

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

## County Pathology Limited

31 Frederick Sanger Road, Guildford, GU2 7YD

Tel: 01483450388

Date of Inspection: 14 November 2012

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December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

|                                                         |                     |
|---------------------------------------------------------|---------------------|
| <b>Respecting and involving people who use services</b> | ✓ Met this standard |
| <b>Consent to care and treatment</b>                    | ✓ Met this standard |
| <b>Care and welfare of people who use services</b>      | ✓ Met this standard |
| <b>Cooperating with other providers</b>                 | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b>  | ✓ Met this standard |
| <b>Cleanliness and infection control</b>                | ✓ Met this standard |
| <b>Safety and suitability of premises</b>               | ✓ Met this standard |
| <b>Statement of purpose</b>                             | ✓ Met this standard |
| <b>Complaints</b>                                       | ✓ Met this standard |

## Details about this location

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Registered Provider     | County Pathology Limited                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Registered Manager      | Mr. William Wreford                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Overview of the service | <p>County Pathology Ltd is based on the Surrey Research Park in Guildford.</p> <p>The private service, which employs four staff, provides laboratory and phlebotomy (blood sample tests) for people attending private hospitals, clinics, private GPs and occupational health referrals.</p> <p>Blood results are usually available within two hours of arrival at the laboratory. Clinical advice can be provided from specialist clinicians, subject to request.</p> |
| Type of service         | Diagnostic and/or screening service                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Regulated activity      | Diagnostic and screening procedures                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with three people using the service during our inspection.

Without exception all the people we spoke with told us that the service was welcoming and comfortable.

They told us that the service was orderly and clean and the staff were kind, considerate and thoughtful.

We observed that the staff were friendly and welcoming to people using the service. People's appointments were on time and staff respected people's privacy and dignity. We saw that there was an efficient system within the laboratory that ensured medical practitioners and people using the service received the test results promptly.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People who use the service were given appropriate information and support regarding their care or treatment.

We saw that the waiting area in the clinic was spacious and clean with comfortable chairs. There were toilet facilities, cold drinks and a variety of magazines for people to look through whilst waiting for their appointment.

We observed staff greeting people for their appointments in a professional and friendly manner.

One staff member we spoke with told us that the service worked very quickly and efficiently when taking people's blood tests. They told us that this meant that if people were anxious about having their blood tests they were not required to sit and wait which may make them more anxious.

We observed that one person arrived early for their appointment and was accommodated to have their blood test taken earlier to fit their commitments. They told us that they felt very comfortable at the service and that the staff were very efficient and skilled in taking their blood samples. They told us they were always informed and given clear instructions of what to do after their tests had been completed.

We saw that the door to the treatment room was kept shut whilst people were having their blood tests. This meant that people's rights to dignity, privacy and confidentiality were promoted.

Within the reception area we saw that comment cards and pens were provided for people to use. This meant that people were given to opportunity to share their views about the service so the staff were aware of any improvements that could be made.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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Before people received any treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

We asked staff about their understanding of consent. They told us that people arriving at the service had already agreed with their medical practitioner to have laboratory tests undertaken.

Staff confirmed with us that they would not proceed with any tests if people told them they did not want to have them done. They told us they would refer the person back to their medical practitioner so that the practitioner was also aware that the person had not had the tests completed. This meant that people's rights to consent to treatment and care were promoted and their best interests taken into account.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

All of the three people we spoke with during the inspection spoke highly of the care they received whilst having blood samples taken. They said they felt well looked after and the staff were skilled and efficient. One person said they highly recommended the service due to the efficiency and care they received.

We sampled the service user guide and saw that it contained information about the services provided and guidance on blood tests available.

The registered manager confirmed that there were no care records but printed pathology request forms. These, we observed, were either sent to the service prior to the person's appointment or brought with the person at the time of their appointment.

We saw that a computer system was used to record relevant information and record test results. We were told by the registered manager that people's test results were sent to the referring healthcare practitioner when complete.

The registered manager told us that people also visited the service having fasted for specific tests and that refreshments were available following the completion of their tests.

We saw a document called a self declaration of recovery form had been developed. We were told this form was used if a person using the service had had a fainting incident. It confirmed that the person had rested for at least twenty minutes, been offered fluids and was fit to leave the service premises. This meant that people could be confident that they would be well cared for whilst using the service.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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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.

We spoke with three people using the service. One person told us that they had made an appointment that morning to have a blood sample taken. They said it was very convenient as they were going to another appointment at the hospital and then would come back to the service to get their sample test result to take to their own general practitioner (GP).

Another person told us that the service worked really well and that their consultant would receive their blood sample results within two hours. They told us that staff worked closely with their consultant and this helped them and also their consultant in monitoring their treatment.

During the inspection we saw a consultant had come to the service to talk with the registered manager.

We saw that the service had tailor made pathology request records. These records detailed the types of tests undertaken specific to a particular service. For example private hospitals, oncology, private GP's and specialist clinics. This meant that other providers could be confident that the service understood their requirements.

We saw that the service was supported by a courier service where necessary. We observed that specimens were delivered to and from the service and records kept of all transactions. This meant that people using the service could be confident their health and welfare was being promoted.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

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.

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## **Reasons for our judgement**

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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.

Our inspection of 20 October 2011 found that the service did not have a formal system in place for safeguarding vulnerable adults or children. We also found that there was no information regarding the local authority multi agency safeguarding protocols for staff to refer to and staff had not training in safeguarding matters. This meant that staff may not have been fully aware of the type of safeguarding concerns or how to report these.

During this inspection we were provided with a written policy and procedure which offered staff guidance on how to recognise and respond to any concerns they may have regarding harm or abuse. We saw that the service had obtained a copy of the local authority multi agency safeguarding protocols which detailed the agreed protocols for reporting safeguarding concerns.

One person we spoke with said they had been using the service for several years and that they always felt safe and well cared for.

We spoke with two staff and they were clear about what steps they should take in the event of any safeguarding concerns raised at the service. Their knowledge included the process for reporting concerns to the local authority safeguarding team.

One of the staff told us that they would go to the registered manager to report any safeguarding concerns. They showed us a flowchart which clearly described what they should do if they had any concerns related to suspected harm or abuse.

One staff member we spoke with told us they had recently undertaken safeguarding training and would be sharing this information with their colleagues during a formal staff meeting.

The registered manager confirmed, and we saw records, to indicate that arrangements were in place for staff to receive further safeguarding children and vulnerable adults

training. This meant that people using the service could be confident that staff were aware of safeguarding matters and understood the steps to take should they have any concerns.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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

We observed that the service appeared clean, hygienic, tidy, orderly and well maintained. There was evidence that equipment and stock was well organised and in plentiful supply.

The registered manager was the designated infection control lead and thus responsible for all infection control issues within the service.

We spoke with three people using the service. Two people told us that they had been attending the service for many years and had always found it to be clean and hygienic. They said that the room where they had their blood samples taken was always clean and staff wore protective clothing when taking their blood samples.

We were provided with the current Infection Control policy and procedure and the Department of Health guidance for microbiology laboratories. The policies outlined various standards that were expected of the clinical staff, including for example, hand hygiene, clinical waste disposal, immunisations, blood spillage procedures, cleaning regimes, the use of personal protective equipment and the collection, packaging, handling and delivery of laboratory specimens.

It was confirmed that the staff and a person employed privately were responsible for cleaning the service.

We saw that there was some evidence, in the form of cleaning schedules, to show what areas within the laboratory had been cleaned by staff. The provider may wish to note that cleaning schedules were not being maintained for the other areas of the service for example the toilet, kitchen, waiting area and staff room. This was brought to the registered manager's attention in order that all staff understood their responsibilities and there was a clear audit to demonstrate the areas cleaned within the service to ensure standards of hygiene and cleanliness were maintained.

We saw that cleaning equipment was available. The provider may wish to note that different colour coded cleaning materials such as buckets and mops, for use in specific areas of the service, were not available. This was brought to the registered manager's

attention in order that arrangements were in place to minimise contamination and prevent infections as far as reasonably practicable.

The clinic room, where blood samples were taken appeared clean. There were appropriate hand washing facilities, hand wash and disposable paper towels available for staff. We saw that staff wore uniforms and observed that laboratory specimens were handled with care to avoid spillage and contamination.

The two staff we spoke with told us they had received infection control training however we did not sample records to confirm this.

We observed that arrangements were in place for the collection of clinical waste by a recognised waste contractor. The clinical waste, including sharps and dressings within the practice were well managed. We sampled signed consignment documents to confirm waste collection and those documents were filed and well managed.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Without exception all the people we spoke with told us that the service was welcoming and comfortable.

We noted that the clinic had disability access.

The waiting area was well maintained and decorated to offer a pleasant environment for people attending appointments.

We saw that overall the furnishings and floor coverings and the premises were well maintained.

The clinic room, where blood samples were taken, was well decorated, clean and airy. There were appropriate furnishings including a large couch, hand washing facilities, phlebotomy equipment and privacy blinds for the windows.

We saw that clinic equipment was stored appropriately. This meant that consideration had been made for the safety of people visiting the service.

We saw that the areas where staff worked within the laboratory were well maintained. Two staff we spoke with confirmed that there was a good reporting system if something needed replacement and repair.

We sampled some records to confirm that arrangements were in place to make sure the service was being adequately maintained.

## Statement of purpose

✓ Met this standard

The service must tell us about what kinds of services it provides

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## Our judgement

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The provider was meeting this standard.

People who use the service or their representatives benefit from the knowledge that the Care Quality Commission is informed of the services being provided.

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## Reasons for our judgement

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People who use the service or their representatives benefit from the knowledge that the Care Quality Commission is informed of the services being provided.

The Statement of Purpose we sampled during the inspection detailed the service's aims and objectives, the kinds of services provided; the full name and legal status of the service provider and details of the registered manager.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People were made aware of the complaints system. This was provided in a format that met their needs.

We asked to see a sample of complaints received by the service since our previous inspection. The registered manager told us that no complaints had been received since the service was registered in March 2011.

We saw that the service had a complaints policy and procedure which clearly detailed how people's complaints would be addressed and resolved.

We spoke with three people using the service. They told us that if they needed to complain they were confident their concerns would be listened to and acted upon appropriately.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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