

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

LOC - Leaders in Oncology Care

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Date of Inspection: 07 January 2014

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

Consent to care and treatment	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	LOC Partnership Limited Liability Partnership
Registered Managers	Mr. Neil Buckley Mr. Guy David Reynolds
Overview of the service	<p>LOC - Leaders in Oncology Care is a private clinic that provides consultations and day care treatments for patients that have been diagnosed with cancer. LOC specialises in treatments in oncology healthcare for patients of 18 years and over only.</p> <p>The clinic also provides treatments in holistic care including counselling, aromatherapy and other complementary therapies.</p> <p>LOC is located in Westminster, central London.</p>
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Treatment of disease, disorder or injury

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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 7 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to four people who were using the service and they told us that they had signed written consent forms. We looked at four people's records and noted that they had consent forms which were signed by the person who was using the service and their consultant. One person who used the service told us "I felt fully involved at every stage of my treatment."

Staff we spoke with told us that they would administer medicines to people where they were prescribed by the consultant as part of the individual regime agreed for the person using the service. Staff told us that they had received training in the administration of medication and staff training records confirmed this.

Appropriate checks had been undertaken before staff began work. Staff who we spoke with were able to confirm each step they had gone through as part of the recruitment process.

The service used a range of methods to monitor the quality of its services, including collecting the views of people who used it. People expressed positive comments to us on the service, such as 'the staff are responsive and I feel listened to.'

People who spoke with us told us they felt confident that if they had a complaint or issue, that this would be listened to and responded to quickly. There was a complaints policy in place and staff we spoke to were aware of it and knew what action to take and who to contact if they received a complaint.

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

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

Our judgement

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.

Reasons for our judgement

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

The head of clinical services told us that when a person was referred to the service they were given information about the service. We spoke to four people who were using the service and they told us that they had been provided with detailed information about the options of care and treatment available to them and had signed written consent forms. One person who was using the service told us "the consultant spent over an hour discussing my plan of treatment and explained all the potential side effects in detail."

We looked at four people's records and saw that they contained consent forms which were signed and dated by the person who was using the service and their consultant. One person who used the service told us "I felt fully involved at every stage of my treatment" and another said "I was provided with lots of information and supported with decision making as appropriate."

We were shown a copy of the service's consent policy which had been reviewed in May 2013. Staff we spoke with told us that they were aware of the organisation's policy. This provided guidance to staff in relation to obtaining people's consent before delivering care or treatment.

The Integrated governance manager told us that a monthly audit of consent forms was undertaken. We were shown records from July to November 2013 and were told these were discussed at the clinical team meetings and any areas of action agreed. The audit findings we were shown confirmed that written consent had been obtained and the consent form was signed and dated by both the consultant and the person who was using the service. The integrated governance manager told us that they used an audit tracker to ensure that the monthly audit calendar was adhered to by staff.

We spoke with three staff who confirmed they always asked for verbal consent before

carrying out care. We spoke to two people who were using the service, one told us "staff are courteous and involve me at every stage" and another said "staff explain exactly what they are doing." We observed staff requesting verbal consent from people who were using the service prior to carrying out procedures.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the recording of medicine.

Staff we spoke with told us that they would administer medicines to people where they were prescribed by the consultant as part of the individual regime agreed for the person using the service. We observed nursing staff checking the identification of the person prior to administering medication and recording the date, time, dosage and route of administration.

We looked at four records of people who were using the service and they showed that medicines were given as prescribed and people had received the medicines their doctor had intended. We spoke to two people who used the service one said "the staff are very thorough and confirm all medicines several times and still check my full name even though they know me well" and another told us "I have been told about the potential side effects of my medication by the nurses and doctors on numerous times."

The Integrated governance manager told us that a monthly prescribing audit was carried out and we were shown records from July to December 2013. We were told by the Head of clinical services that these prescribing audits were discussed with the relevant consultants and on site doctors and any areas for action agreed. We were shown examples of four medicines administration charts which were signed by the doctor and clearly indicated the name of the prescribed medicine, the dosage, date, time, route of administration and signature of the nurse or doctor who had administered the medicine.

Medicines were handled appropriately. We spoke to the Pharmacy manager who told us that a medicines management team was in place which included representation from medical, nursing, pharmacy and information technology staff and met on a monthly basis. Part of the role of this team was to check that all staff adhered to the organisation's Medicines management policy and we saw written records which confirmed this. We were shown the policy which had been reviewed in November 2012. This gave clear guidance to staff that ensured that medicines were managed appropriately and consistently.

The Pharmacy manager told us that any medication errors were recorded on the Datix system and they were followed up at the weekly clinical staff meeting. The Head of

clinical services told us that no controlled drugs were stored at the premises.

Staff we spoke with told us that they were aware of the organisation's Medicines management policy and that they had received training in the administration of medication and staff training records confirmed this. We observed staff wearing gloves and masks when preparing medication and saw that cupboards were locked and access to clinical rooms was restricted to clinical personnel. This meant that staff had the skills that ensured that medicines were handled appropriately.

The Pharmacy manager told us that they were responsible for the disposal of medicines and we were shown written guidance related to this which was included in the organisation's Medicines management policy.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We reviewed the employment files for five staff members of staff, including registered nurses and pharmacists. The files all contained evidence that satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. For example, we saw application forms and evidence of previous employment, with explanations where individuals had a gap from work. There were interview notes, health assessments and photographic evidence of the person's identification.

Appropriate checks had been undertaken before staff began work.

We saw that checks with the Criminal Records Bureau, now known as the Disclosure and Barring Service had been carried out. In the staff files we found evidence of references from two previous employers, job offer letters and role profiles. We saw that the skills and experience of each employee had been fully considered as part of the interview process and where necessary checks were made with the relevant professional regulator or professional body to ensure staff were registered and allowed to work by that body. One person who used the service told us "staff are very knowledgeable and I have confidence in them."

Staff who we spoke with were able to confirm each step they had gone through as part of the recruitment process. For example they had attended an informal site visit, had an interview with two managers and were requested to submit copies of their certificates for training undertaken and professional qualifications. Overall, these combined measures meant that people who used the service could be confident that only suitably skilled staff were employed by the service.

We saw a copy of the service's Recruitment Policy which provided guidance for managers. This policy had been reviewed and updated in September 2013 by the Human Resources manager.

The Head of clinical services told us that all staff had an induction programme and were provided with a mentor. We spoke to three members of staff who confirmed they had an induction programme and we were shown copies of their individual Clinical Skills

Competencies portfolio booklet.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We asked the Head of clinical services about the arrangements that they had put in place to monitor the quality of the services provided. We were provided with completed survey forms for November 2013 and saw that people could comment on a range of aspects of the service, such as the environment, reception, staff helpfulness, and whether they felt cared for and listened to. Some of the comments made included, 'I felt comfortable, safe, and staff were very friendly and helpful', 'It is good there is continuity of care from the nurses, seeing the same person on each visit is very comforting and they know me and can see if there are changes.' Staff told us the survey was carried out on an ongoing basis and we saw a summary for 2013 which had been collated by the Integrated governance manager and indicated any follow up actions required and written feedback to the people who were using the service.

This meant that people who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

We saw leaflets displayed inviting people who used the service to provide feedback, comments and suggestions. We spoke with two people who used the service who told they been asked to complete survey forms. One person told us "I have using the service for a number of years, regularly provide written feedback and have no complaints."

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Treatment discussions and decisions were led by a consultant oncologist, in conjunction with the wishes of people using the service and their families. The consultant was supported by a resident medical officer, pharmacists, nurses and technicians. This meant that people could be confident their needs would be met safely and effectively.

The integrated governance manager told us about the formal monitoring systems, which included risk assessments and audit, for example, audit related to record keeping and cleaning audits. Information was seen to be collected and entered on to the computer system, providing an on-going record of the required standards.

We were shown a copy of the monthly audit plan and there was evidence that learning

from incidents took place and appropriate changes were implemented. Staff told us that incidents or accidents were recorded on the Datix system and investigated by the quality and safety forum and we were shown records of areas for action which had been communicated to staff via the weekly clinical meeting. This demonstrated to us that the service provider used a range of methods to ensure that a quality service was delivered.

The Head of clinical services told us that a 'Patient consultative group' had been established which included representatives from current and previous people who used the service. We were told that they met every quarter and we saw written records related to their activities which were available in the waiting room. One person who used the service told us "we have been encouraged by the management and we feel we have a voice and are listened to."

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.

Reasons for our judgement

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

The provider took account of complaints and comments to improve the service. We were able to review the complaints policy which had reviewed in May 2013 and saw that this detailed the process from acknowledgement to resolution, as well as additional contacts, should the issue not be resolved by the clinic. For example contact details of the Care Quality Commission and Independent Healthcare Advisory Service were included. We were shown the process for recording complaints on the computer system and reviewed two minor complaints. In both instances we saw that these had been investigated and responded to as per the policy.

People who spoke with us told us they felt confident that if they had a complaint or issue, that this would be listened to and responded to quickly. One person said, "If we weren't happy, I feel confident to discuss with the nurses or doctors." They added, "I am not worried or embarrassed to raise an issue or ask a question."

We spoke to three members of staff who were aware of the complaints policy and knew what action to take and who to contact if they received a complaint. The Integrated governance manager told us there were no outstanding complaints and that all complaints would be investigated and discussed with staff to ensure that any lessons learnt were communicated.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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