

***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:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	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 in-patient services for patients who have cancer and require investigation, care and treatment (oncology). 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

## Contents

*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

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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 August 2013, 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.

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### What people told us and what we found

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Patients we spoke with expressed their satisfaction with the services provided at The Christie Clinic. Comments received included:

"I am very satisfied that I have been given plenty of information and opportunity to discuss my condition and treatment choices."

"They [staff] answer your questions openly and honestly and encourage you to voice your concerns."

"I get the right treatment at the right time from very professional people."

"I need to be admitted frequently. My treatment has been consistently good. They are always expecting me and treat me with courtesy and respect."

Suitable arrangements were in place to minimise the spread of potential infections. Patients were being treated by suitable numbers of appropriately trained staff. Suitable arrangements had been made to monitor the safety and quality of the services provided at The Christie Clinic.

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

### 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

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

We spoke with five patients during our visit. They told us that they had been provided with enough information about their illness and the treatment options available (including the potential risks of treatments) to assist them to make informed choices. They said they had been consulted at all stages with discussions and explanations being framed in language they could understand. Comments received included:

"I am very satisfied that I have been given plenty of information and opportunity to discuss my condition and treatment choices."

"They [staff] answer your questions openly and honestly and encourage you to voice your concerns."

"I feel that am the person in control because my views are always sought and respected. My consent has always been asked for following a detailed explanation about the procedure to be undertaken."

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. The Clinic also had a 'patient user group' which was actively involved in suggesting how communication and information provided to patients could be improved.

The policies operated by the clinic required that written consent was sought and obtained by a member of staff who had previously met the patient and who had sufficient knowledge about the proposed procedure. This included providing enough information for the individual to make an informed decision (including information about the potential risks involved). Care and treatment records we looked at contained examples of appropriately documented consent for a variety of treatments and investigative procedures.

Discussion with senior staff working at the time of our visit revealed that there had not been any issues with patients not having the capacity to make their own decisions in relation to their treatment (since the clinic opened eighteen months prior to our visit). However they were able to describe how they would support a patient, who may lack such capacity, to access appropriate support.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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

Patients we spoke to told us that they were very satisfied with the quality of the care and treatment they were provided with. Comments received included:

"My treatment and care has been second to none. I have no complaints."

"I get the right treatment at the right time from very professional people."

"I need to be admitted frequently. My treatment has been consistently good. They are always expecting me and treat me with courtesy and respect."

We spoke with relatives of two people receiving care and treatment at The Christie Clinic. They expressed the view that their relatives were being well cared for and said there were no unreasonable restrictions on their visits.

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 met. 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.

Treatment, care and support was provided by specialist doctors, nurses and other health care professionals who specialised in supporting people suffering from cancer. All patients had their own medical consultant who was responsible for managing their treatment.

We observed staff treating patients courteously and maintaining their privacy and dignity. Privacy screens/doors were closed whilst treatment and care was provided.

Patients (and staff) were also enabled to access a professional psychological counselling service.

Suitable arrangements were in place to deal with medical and other potential emergencies. Medical staff and senior managers were on call at all times to provide medical and managerial support. Discussion with staff and examination of staff training records revealed that all staff received annual life support training.



**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. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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Patients spoke positively about the cleanliness of the ward and haematology treatment unit that provided the in-patient facilities of The Christie Clinic. We toured both areas and saw that they were very clean and suitably ventilated. A record of cleaning was maintained.

Patients receiving treatment within these areas were, due to the nature of their illness and treatments, potentially at high risk of developing infections. All patients were accommodated and treated in the privacy of their own room to minimise such risk. Suitable arrangements were in place to minimise the risk of spreading potential infections. These arrangements included the provision of appropriate hand washing facilities, environmental considerations and equipment (including disposable equipment). Patients and visitors were instructed in correct hand washing techniques and the wearing of disposable aprons (when required) to minimise spread of infection risk.

Each area had an infection control lead whose responsibilities included conducting regular checks (audits) to ensure arrangements to minimise the spread of potential infections remained effective. These audits had been documented. The Christie Clinic had also been subject of an infection control audit conducted by Infection control staff from The Christie Trust in May 2013. Where issues had been identified during any of the auditing processes we saw that action had been promptly taken to address these appropriately.

Discussion with staff and examination of staff training records reflected that staff were provided with regular training in minimising the spread of potential infections.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## Reasons for our judgement

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The staff team at The Christie Clinic was led by the registered manager (and chief operating manager) and his senior team. Other members of the team comprised of medical staff (including specialist oncology consultants), specialist nurses, other health care specialists and administrative support staff.

We spoke with eight members of staff (including managerial, nursing and administrative support staff). We were told staffing provision was sufficient and appropriate to meet the treatment, care and support needs of patients effectively. Staff also told us that they were appropriately supported and supervised by the registered manager and his senior team and that their views about the running of the service were sought and valued. They could voice their views individually or at regular staff meetings.

Staff told us that they were supported to access regular training. We also looked at staff training records. These reflected that staff were being provided with regular and relevant training. This meant that staff were enabled to meet patient's general and specialist treatment and care needs.

Staffing levels were reviewed on a daily basis by senior staff to ensure staffing levels were safe and appropriate.

We spoke with five patients. They told us that staff were respectful, maintained their privacy and responded to their needs in a reasonable time.

Regular checks were documented to demonstrate professional staff (for example doctors and nurses) continued to meet the legal requirement to be registered with their regulatory body such as The General Medical Council or The Nursing and Midwifery Council.

The provider had management structures, systems and clear human resources procedures in place to monitor, review and maintain suitable staffing levels. This included suitable arrangements to respond to unexpected changing circumstances at the practice, for example to cover sickness, absences and emergencies.

## 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

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### Our judgement

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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.

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### Reasons for our judgement

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The Christie Clinic had made suitable arrangements to monitor and improve the quality and safety of treatment and care provided. These arrangements included identifying, monitoring and managing risks to people who used, worked at or visited The Clinic. We looked at information about how the quality of the service was monitored. The process included regular checks (audits) being conducted to assess the quality, safety and appropriateness of the services provided. Where issues were identified action was taken to remedy them and to regularly check they had been satisfactorily resolved.

A suitable system was in place to deal with people's comments and complaints. All complaints were recorded. The records detailed the nature of the complaint, how it was investigated, the outcome, actions taken and how the outcome was communicated to the complainant. No complaints have been received by the Care Quality Commission about The Christie Clinic.

Patients were encouraged to express their views about the service provided. They could do this in a number of ways including direct contact with the staff of the clinic, completion of questionnaires at the time of discharge or through the patient user group that was very active in contributing to improving the quality of the services provided. Where patients have raised quality concerns through completion of questionnaires or the patient user group these had been reviewed and acted upon by the provider.

## 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.

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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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