Inspection Report

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

GSTS Pathology - Kings College Hospital

King's College Hospital NHS Foundation Trust,
Denmark Hill, London, SE5 9RS

Date of Inspection: 25 February 2013

Date of Publication: March 2013

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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	GSTS Pathology LLP
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 – King's College 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'.

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 25 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

We spoke with people who had come to the phlebotomy department for blood tests. They told us that they were happy with their treatment and with the attitude and competence of the staff. They felt the department was clean and hygienic. Their privacy was maintained and staff treated them with respect. One person said, "Staff are friendly and helpful." Another said, "Whenever I have been here I have been impressed, staff are polite and the place is kept very clean."

People we spoke with commented on the waiting time for their blood test. One person said they expected a long wait because the clinic was so busy but said that staff kept them informed of how long it would be before they were seen. However, two people felt that the waiting time was too long.

We spoke with King's College Hospital NHS Foundation Trust about the service contract with GTST Pathology. The trust was happy in most respects with the services provided and felt the provider responded positively to improve service delivery. There were ongoing issues in relation to waiting times in the phlebotomy department. However, the trust felt the provider had put in place a viable plan to address this issue.

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.

People's privacy, dignity and independence were respected. People's 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

People who use the service were given appropriate information and support regarding their care or treatment. The people we spoke with who were attending the phlebotomy department told us that they were provided with appropriate information when being referred for a blood test. They understood the need for a blood test and had discussed this with the healthcare professionals who had referred them.

People told us that the appointments process worked smoothly and they were sent a text reminder of their appointment shortly before it was due. However, two people we spoke with said that the waiting time for their blood test was too long.

People's diversity, values and human rights were respected. People told us that staff in the phlebotomy department were polite and treated them with consideration and respect. Staff were aware of equality and diversity issues and received training in this area. We saw that staff took care to ensure people's privacy and dignity. Screens were used to give privacy when blood was being taken. We observed staff interactions with patients, which were polite, calm and unrushed.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. 'Phlebotomy department standards' were on display in each cubicle, which set out the department's values, behaviours and standards, emphasising patient choice and involvement. We saw 'How are we doing?' posters from the host trust on display in the waiting area inviting people who used the service to complete a short questionnaire. We were told that GSTS Pathology were awaiting feedback from the trust from patients who had commented on the phlebotomy department.

Managers told us that from the provider's own analysis of feedback and comments from people using the phlebotomy service, a common concern raised was about waiting times for blood tests. The provider acknowledged that waiting times fell short of the service's

own quality standards. To address this issue additional staff had been recruited to the department and a project was being put in place to upgrade the clinic, increase the number of treatment cubicles and introduce a new queue management system to improve the flow of patients through the department. The funding for the project had been approved and the project plan, which we saw, was due to be authorised in the week our inspection took place. The project was due for completion by April 2013.

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 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. Appropriate information was held about patients to enable blood and other pathology tests to be processed, samples analysed and results provided. Guidelines were in place for staff to ensure safe phlebotomy practices and reduce the risk of patients receiving unsafe or inappropriate care during the collection of blood samples.

People we spoke with had confidence in the skill and competence of staff in taking blood and felt safe in their hands. One person told us that if staff had any difficulty in obtaining blood from them, which sometimes happened, the member of staff would seek assistance from a colleague or supervisor.

People's care and treatment reflected relevant research and guidance. GSTS Pathology worked with partner organisations and supported external clinical and laboratory research projects to develop and implement new diagnostic tests and technologies to improve the quality and efficiency of pathology services. For example, the provider now offered a new test for vitamin B12 deficiency.

There were arrangements in place to deal with foreseeable emergencies. Phlebotomy staff were not trained in resuscitation in medical emergencies, although the provider planned to introduce this later this year. However, there were staff trained in first aid present at all phlebotomy clinics that staff could call upon. If a patient became ill during a blood test and required rapid emergency support, staff could call clinical staff from the trust to provide resuscitation. Staff were also required to demonstrate what to do if a patient did not feel well or fainted during or after phlebotomy, as part of a detailed competence assessment completed by all staff in the department.

Cleanliness and infection control ✓ Met this standard

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

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

The people we spoke with who were attending the phlebotomy department told us they thought that the department was clean and tidy. There were hand hygiene dispensers in the phlebotomy department and we saw visitors and staff using them.

We met the host trust's deputy director of infection prevention and control (DIPC) and the senior infection control nurse who explained that GSTS Pathology followed the host trust's infection control policy. Each laboratory area and the phlebotomy department had a designated lead link practitioner for infection control. Infection control was also part of the risk management process followed by the organisation.

There was a written staff guide to infection control, and staff training in infection control was provided in accordance with the infection control policy. Staff told us that they received regular training on infection control, including hand hygiene training, and training records confirmed this. Phlebotomy staff also had to complete an infection control competence assessment.

The infection control policy covered uniform policy and personal protective equipment. During our visit we observed that staff in the phlebotomy department were dressed appropriately when taking blood. We saw also that laboratory staff were using protective clothing and equipment.

We saw that there were regular infection control and hand hygiene audits. Appropriate action was taken in response to audit findings. We were told that storage space within the phlebotomy department had been identified as a potential infection control issue; there was a plan to upgrade the facility to address this.

GSTS Pathology was also required to demonstrate effective infection control standards in order to maintain the required accreditation with a registered national pathology scheme.

Waste management was dealt with under the host trust's waste management contract.

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

Laboratory staff we spoke with during our visit told us that they felt supported in their roles. Staff had a job description, received regular mandatory refresher training and kept their skills up to date through continuing professional development. All new laboratory staff had a formal induction which included training in key areas.

Laboratory staff were kept in touch with important issues and developments within the organisation through regular informal and formal staff meetings. A manager told us that there had recently been a 'road show' on organisational change. There were also monthly staff engagement groups which all staff could attend to discuss organisational development issues.

Laboratory staff told us that they had annual appraisals and the process included three-monthly one to one supervision meetings with their manager. Personal and continuing professional development were reviewed as part of the appraisal and supervision process. Staff told us that access to wider development training was limited currently due to funding. However, lunch-time meetings were being run in specific pathology-related areas to facilitate ongoing learning and development.

Recently recruited staff we spoke with in the phlebotomy department told us that they received thorough induction and this had prepared them well for their role. All phlebotomy staff we spoke with told us they had been provided with a job description and received regular mandatory training required for their role. We saw records of the training provided. Managers told us that in the last six months 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. We saw the assessment form template and training records for this and staff confirmed that they had taken the assessment and were awaiting the results.

The phlebotomy staff we spoke with told us ongoing training and development they received met the needs of the job. There was an annual appraisal process which included one to one supervision meetings. However, the provider may find it useful to note that frequency of formal supervision meetings was inconsistent. One member of staff told us that they had supervision meetings every 4-6 weeks; one who was newly appointed had been to one meeting but this had not been documented; another had not had a formal

meeting since appointment last year; and one said the last meeting they had was in July 2012.

Managers told us that the expectation was that GTST Pathology staff would have at least quarterly supervision meetings. However, for phlebotomy staff because the clinic was always very busy it was difficult to take staff away from the workplace to do this without disrupting the service. Supervision therefore was carried out informally day to day on the job and formal supervision was expected to take place at least six-monthly.

Two of the staff we spoke with said they felt supported by their managers and colleagues and were able to discuss work-related issues with them. However, the provider may also find it useful to note two others said they did not feel valued by the organisation and there was insufficient opportunity to contribute to the way the department was run and discuss work-related issues. They said there were brief daily up-date meetings at the beginning of the day but formal staff meetings were infrequent.

Managers told us that 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 staff and the latest minutes were posted on the notice board in the phlebotomy department. We saw these on display during our inspection and were also provided with copies of the minutes of the last three meetings. Managers said that because of the difficulty in arranging staff meetings for all phlebotomy staff at all three GSTS Pathology locations without disrupting the service, cross-site meetings were arranged where staff from each site were represented.

We were told that the views of staff were sought through periodic staff surveys. We saw evidence that action had been taken to follow up the May 2012 survey findings through presentations and meetings with staff.

Complaints ✓ Met this standard

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

There was an effective complaints system available. Comments and complaints people made were responded to appropriately. The service had a code of practice for handling complaints. There were also standard operating procedures for the management of complaints. These were available to laboratory staff on the provider's intranet system and had been drawn to the attention of staff in the phlebotomy department at workshops on complaints handling and customer service held between November 2012 and February 2013. We saw the presentation for this and the list of staff attendance.

Complaints came from two main sources: individual people using the services or from customers requesting pathology tests. The majority of complaints came through the host trust's complaints team or Patient Advice Liaison Service (PALS). These were dealt with in accordance with the trust's own procedures and timescales and were passed to service managers in GSTS Pathology to investigate and respond to enable the trust to issue a formal response and meet its procedural deadlines.

As well as feedback from complaints, the provider regularly carried out surveys of customers using laboratory services. We saw evidence of a number of such surveys and the action plans to address issues identified.

The provider had a system for managing and keeping track of complaints. Reports on complaints were reviewed through the service's governance structure. Complaints were a standing agenda item at monthly clinical pathology governance meetings and were also reviewed at departmental quality meetings. Feedback on lessons learned was considered at individual laboratory meetings. We also saw evidence that complaints and incidents were discussed at monthly phlebotomy staff meetings to ensure lessons were learned.

People were made aware of the complaints system. This was provided in a format that met their needs. A comments form for compliments and complaints was available on the provider's website. There were leaflets and information about the host trust's complaints in the phlebotomy department and around the hospital. In addition, people attending the phlebotomy department could provide feedback via a mobile electronic booth provided by the host trust at the hospital site.

People were given support to make a comment or complaint when they needed assistance. People attending the phlebotomy clinic could speak to the host trust's PALS

team, which provided support to patients, families and visitors. Staff in the phlebotomy department told us if people raised a concern they would try to resolve it at an early stage. They would give people the PALS contact details if they wished to pursue their concerns further.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw evidence of complaints that had been dealt with and the action taken. The three people we spoke with who were attending the phlebotomy department told us they would speak with a manager of the service or go to PALS for guidance about what to do if they were unhappy about anything or wanted to make a complaint. They told us that they were happy with the treatment and support they received from staff but two people felt that the waiting times in the clinic were unacceptably long.

If complainants were not satisfied with the outcome of a formal complaint, the host trust's procedures provided for the reconsideration of any issues people felt had not been properly addressed. They were given information about requesting an independent review of their complaint by the Health Service Ombudsman.

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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