

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

Thames Pathology Services

12 Mill Street, Slough, SL2 5DH

Tel: 01753522677

Date of Inspection: 27 February 2013

Date of Publication: March 2013

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
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Thames Pathology Services
Registered Manager	Dr. Sundus Bahia
Overview of the service	Thames Pathology Service is a diagnostic laboratory. It provides histopathology and non gynaecological cytology.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

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
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
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Cooperating with other providers	6
Cleanliness and infection control	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 carried out a visit on 27 February 2013, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

People did not attend the laboratory.

Tissue samples were received, analysed and reported on in a well maintained laboratory with knowledgeable staff.

Staff told us they were supported through supervision, training and appraisal.

Thames Pathology Service (TPS) was registered and accredited by Clinical Pathology Accreditation (UK) Ltd (CPA). It had an accreditation visit over two days in January 2013. The CPA assessor concluded TPS was "providing an extremely good service to its users".

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

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

Our judgement

The provider was meeting this standard.

The service did not provide a service direct to people. However the service ensured people's tissue samples were handled appropriately to ensure confidentiality and care.

Reasons for our judgement

People did not attend the laboratory. The laboratory received, analysed and reported tissue samples.

One of the senior managers told us the service used a reliable long standing courier to convey samples and reports from the referring hospitals. We were told on the rare occasion the courier was not available, a member of TPS staff would act as a courier. This was to ensure samples were transported safely and in accordance with local procedures. The service did not offer an urgent service. We were told the majority of samples were reported within three days; this was within the service standard of five days.

TPS was registered and accredited by Clinical Pathology Accreditation (UK) Ltd (CPA). It had an accreditation visit over two days in January 2013. The CPA assessor concluded TPS was "providing an extremely good service to its users".

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The senior manager told us TPS received referrals from consultants based at nearby private hospitals. We saw a log was maintained of each stage of handling the sample, for example collection, analysis and reporting. This ensured the safe transfer of the sample. We were told if a sample was received by the laboratory for a test which TPS did not perform, they would liaise with the referrer and ensure the safe transport of the sample to an appropriate laboratory.

We reviewed the 2012 user satisfaction questionnaire (December 2012). Approximately half of all users had responded to the survey. Respondents were very positive about the usefulness of the reports and the knowledge of the staff at TPS. This demonstrated the service worked closely with its users to ensure they met their needs.

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.

Reasons for our judgement

The laboratory at TPS was located on the first floor. Offices and rest room were on the ground floor. The premises appeared clean and well maintained.

We observed staff wore personal protection such as laboratory coats and gloves in biohazard areas. We noted staff removed coats and gloves when moving between biohazard areas and clean areas such as the offices or rest room. This was to reduce the spread of infection and protect staff.

Staff told us a contractor was employed to clean the premises. Staff said the cleaner attended every Saturday to carry out their duties in the presence of another staff member. Laboratory staff told us they were responsible for above floor level cleaning and undertook this on a regular basis. We saw the premises cleaning specification and service cleaning procedures. These made reference to the 'Safe working and prevention of infection in clinical laboratories (1991). The provider may find it useful to note that this guidance has been superseded.

We observed clinical waste was stored securely outside the premises. An authorised waste contractor was employed to remove clinical waste from the location.

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

We reviewed the section in the CPA overview report on personnel. It stated 'staff are knowledgeable. There is a system of competency assessment... but it does not cover all staff for all activities'. Senior staff told us there was now a plan to address this.

The staff we spoke with said they had regular appraisals with their manager. They described the process as valuable. Staff said they were supported through supervision and training. One member of staff showed us their log of competency to perform certain procedures. Staff said there were regular team meetings and communication amongst all team members. The senior manager told us the appraisals for the consultant pathologists were undertaken as part of their NHS contracts. This was confirmed by one of the consultant pathologists we spoke with. Staff received appropriate professional development.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

TPS was registered and accredited by Clinical Pathology Accreditation (UK) Ltd (CPA). We reviewed the overview report (January 2013) following the two day visit. The report noted "There are very good evaluation and improvement processes in place and the Operations/Quality Manager is extremely capable". There were no critical non conformities identified. There were 22 non-critical non conformities. The manager told us they had submitted a plan to the CPA to address all of these.

The senior manager told us the quality of the service and risks were discussed at the quarterly senior management meeting. We were told the agenda was a standard agenda which covered all the CPA standards. We reviewed the notes of the last meeting (January 2013). The notes included discussion and action points on a number of issues including the audit schedule, staffing and training, environment, equipment, results of the user survey, incident reporting and analysis. These demonstrated good governance and risk management systems in place.

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.
