

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

The Christie Clinic

The Christie NHS Foundation Trust, 550 Wilmslow Road, Manchester, M20 4BX

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	The Christie Clinic LLP
Registered Manager	Mr. James Gordon Hatt
Overview of the service	The Christie Clinic (part of Christie Clinic LLP) is a joint venture between HCA International Ltd and The Christie NHS Foundation Trust and provides acute care services for private oncology patients. The clinic is situated within the grounds of The Christie hospital.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 November 2012, 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

People using the service and their relatives told us that the staff at The Christie Clinic were meeting their treatment, care and support needs properly. They also said that they were involved and consulted about how they were cared for and supported and that the medical nursing and other staff treated them with respect and maintained their dignity.

Comments made included;

"The support the doctors and nurses have provided has been excellent".

"We have been really well supported as a family during this very difficult time".

"I feel so much better since my treatment began. I have every confidence in the doctors and nurses".

"My treatment and care has been superb. This clinic has provided me with the highly specialised treatment I need".

"I am very satisfied with my treatment and care. They have done everything to help me".

We found that the service was meeting the assessed treatment and care needs of their patients. Systems were in place to keep patients safe by minimising risk. Care records were being maintained appropriately and reviewed regularly. Staff were being appropriately supervised, supported and received regular training to ensure they could meet the needs of their patient's safely and appropriately.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients we spoke with told us that they were fully informed about and involved in making decisions about their treatment and care. They said that they had been fully consulted at all stages and that the information provided enabled them to make informed choices about their treatment. They also confirmed that the medical and nursing staff sought their consent before commencing treatment. One patient told us that "I feel that I have been provided with enough information in a way that I can make choices about my treatment". Another told us that "Everything has been explained to me, I have not been rushed into making any decisions and all my questions have been answered. This has meant I am now much less anxious about my illness and treatment".

We saw that a wide range of written information was also provided to enable patients to make informed choices about their treatment and care. Patients could also access the Clinic's website which provided information about the services provided, how to access them and how they could be funded.

We also spoke with people visiting patients at the clinic. One person told us "The support the doctors and nurses have provided has been excellent". Another said "We have been really well supported as a family during this very difficult time".

During our visit we observed staff taking action to ensure that the privacy and dignity of patient's were respected and maintained. We observed staff interacting with patients positively, professionally and with respect. One patient we spoke with told us "All the staff have been very kind and have treated me with respect and compassion". Another told us "The staff have a lovely manner and are very caring".

Systems were in place where patients could express their views, and make suggestions about the quality of the service provided. These views were analysed as part of the service's quality assurance monitoring. Where issues were identified action was taken to address them appropriately.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The Christie Clinic provides acute care services for private oncology patients. The services provided included diagnostic services, day care and in-patient treatments.

Patients we spoke to told us that they were confident that the treatment and care they received was appropriate and of a good quality. One person told us "I feel so much better since my treatment began. I have every confidence in the doctors and nurses". Another told us "My treatment and care has been superb. This clinic has provided me with the highly specialised treatment I need". Another person said "I am very satisfied with my treatment and care. They have done everything to help me".

We looked at the care records of three patients. These contained treatment and care plans that identified specific individual needs and how those needs were being addressed. Risk assessments had also been recorded that identified risk factors in each patient's programme of treatment and care. Where risks were identified action had been taken to eliminate or minimise the risk to the patient. Care records were specific to the individual patient and had been completed and reviewed regularly. Patients spoken to told us that they had been involved in their care plans and risk assessments being developed.

We were informed that a review of care records was being undertaken at the time of this inspection with a view to developing them further.

Patients were being provided with treatment and care by doctors and nurses who specialised in supporting people suffering from cancer. All patients had their own medical consultant who was responsible for managing their treatment.

Patients were enabled to access a professional psychological counselling service specifically for cancer patients.

Suitable arrangements were in place to deal with medical and other potential emergencies. Medical and senior managers employed by the clinic were on call at all times. All staff received annual basic life support training.

Nursing staff spoken with told us that staffing levels at the clinic were regularly reviewed to ensure that patient's medical and nursing needs were being appropriately met. Staff

training records reflected that staff were provided with regular training to enable them to meet the general and specialised needs of their patients.

Patient areas were seen to be clean, comfortably furnished and appropriately equipped.

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

Our judgement

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.

Reasons for our judgement

A suitable process was in place for responding appropriately if it was suspected that abuse had occurred. No safeguarding referrals had been raised in relation to the service as there had been no safeguarding incidents or allegations.

Discussion with staff (including senior staff) confirmed they were aware of the importance of keeping people safe. They confirmed that they were regularly provided with safeguarding training. They could also appropriately describe to us what actions they would take if they suspected a person using the service was being subjected to abuse of any description.

Staff training records detailed that safeguarding training had been regularly provided.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We were informed that suitable training was provided to ensure that the treatment, care and support needs of people using the service could be appropriately and safely met.

During our visit we looked at a sample of training records. These detailed training that had been provided to each member of staff and when that training had been delivered. The record reflected that staff were provided with regular and appropriate training. This included training to meet the highly specialised nursing and treatment needs that had been identified in people using the service.

Staff told us they were well supported by senior staff and that their views were listened to and respected. They could voice their views individually or at regular staff meetings. Staff confirmed that they had regular supervision meetings with senior staff that included reviewing their training needs. They also told us that they were actively encouraged and supported to access regular training that enabled them to fulfil their role properly.

Regular checks were conducted to ensure that healthcare professionals employed by the clinic were currently registered with their respective professional regulator (for example the Nursing and Midwifery Council or the General Medical Council).

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We looked at information about how the quality of the service people receive was monitored. The process included regular checks (audits) being conducted to assess the quality and safety of the services provided. A system was in place to identify and analyse adverse events to establish what caused them and identify ways in which to prevent or minimise the chances of them happening again.

A suitable system was in place to deal with people's comments and complaints. All complaints were recorded. The record detailed the nature of the complaint, how it was investigated, the outcome, actions taken and how the outcome was communicated to the complainant.

The views of people using the service, their relatives, and health care professionals who also supported people using the service were sought through regular surveys. Results were analysed and any issues identified addressed. Discussion with staff revealed that their views were sought, listened to and acted upon. They said their views were valued and respected.

'The Christie Clinic patient user group' provided a forum where patients, carers and health care professionals can meet to discuss patient issues or feedback about the service and care at The Christie Clinic.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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