

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

GSTS Pathology - Guy's Hospital

Great Maze Pond, London, SE1 9RT

Tel: 08000223766

Date of Inspection: 13 March 2013

Date of Publication: April
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Supporting workers

✓ Met this standard

Details about this location

Registered Provider	GSTS Pathology LLP
Registered Manager	Mr. Adrian Mark O'Keeffe
Overview of the service	GSTS Pathology is an independent provider of pathology services working in partnership with Guy's and St Thomas' and Kings College Hospital NHS Foundation trusts. It offers routine and specialist pathology tests and clinical support services to the NHS and other public sector bodies and to a wide range of private sector organisations, from four main locations including GSTS Pathology – Guy's Hospital.
Type of services	Blood and Transplant service Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Management of supply of blood and blood derived products

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:	
Supporting workers	5
About CQC Inspections	7
How we define our judgements	8
Glossary of terms we use in this report	10
Contact us	12

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether GSTS Pathology - Guy's Hospital had taken action to meet the following essential standards:

- Supporting workers

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 13 March 2013, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

At our inspection on 28 June 2012 we found in most respects the provider was meeting the standards required. However, there were some shortcomings in the training and support provided to staff in the phlebotomy department. The provider was taking action to address these issues but some of this action was still outstanding at the time of the inspection.

At our visit on 13 March 2013 we did not speak to people who use the service as the focus of our inspection was on the training and support provided to staff in the phlebotomy department. We found that the provider had made the improvements set out in the action plan submitted in response to the previous inspection. People were now cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

As staff in the phlebotomy department work at both the Guy's Hospital and St Thomas locations we did not visit the Guy's Hospital location on this occasion. Instead we spoke with staff at the St Thomas' location who covered both sites. The judgements in the separate report for each location are therefore identical in most respects.

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

Supporting workers

✓ Met this standard

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

At our previous inspection on 28 June 2012 we found the provider was not meeting this standard. People were not fully protected against the risks of unsafe care and treatment because the provider did not have in place suitable arrangements to ensure that staff were appropriately supported in relation to their responsibilities. The provider sent us a report stating that they would take action to become compliant with this essential standard by 31 March 2013.

At our inspection on 13 March 2013, we found that people were now cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider had appointed a training co-ordinator to manage training in the phlebotomy department. Standard operating procedures had been produced and issued to phlebotomy staff covering the management of complaints and incidents. Staff had attended a workshop on customer service and complaint handling. An audit of staff knowledge and understanding of complaint and incident handling was due to start shortly.

All phlebotomy staff had undergone a detailed phlebotomy competence assessment which included a practical and a knowledge test. Tutorial sessions were being planned for the few staff who had not met the knowledge competences.

Focus groups had been run with phlebotomists, supported by phlebotomy management, to review values and behaviours. As a result 'phlebotomy department standards' were issued to all staff and put on display in the phlebotomy clinic for staff and patients. Regular staff meetings for the phlebotomy department were put in place in August last year and were now held monthly to enable two-way feedback between managers and staff. Minutes of the meetings were taken and made available to all phlebotomy staff.

There had recently been a 'road show' on organisational change and there were also monthly staff engagement groups which all GSTS Pathology staff could attend to discuss organisational development issues. We were told that phlebotomy staff had not so far

attended any engagement groups but two had now volunteered to represent the phlebotomy department at future groups.

We spoke with seven phlebotomy staff, two of whom had been recruited recently, and three of whom worked at both the St Thomas' Hospital and Guy's Hospital clinics. Recently recruited staff told us that they received thorough induction and this had prepared them well for their role. Staff told us they had been provided with a job description and established staff received regular mandatory training required for their role.

Staff we spoke with said they felt supported by their managers and colleagues and there were sufficient opportunities for them to discuss work-related issues with managers and to be kept informed about important organisational developments and changes. One member of staff said, "My manager is always there for me and is very patient and supportive in dealing with issues. I am proud to work for her." Another said, "My manager is very approachable, listens to me and does her best to resolve the issues I raise."

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.
