of the service.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks had been undertaken before staff began work. This included carrying out a Criminal Records Bureau check and taking up references from previous employers.

Complaints people made were responded to appropriately. People told us if they had any concerns or complaints they would discuss them with the manager or members of staff and they were confident of using the complaints system.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who used the service and their relatives had access to literature within the service that related to their rights and the care and treatment they received. This included information on the emotional effects of cancer, different types of cancers, coping with fatigue and consent.

The plans of care and treatment were created with input from the people who used the service, their relative's and the person's consultant as appropriate. People and/or their relatives were involved in discussions about their care and the risk factors associated with this. Individual choices and decisions were documented in the plans of care and treatment and were reviewed on a regular basis. People's wishes were always respected where possible. We saw evidence of signed consent forms in people's records demonstrating that staff were obtaining people's consent to care and treatment and respecting their decisions and their human rights.

One member of staff we spoke with told us that treatment would not commence prior to consent being agreed. The service had a consent policy and procedure in place.

People told us that staff explained all the procedures and treatments to them and respected their decisions about their treatment and care. One person told us, "The consent procedure was explained and this included the side effects and risks and I was able to ask questions." Another person told us, "They always ask for consent, they are very good like that and they discuss things with me."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, including talking to people and looking at records.

We looked at four people's plans of care and treatment. People's needs were assessed and care and treatment was delivered in line with their individual plan of care. People who used the service had their own detailed and descriptive plan of care, which included a history of treatments, risk assessments as well as details of any medical conditions and current medications they may be taking. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

There was flexible booking arrangements in place that ensured treatment could be carried out as necessary or at a time convenient to people who used the service. There was also a 24 hour help line number available to people.

There were arrangements in place to deal with possible emergencies. The unit had an emergency drugs kit, a defibrillator and oxygen available. The emergency equipment and first aid kit was stored securely and accessible to staff. Staff talked confidently about what to do in an emergency. Staff had received training in basic life support skills and cardiopulmonary resuscitation. There were records of the oxygen cylinder being checked daily to ensure that there was a sufficient level of oxygen available in the event of an emergency. Records showed that the defibrillator was checked on a daily basis to make sure it was working properly. There was a system in place to ensure that all staff were made aware of any drug or medical device alerts issued.

The service had up to date policies and procedures. These included resuscitation, Gamma Knife patient pathway, patient centred care and information for patients.

The service had feedback questionnaires to obtain the views of people who used the service. The manager told us that any comments or suggestions would be looked at and considered. We saw the analysis of the questionnaires for January to March 2012 for Radiotherapy patients and Gamma Knife patients. These showed there was a high level of satisfaction with the service. The majority of the scoring in the questionnaires showed positive comments and very good or excellent score ratings.

People who used the service told us they were happy with the care and treatment they

received. One person said, "For my care and treatment I have to say I would give 100%" and "I have control over my options." Another person told us, "I have had first class treatment" and "Every aspect has been absolutely wonderful." One person told us, "I would not have coped as well if I didn't have the support, it has alleviated all the stress" and "My care and treatment has been excellent."

One relative we spoke with told us, "No problems whatsoever, it has been brilliant."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found people received care and treatment in a clean environment with various infection control measures in place to minimise the risk of infection. We looked at some of the communal areas, clinic rooms, toilets and the sluice room. We found all the areas to be clean and satisfactorily maintained.

During our inspection we asked a member of staff to show us the equipment storage process. We saw that all the equipment and instruments were pouched, dated, stored and rotated appropriately. They also told us that beds and items of equipment were cleaned after every use.

Staff working on the unit all wore clean uniforms and we observed good hand washing practices throughout the inspection. There were dedicated hand washing facilities in the treatment room. The appropriate hand washing procedure was displayed over the sinks and the correct soaps and moisturisers were available. We observed staff using aprons and gloves which were readily available in several areas of the service. Staff were able to confirm that they were supplied with the correct personal protective equipment when working to minimise the risk of cross infection. There were effective systems in place to reduce the risk and spread of infection.

Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. There were infection prevention and control policy and procedures in place that were up to date. These included waste management, MRSA screening and decolonisation and decontamination of medical devices. We saw evidence that all staff received training in infection control. All three members of staff we spoke with confirmed that they had completed infection control training.

A member of staff told us a cleaning audit was conducted on a monthly basis and a sharps bin audit was conducted on a three monthly basis. However, the provider may wish to note that to evidence that the audits are conducted they must be recorded and documented each time. They also told us that they attended an infection control key worker meeting every one to two months. This ensured that the infection control procedures were in line with the NHS trust's policies. Any identified issues were addressed immediately.

The people who used the service we spoke with told us that they had no concerns with the hygiene. One person said, "It has always been spotless." Another person said, "The

cleanliness is great, there is always someone cleaning." One person told us, "Cleanliness is perfect; I have no concerns at all."

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

There were effective recruitment and selection processes in place. We spoke to three members of staff who told us when they were recruited they completed a Curriculum Vitae (CV) or an application form, attended an interview where they were asked questions which were relevant to their role and their qualifications were checked. Staff employed directly by the provider had a contract of employment and confirmed they had a job description and were clear on their roles and responsibilities. The manager confirmed staff were recruited by interview, using competency based questions and references were always obtained.

The service had recruitment policies and procedures that the provider used when employing new members of staff. These included recruitment and training and roles and responsibilities. We looked at four staff files. These contained a CV or application form, interview notes, contract of employment, a pre employment health information and a Criminal Records Bureau check. We saw evidence of written references that had been obtained and proof of professional registration and qualifications.

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

People were made aware of the complaint's system. People were given support by the manager to make a comment or complaint where they needed assistance. The service had a complaint's policy and procedure.

The service regularly audited the views of people who used the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The manager told us that they were always available to speak to people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We asked for and received a summary of complaints people had made and the provider's response. People's complaints were fully investigated and resolved where possible to their satisfaction. Checks of the complaints record showed that there had been no formal complaints in the last 12 months.

No concerns had come to the attention of the Care Quality Commission.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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