

# Review of compliance

Sarah Cannon Research UK Limited Sarah Cannon Research UK	
<b>Region:</b>	London
<b>Location address:</b>	93 Harley Street London W1G 6AD
<b>Type of service:</b>	Acute services without overnight beds / listed acute services with or without overnight beds
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	<p>Sarah Cannon Research UK is the one registered location of the provider Sarah Cannon Research UK Limited. This location is a research facility conducting clinical studies of new cancer drugs. People attend this service with a referral from their own doctor or specialist and this includes NHS patients.</p> <p>The location is a recently refurbished</p>

	and modernised suite of rooms, on several floors, in Harley Street in central London.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Sarah Cannon Research UK was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 April 2012, talked to staff and talked to people who use services.

### What people told us

The people we spoke with were positive about their experiences at Sarah Cannon Research UK. They said they were treated as individuals and had enough information to make a decision about whether to participate in a clinical trial. They understood what being a participant in a clinical trial could potentially offer them, the risks and possible benefits. People using this service were positive about staff at this location and said that they could always ask for more information and would raise a concern if they had one.

### What we found about the standards we reviewed and how well Sarah Cannon Research UK was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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. The provider was meeting this standard.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service. The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People we spoke with were satisfied with the care they received at this location. They said they had had as much information as they needed about the clinical trial they were going to be participating in before the trial started and then as the trial progressed could always seek more information. They felt that information was provided in terms that they could understand and in detail when they required it.

One person said that staff "cared about me as an individual" and "nothing worries me coming here". Another described "a very positive experience, with no negatives to report" and an overall "excellent experience".

We saw the most recent patient survey report from February 2012 and this showed that 100% of people who replied reported receiving all the information they needed. 100% of people said that they had been treated with dignity and respect. All the people who had been treated at this service in 2011 were invited to respond to the survey.

#### Other evidence

People using this service have been referred by their specialist oncologist or doctor and will return to the referrer for treatment when the trial is completed and when appropriate.

Staff described the process for people commencing as a participant in a clinical trial. This involved discussions and an informed consent process. There is a patient information sheet for each trial. This includes consent, side effects and outcomes from the specific trial. Patients may ask as many questions as they wish and may withdraw from a trial at any time.

We saw the systems for seeking feedback from people. This included daily comments cards which are monitored and reviewed by the Integrated Governance Committee. A patients' annual survey is also undertaken which is monitored and reviewed. We heard of examples of changes made in response to feedback, such as the review of catering services to provide hot meals for people.

All clinical trials must be approved by a formal ethics committee process. There is patient representation on such committees.

All patients were treated in a private pod area which we saw. There were also two private bed spaces available for patients if they choose. No people stay overnight at this location.

### **Our judgement**

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. The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us they felt well cared for and the recent patient survey report from February 2012 showed that 100% of respondents rated their overall experience as excellent or very good.

##### Other evidence

Ethical approval for clinical trials includes the design and rationale of the trial, patient information, contracts and pre-clinical information about the drugs used. Each person has been individually risk assessed for their suitability for each clinical trial.

There were arrangements in place to deal with foreseeable emergencies and staff confirmed that they have had training in resuscitation.

##### Our judgement

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the service about this outcome and they confirmed that they felt safe at the location and would raise a concern if they had one.

##### Other evidence

Staff confirmed that they knew what to do if a safeguarding concern was raised and that they had had training in safeguarding children and vulnerable adults. There was a link with the local authority social services team if needed and safeguarding policies and procedures were available.

All the patients who participated in a clinical trial had capacity - they must give informed consent to the trial themselves. All patients were aged over 18.

##### Our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People told us that they had had a very positive experience of staff at this location. They commented on the professionalism and caring attitudes of staff.

The February 2012 report of the annual patient survey demonstrated that 100% of respondents had confidence in the nurses and doctors treating them.

##### Other evidence

Staff received appropriate professional development. The consultant doctors were granted practicing privileges through the Medical Advisory Committee and there was a process of annual review. Staff have had an induction and mandatory training. Clinical staff have undergone clinical competency checks. Discussion with staff confirmed this.

Staff confirmed that they were able, from time to time, to obtain further relevant training. This included detailed training and updates about the clinical trials in which they were involved.

The provider safeguards high standards of care by creating an environment where clinical excellence was expected and provided.

##### Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the service, but their feedback did not relate to this standard.

##### Other evidence

People who use the service were asked by the service for their views about their care and treatment and these were acted on. We saw that people can give comments on a daily basis when they attend this location as well as in a formal annual survey of all the people who have used the service. This feedback is monitored and reviewed at the Integrated Governance Committee which meets monthly and reports to the Medical Advisory Committee.

The Integrated Governance Committee is the means by which the service monitors incidents, complaints and risk as well as patient satisfaction. There was evidence that learning from incidents and feedback took place and appropriate changes were implemented. Decisions about care and treatment were made by the appropriate staff at the appropriate level in consultation with patients.

Sarah Cannon Research UK is also monitored by the sponsors of the clinical trials so that the trials are conducted to the protocols that have been agreed. Drugs used in the trials were approved for use by the Medicines and Healthcare Regulatory Agency (MHRA). We saw that there is an internal quality assurance process for each clinical trial that includes audit of consent and adherence to the trial protocols.

**Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service. The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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