

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

CancerPartners UK Image Guided Radiotherapy Centre - South Downs

Spire Portsmouth Hospital, Bartons Road, Havant,
PO9 5NP

Tel: 02392484992

Date of Inspection: 28 February 2013

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2013

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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	CancerPartners UK Limited
Registered Managers	Mrs. Sarah Hynd Mrs. Julie Warner
Overview of the service	CancerPartners UK Image Guided Radiotherapy Centre – South Downs is one of the centres owned by CancerPartners UK Ltd. It provides radiotherapy treatment for cancer. The service is available to private and NHS patients over 18 years of age.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Treatment of disease, disorder or injury

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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 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 28 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with two people who were attending the centre for treatment. One person said "Fantastic. Staff are so wonderful." Another person said "I cannot fault them. It has been a pleasant experience in the circumstances."

We found that people had consented and been involved in decisions about their treatment. The electronic treatment records showed effective, safe and appropriate personalised treatment and care to people through coordinated assessment, planning and delivery carried out by a multi disciplinary team. One person said they felt they had "received the personal touch."

The centre was clean and tidy and regularly monitored to prevent and control infections. All staff had received up to date infection control training.

We found that training available and provided by the provider. Staff were supported to enable them to meet the needs of people who received treatment at the centre.

Information about how people could raise concerns was accessible to people in the clinic. Staff told us they were aware of the complaints policy and procedures.

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

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

During our visit we spoke with two people who used the service who told us they had signed a consent form with the doctor before starting their treatment.

We looked at people's records and the arrangements that were in place for obtaining people's consent for treatment. Staff told us that all consent forms were scanned and stored in the person's electronic record. Staff showed us a file containing the original consent forms for the people treated at the centre. We saw that the doctor and the person receiving treatment had signed their consent form. It was also countersigned by a radiographer providing treatment at the centre. The provider may find it useful to note that we saw some completed consent forms that related to another healthcare provider; the forms indicated that people were receiving their treatment elsewhere.

We spoke with two people who were using the service on the day of our inspection. They told us that they understood the treatment choices available to them. Both people told us that they had been fully involved in the decision to use the service and that they had been given enough information about the treatments. They told us they had discussed the benefits and the risks of the treatment with their doctor. One person using the service said "The doctor explained everything beautifully." Staff told us there was a range of information about the specific treatments that were given to people attending the centre.

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

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

The centre provides radiotherapy treatment for people over 18 years of age with a diagnosis of cancer.

We spoke to two people attending the centre for treatment and looked at the feedback the centre had received over the last quarter of 2012. One person said "I cannot fault them. It has been a pleasant experience in the circumstances." Another person said they felt they had "received the personal touch."

We saw in the patient feedback report that 100% people rated the quality of care from the radiographers as excellent.

Staff described the booking process and checking of documentation sent to the centre before a person's first treatment. We were shown the 'central patient record system' used by the provider for all their centres. We were told that all documents were electronically stored for each person. The original booking form and consent form were scanned on to the system and the hardcopies stored securely in the centre. Staff showed us a sample of people's records, and explained the procedures and processes from the time of referral to the completion of the treatment. This means that people received safe and appropriate care and treatment.

We were told how the treatment was planned and performed, with a number of staff checking and verifying the radiotherapy dosage regime before treatment began for a new person.

The centre had arrangements with a number of consultant oncologists who decided upon the treatment plan. Staff said that they had to follow the organisation's standard treatment protocol. We were told that any 'off-protocol' treatment had to be approved by the medical director. We were told that staff would query any prescribed dosage if it deviated from the organisation's 'standard prescription'. This had ensured that patients were safeguarded from over-exposure to radiation and received the most appropriate treatment.

The equipment used to provide the radiotherapy treatment was linked into the person's electronic record that included the treatment plan. The machine automatically recorded the treatment delivered in the person's record. Staff told us that a pre treatment check was carried out before each treatment and a comment made in the notes after every treatment. The treatment plan was reviewed every week by a radiographer to ensure the treatment was going according to plan. One person said "They asked me every week about side effects. I can't fault them. They fitted in with my schedule."

Staff told us that people attended the centre every day (Monday to Friday) for a number of weeks depending upon their treatment regime. On completion of the treatment their oncologist was sent an email with a summary of treatment and a letter was sent to the person's general practitioner. This was to ensure doctors involved with people receiving treatment were kept informed of their treatment progress.

The provider may find it useful to note that we saw in the in patients feedback report for the last quarter of 2012 that people were not always given a choice of appointment times.

We were told that about two weeks following treatment staff phoned people to check and reassure them because the treatment continued to work for some time after the last attendance at the centre. Staff told us that people were always given a telephone number to contact staff at anytime if they had a concern.

There were arrangements in place to deal with emergencies. We were told that the centre had a service level agreement with the private hospital, located in the same grounds, to provide emergency first aid cover. There was a resuscitation trolley available in the link corridor. We saw that it was checked on a daily basis to ensure that all the equipment was in working order.

Staff confirmed that if a person's condition deteriorated unexpectedly they would be transferred to the local NHS acute hospital for emergency care.

All staff were seen to wear name badges to help people to identify them and their job role.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The acting centre manager told us that health and safety support was provided by an external company that included infection control advice. The centre also had a service level agreement with the private hospital next door for cleaning, training and disposal of clinical waste.

We undertook a tour of the premises we saw that the centre was clean and tidy. We saw that there were handwashing facilities available at each sink. Staff confirmed that personal protective clothing was available in all clinical areas to reduce the risk of cross infection. We saw that sharps containers were all dated on opening and none were over full. Staff told us that all single items were used once only and disposed of. This showed that infection control risks to patients were minimised.

Staff told us that cleaners were contracted for the general environment from the private hospital located in the same grounds as the centre. The provider may find it useful to note that we were told that the cleaning schedules were kept by the private hospital next door. One person said "the clinic is very clean."

Clinical staff carried out the specialist cleaning of medical equipment such as the radiology equipment. They also cleaned the IT keyboards weekly and ran the water taps daily to reduce the risk of legionella. We saw records of these activities.

We were told that infection control audits were carried out every month to ensure that cleanliness standards were maintained.

Staff told us they had received infection control training provided by the local private hospital. The records showed that all staff were up to date.

There was a lead for infection control who liaised closely with the infection lead for the private hospital next door. Monthly meetings were held to share and improve infection control.

The centre had an infection control policy which was readily available to all staff.

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development.

We were told that there were five radiographers including the acting centre manager, a physicist, dosimetrist and two administrative staff employed in the centre. One of the radiographers was also the radiation protection supervisor for the centre. There were other clinical staff that worked remotely to support the service provided by the centre; for example, dosimetrists.

We were told that all staff had an induction that lasted for two weeks when they started at the centre. One member of staff told us they had completed an induction and received regular update training. Much of the training was e learning provided by the private hospital. One person said "they always introduced themselves. Staff were always cheerful and flexible." Another person said "the staff were so wonderful. Lovely staff."

We saw that all training records were kept electronically and were up to date; we saw electronic individual staff folders were kept of training. Staff had completed their mandatory training for 2012 and 2013. We were told that healthcare professionals maintained their professional development and were given an hour a week to help them with this. This showed that people were receiving treatment from trained and competent staff.

The acting centre manager told us that staff had an annual appraisal. This included a learning and development plan. We were told that healthcare professional's registrations were checked at their appraisal to ensure they were still registered.

The acting centre manager told us that doctors with practising privileges submitted a copy of their annual appraisal that showed the training they had completed.

We were told that staff meetings were held for all staff every week to discuss people's treatments, their management and the workload arrangements for the centre.

We were told there was a monthly staff meeting following the centre managers meeting to up date staff on the news from head office.

The provider may find it useful to note that the acting centre manager told us that one to ones with staff were held monthly but no records were kept of this activity.

Staff told us that policy and procedures were all available electronically. Hard copies of new or updated policy and procedures were printed off so that staff could sign that they had read them.

We saw all clinical staff wore dosimeters so that the levels of radiation were checked to ensure that staff exposure levels were kept below the legal permitted limits. The registered manager told us that monthly records were maintained of the exposure levels for each member of staff.

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's complaints were fully investigated and resolved, where possible, to their satisfaction.

The acting centre manager told us that they took account of complaints and comments to improve the service.

The acting centre manager was responsible for managing complaints.

Staff told us there was a complaints policy and procedure in place. Information about how people could raise concerns was accessible to people visiting the centre; there were 'statement of purposes' in the waiting areas that provided detailed information about how to make a complaint. The provider may find it useful to note that the Commission's requirements of a Statement of Purpose have changed since the inception of the Care Quality Commission.

Staff told us they were aware of the complaints policy and procedures. Staff told us that if a complaint or concern was made directly to them they would refer people to the acting centre manager.

The acting centre manager showed us the log of complaints for centre. It was a detailed electronic summary of complaints but it did not record the outcome of the complaint. As the result of a complaint the acting centre manager told us that improvements to the centre were being planned; for example, a second toilet to be installed nearer to the treatment room.

The Governance report for October 2012 to December 2012 showed that the centre received far more compliments than 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 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

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