

# Review of compliance

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| County Pathology Limited<br>County Pathology Limited |  |
| <b>Region:</b>                                       | South East   |
| <b>Location address:</b>                             | 31 Frederick Sanger Road<br>Guildford<br>Surrey<br>GU2 7YD   |
| <b>Type of service:</b>                              | Diagnostic and/or screening service  |
| <b>Date of Publication:</b>                          | November 2011  |
| <b>Overview of the service:</b>                      | County Pathology Ltd is based on the Surrey Research park in Guildford. This is a private service, providing laboratory and phlebotomy (blood sample tests) for patients attending private hospitals, clinics, private GPs and occupational health referrals. Blood results are usually available within two hours of arrival at the laboratory. Clinical advice can be provided from specialist clinicians, subject to request. |

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**County Pathology Limited was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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 20 October 2011, talked to staff and talked to people who use services.

### What people told us

People who spoke to us indicated that they had experienced a positive service from the staff. The service was described as "First class" and "Fantastic." Staff were said to be very personable, friendly and provided information related to the taking of blood for tests. Results of blood tests were said to be made available very promptly. All respondents indicated that the service received had been speedy, with no delays in appointment times.

### What we found about the standards we reviewed and how well County Pathology Limited was meeting them

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

The provider has ensured that people using the service experience safe and appropriate care, treatment and support, meeting their needs and respecting their rights. Overall, we found that County Pathology Ltd was meeting this essential standard.

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

The provider has not made reasonable arrangements to ensure that staff have the necessary training and support in relation to safeguarding vulnerable adults. Overall, we found that improvements are needed for this essential standard.

#### **Outcome 14: Staff should be properly trained and supervised, and have the chance**

## **to develop and improve their skills**

The provider has ensured that staff have access to training and supervision and that there are support mechanisms in place to enable their roles to be carried out safely. Overall, we found County Pathology Ltd was meeting this essential 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 has ensured that people who use the service are safe and that the quality of care provision is risk managed effectively. Overall, we found that County Pathology Ltd was meeting this essential standard.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

## 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

to any people using the service. We therefore carried out telephone discussions with people a few days after our visit.

People fed back to us very positively about the services, indicating that staff were friendly and prompt in dealing with their specific needs. Information related to blood sampling was provided and test results were made available very quickly. One person indicated that the results of tests were available by the time they returned to their appointment at a nearby care provider.

We were told that appointment times were met and that there were no delays. Information provided was said to be suitably detailed, with explanations given clearly when required.

##### Other evidence

We were provided with a copy of the service user guide and noted that this had information about the services provided and guidance on blood tests available, including information on the need to fast prior to tests and the duration for this.

Staff who spoke with us indicated the measures that they took to ensure that people coming to the service felt safe and had their immediate needs taken into account. This included the care of people who attended the clinic to have blood samples taken. Explanations of the procedure would be provided and advice on the availability of results.

We were told that there are no care records but that requests for tests are accompanied by a formal request. The computer system was used to record relevant information and to record test results. Test results were sent to respective clients, such as doctors or specialists in nearby clinics or hospitals.

**Our judgement**

The provider has ensured that people using the service experience safe and appropriate care, treatment and support, meeting their needs and respecting their rights.

Overall, we found that County Pathology Ltd was meeting this essential 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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

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

We did not ask specific questions related to this outcome during our discussions with people using the service. We did not identify any concerns related to people's safety from the information communicated to us.

##### Other evidence

We asked the provider what arrangements were in place for safeguarding vulnerable adults who may use the service. We were advised that people coming for blood tests were generally able to make decisions about the investigations to be carried out and had an understanding of the reasons behind such tests. The rights of people were taken into account through the provision of information and allowing them consent to such procedures.

We asked what guidance staff had in respect to safeguarding, identifying potential concerns and managing these. There was no formal system in place, such as a policy or procedure to guide staff and no information from the local safeguarding agency for staff to refer to. Staff had not had training on safeguarding matters and therefore we were concerned that they may not have been fully aware of the type of concerns that may present or how to report these.

The provider indicated that staff regularly attended training along with staff at a nearby independent service, and that the option to attend this training would be looked into as a priority. We were assured that a local policy would be written and that information from the local authority for safeguarding would be obtained.

**Our judgement**

The provider has not made reasonable arrangements to ensure that staff have the necessary training and support in relation to safeguarding vulnerable adults. Overall, we found that improvements are needed for this essential 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

On this occasion, we did not ask people using the service to comment on this outcome.

##### Other evidence

We spoke with staff about the arrangements that were in place for their support. We were told that it was a small team of staff and that support was mutual across the team, with regular discussion on a day to day basis and more formally at team meetings. We viewed minutes of such meetings and noted discussions related to the service and staffing.

Staff told us that they had access to training on site related to technical equipment or that they joined other local service providers to attend some of the sessions provided, such as health and safety. Other training could be accessed externally, subject to agreement and availability.

One member of staff indicated that a period of induction had been carried out after commencement of employment; this allowed time for familiarisation with procedures and equipment. We saw an employee handbook, which contained details about the service, policies and procedures. We were told that this was given to each member of staff.

We were advised that staff had an annual performance review and in the review training or learning needs were identified. One staff member indicated to us that they were due an appraisal and that it was to take place in the near future. We saw evidence of appraisals recorded on the computer system.

Staff enjoyed working at the laboratory indicated that they were happy and that there was good team work and managerial support.

**Our judgement**

The provider has ensured that staff have access to training and supervision and that there are support mechanisms in place to enable their roles to be carried out safely. Overall, we found County Pathology Ltd was meeting this essential 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

During our discussions with people using the service we were told that the service was very good and of a very high standard. We asked if there had ever been any cause to raise a concern regarding standards of care or treatment and were advised that no concerns had arisen.

##### Other evidence

During our discussion with staff we were advised that people using the service were encouraged to provide feedback on the standards of treatment they received. This was through a survey, which was located in a stand in the reception area. Those individuals who were attending to have blood taken by the staff also had guidance regarding commenting on the service or raising a complaint. This was available on a sign displayed visibly in the treatment room where the procedure was carried out.

We asked how many responses had been received from the survey and were told that only one form had been completed, as uptake of these was very much dependent on people wanting to provide feedback on the service. We were told that no concerns were raised in this one response.

The provider explained a number of measures in place for assessing and monitoring quality of services. In the main these were technical procedures related to the correct functioning of laboratory equipment and processes of obtaining test results from various samples.

The service is required to meet quality controls and standards set by external bodies, such as the clinical pathology accreditation, standards for medical laboratories. We saw information related to these standards, in addition to evidence of external auditing. The latter produced a print out of comparative information related to the production of test results. Other audits include the monitoring of the processes for handling samples from start to finish.

We were shown a copy of the risk assessments that are in place. These related to standard operating procedures set for each type of test and identified the frequency of exposure to the risk, likelihood of risk and measures to be taken. A traffic light system was used to score the level of risk from amber to red.

**Our judgement**

The provider has ensured that people who use the service are safe and that the quality of care provision is risk managed effectively.

Overall, we found that County Pathology Ltd was meeting this essential standard.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity                  | Regulation  | Outcome   |
|-------------------------------------|---|---|
| Diagnostic and screening procedures | Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010   | Outcome 07: Safeguarding people who use services from abuse |
|                                     | <b>Why we have concerns:</b><br>The provider has not made reasonable arrangements to ensure that staff have the necessary training and support in relation to safeguarding vulnerable adults. |   |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# 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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

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