

# Review of compliance

Labco Diagnostics UK Limited  
Labco Huthwaite Pathology Lab

<b>Region:</b>	East Midlands
<b>Location address:</b>	c/o Fresenius Medical Care, Nunn Brook Road Huthwaite Sutton-in-Ashfield Nottinghamshire NG17 2HU
<b>Type of service:</b>	Diagnostic and/or screening service
<b>Date of Publication:</b>	April 2013
<b>Overview of the service:</b>	A stand alone purpose built laboratory situated within Fresenius Medical Care (UK) Headquarters building, Huthwaite Nottinghamshire. They undertake routine analysis in the disciplines of clinical chemistry, haematology and microbiology to meet the contracted requirements of service users.

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

## Our current overall judgement

**Labco Huthwaite Pathology Lab was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

Labco Diagnostics UK Limited provided routine Pathology Services within the disciplines of Clinical Chemistry, Haematology and Microbiology. This involved monthly monitoring of dialysis efficiency.

We did not speak with people who used the service because they did not attend the laboratory. The services of the laboratory was contracted by Fresenius Medical Care.

We found that there were systems in place to monitor and review complaints and ensure that concerns were acted on in a timely way.

### What we found about the standards we reviewed and how well Labco Huthwaite Pathology Lab was meeting them

#### Outcome 17: People should have their complaints listened to and acted on properly

There was an effective complaints system available.

### Other information

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

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

##### Other evidence

We reviewed all of the information we hold about the provider of Labco Huthwaite Pathology Lab. We had not received any complaints about their service in the last year.

We spoke with the manager of the laboratory who told us that they had not received any complaints about the service in the last year.

The laboratory provided routine analyses for people who attended Fresenius Medical Care renal clinics. The records we received told us that the pathology manager and staff were in regular contact with the clinic managers and visited the individual clinics to provide training and advice relating to the pathology services.

Where different services are involved in delivering care or treatment, as in the case of the laboratory, we check to see if the provider takes appropriate action to co-ordinate a response to people who use the service that may want to raise a complaint. We found that there were systems in place to monitor and review complaints and ensure that concerns were acted on in a timely way.

The laboratory manager provided us with a copy of the standard operating procedure for assessing service user satisfaction and managing complaints. This showed that they supported people to make comments and complaints by actively seeking the views of people using the service, for example, through audits, user liaison group meetings and

complaints.

Other information provided by the laboratory manager showed that they were in regular contact with the individual renal dialysis clinic managers by telephone and email to discuss the provision of the laboratory service being provided and make any required improvements.

**Our judgement**

There was an effective complaints system available.

# What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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