Inspection Report

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

Musgrove Park Hospital

Parkfield Drive, Taunton, TA1 5DA

Date of Inspection: 04 March 2013

Date of Publication: March 2013

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

Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Integrated Pathology Partnerships (iPP)
Registered Manager	Mr. Steven Yates
Overview of the service	The provider, Integrated Pathology Partnerships (iPP), provides services which are located within the Taunton and Somerset Foundation Trust (Musgrove Park Hospital) estate. A set of self contained laboratories are designed to provide analysis in the disciplines of clinical chemistry, haematology, blood transfusion, microbiology, histology and cytology (gynae and non-gynae) and are staffed by suitably qualified staff.
Type of services	Blood and Transplant service Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Management of supply of blood and blood derived products

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'.

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 announced 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 4 March 2013, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

The service does not have any direct contact with patients. However, the service exchanged information with other providers which would help to determine the care and treatment a patient would receive.

The service followed appropriate procedures which meant that acceptable levels of cleanliness were maintained. Effective infection control procedures meant that risks of the spread of infection were minimised.

Staff confirmed that they received appropriate levels of training and support. They confirmed that they had received a range of mandatory training and training in more specialised topics appropriate to their role. Comments included "I feel that my skills and knowledge are kept up to date" and "they ensure that you get all the updates you need."

The service had effective procedures in place which monitored and improved the quality of the service they provided. We saw that the service completed regular internal audits. The service was also monitored by other external agencies which helped to ensure that standards were maintained.

We saw that staff had received training in the Data Protection Act 1998. This meant that staff were aware of the legal obligations for handling personal information about individuals. The service followed the guidelines set by the Royal College of Pathologists. This meant that appropriate procedures were in place for the handling, storage, retention and disposal of pathology and genetic samples in laboratories.

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

Cooperating with other providers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

The service does not have any direct contact with patients. However, the service exchanged information with other providers which would help to determine the care and treatment a patient would receive.

We visited four of the provider's laboratories which were based at Musgrove Park Hospital. We spoke with staff about their procedures regarding requests for tests and screening. They told us that requests were received from various providers which included the Taunton and Somerset NHS Foundation Trust, independent health care providers and GP's. They told us that self referrals were also received. An example of this was screening for Chlamydia.

In each of the laboratories that we visited we saw that procedures were in place which checked the identity of the patient, sample and test required. The date and time the specimen was received had been recorded electronically which meant that tests and screening were conducted within the correct timescales.

The staff we spoke with explained that on occasions, it was necessary to seek further information or clarification from the referrer before any tests or screening could be carried out. An example of this was insufficient information having been provided on the labelling of a specimen. We were told that their systems for communicating with other providers meant that delays in testing specimens were minimised.

In one of the laboratories we visited we met with a pathology consultant who was employed by the Trust. We were informed that consultants were based at the laboratory which meant that once tissue samples had been set up by the laboratory, they could then be passed to the consultant for further diagnosis. The results were dictated and then typed by secretarial staff at the laboratory. This meant that results could be communicated in a timely manner.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found the standards of cleanliness in each of the laboratories to be of an acceptable standard. One staff member told us that each area had a designated member of staff who took the lead on infection control procedures. This meant that procedures were regularly monitored to reduce the risk of the spread of infection.

Staff told us that they had received training in infection control. We were able to see evidence of this when we looked at a staff training matrix. The service also had policies and procedures relating to infection control. This meant that staff had up to date knowledge and guidance on how to reduce the risk of the spread of infection.

We saw that appropriate measures had been taken to minimise risks to staff. In one area we looked at there were separate laboratories which dealt with samples which could pose a significant risk to others. An example of this was where there were risks of tuberculosis. Staff spoken with were very clear on the procedures they needed to follow should an incident occur.

In each laboratory we visited we saw that staff had access to appropriate personal protective clothing. We observed staff wearing white coats in designated areas and that they removed these before leaving the laboratory. Staff also had access to eye protection and disposable gloves. Staff ensured that we were provided with protective clothing before we entered designated areas. Appropriate hand washing facilities and sanitising gels were in place in each area that we visited. These procedures helped to reduce the risk of the spread of infection.

Appropriate procedures were in place for the management and disposal of clinical waste. Each laboratory had clearly marked bags and bins. These were then transported to collection points where they were securely stored until disposed of by an authorised contractor.

Supporting workers ✓ Met this standard

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.

Staff were supported to meet the requirements of their role in a safe way and to an appropriate standard.

Reasons for our judgement

We spoke with five members of staff who worked in the four laboratories we visited.

Staff confirmed that they received appropriate levels of training and support. They confirmed that they had received a range of mandatory training and training in more specialised topics appropriate to their role. This included training and competency monitoring in blood sciences, transfusion, microbiology and cytology. Comments from staff included "I feel that my skills and knowledge are kept up to date" and "they ensure that you get all the updates you need."

One senior staff member we spoke with explained how staff were supported and how staff competencies were monitored. They told us that observed practice was carried out on all staff throughout the year. They said that this ensured that staff remained competent and confident in the tasks they performed. We saw completed records which showed that the knowledge and skills of staff had been regularly monitored. All staff spoken with told us that they had an annual appraisal and that any requests for additional training were responded to.

We were shown a staff training matrix. This detailed the training completed by staff and identified the due date for refresher training. We saw that email alerts were sent to staff when refresher training was due. The registered manager explained that training needs were also discussed at regular 'competency' meetings with individual staff. This meant that staff had the skills and training needed for the role they performed.

Meetings were held each day in each laboratory which enabled staff to prioritise and allocate work and to discuss any issues which may have arisen. The staff we spoke with told us that they found these meetings "useful" and "informative". One staff member said "the meetings are really helpful as they keep us up to date about all aspects of our work. It makes us more efficient in what we do."

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 the service provided.

Reasons for our judgement

The service had procedures in place which monitored and improved the quality of the service they provided. We saw that the service completed regular audits which included health and safety, environment, policies and procedures, infection control and staff training.

The views of people who used the service; for example NHS Trusts and primary care providers such as GP practices were sought on a regular basis. We were provided with the results of a previous survey which showed a high level of satisfaction with the service provided. We saw that the service had responded to any comments made.

Senior staff spoken with told us that they attended departmental and management meetings. They told us that this provided them with updates and the opportunity to influence changes. One staff member told us "information from management meetings is fed back to more junior staff. They can also access the minutes from the meetings. This means that we all know what is going on."

We met with the quality manager who showed us the computerised quality monitoring system. This provided clear and up to date information on all areas of quality and safety. We saw that the service was proactive in identifying and addressing any areas for improvement.

The service also received regular monitoring from external agencies such as the Clinical Pathology Accreditation (CPA). The CPA assesses and declares the competence of medical laboratories in the public and independent sector. We were provided with a copy of the CPA's assessment report which followed a visit to the service in 2011. The service's quality management system was reported as being 'extremely good'. The CPA found that the service was working competently and in accordance with its own procedures and the requirements of the CPA standards.

The service is also regulated by The Medicines and Healthcare products Regulatory Agency (MHRA). The MRHA regulates a wide range of materials from medicines and medical devices to blood and therapeutic products/services that are derived from tissue

engineering. We were provided with a copy of the report completed by the MRHA in 2012. The service received a satisfactory report with no critical or major deficiencies.

The Health and Safety Executive (HSE) carried out four yearly visits to one of the laboratories which dealt with 'category 3 microbiology'. This covers biological agents that can cause severe human disease and present a serious hazard to employees; it may present a risk of spreading to the community. We were provided with documentation which showed that that the service had taken appropriate action to address recommendations made by the HSE in 2011.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw in each area we visited that information about patients was clear and only contained information that was required. We saw that only staff could access the areas where information about patients was held. Computerised records were password protected and could only be accessed by authorised staff. This meant that patient confidentiality was not compromised.

Information about patients had been securely stored. Staff spoken with were aware of the length of time information should be maintained.

We saw that staff had received training in the Data Protection Act 1998. This meant that staff were aware of the legal obligations for handling personal information about individuals.

The service followed the guidelines set by the Royal College of Pathologists. This meant that appropriate procedures were in place for the handling, storage, retention and disposal of pathology and genetic samples in laboratories.

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.

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