

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

Cobalt Appeal Fund

Cheltenham Imaging Centre, Linton House Clinic,
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Tel: 01242535910

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2013

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
Cleanliness and infection control	✓	Met this standard
Safety, availability and suitability of equipment	✓	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	Cobalt Unit Appeal Fund
Registered Manager	Mr. Peter Sharpe
Overview of the service	Cobalt Appeal Fund supports people with cancer and other life-limiting conditions. Its Cobalt Imaging Centre provides diagnostic imaging facilities.
Type of services	Doctors consultation service Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

Contents

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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 11 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We were accompanied by a specialist advisor.

What people told us and what we found

We spoke with eight patients before and after they had their scans. We also observed patients attending the centre for a scan. We talked with seven staff. They said they were treated with dignity, respect and sensitivity. One patient told us "they treat me as an individual, not as a number".

We found that comprehensive records noted the patients journey from referral to treatment and discharge. Patients told us "it's a brilliant service" and "wonderful, a good system".

Well developed systems were in place to prevent and control infections both in the centre and in mobile units. Patients' surveys recorded 100% satisfaction with the cleanliness of the centre.

The radiation equipment was specially designed, installed, maintained and used in a safe and suitable manner such that patients, staff and visitors are all suitably protected.

Staff were supported to maintain and improve their skills, knowledge and experience. They had access to local, national and international training delivered at the centre providing mandatory and clinical lectures, workshops and training. Patients told us, "staff are brilliant, all of them".

The service was committed to obtain the views of patients, their representatives and staff as part of their quality assurance system. The management team had a range of auditing tools to monitor performance and strived towards ongoing improvement and the highest standards of service.

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.

Patient's privacy, dignity and independence were respected. Patients were given information about their treatment to help them understand the risks and benefits involved in any particular course of care or treatment.

Reasons for our judgement

Patients who used the service were given appropriate information and support regarding their care or treatment. The centre usually had around 50 appointments each day. Patients we spoke with had travelled from Gloucestershire, Worcestershire or Herefordshire and as far afield as Portsmouth. The centre also had five mobile units which provided national imaging services to hospitals and local communities. We found that when patients had been booked for their scan in advance they were provided with information about the centre and their particular treatment. They were informed about the risks and the benefits of the scan. Patients told us, "They do provide information on the risks and benefits, I had leaflets but had already made a decision". Another patient told us "they provide information each time" and "they gave me information afterwards telling me what to expect". One patient said they had found information about the centre and their scan on the website.

We observed patients being looked after by reception staff upon their arrival. For instance one person needed to drink water before their scan and the receptionist made sure they had access to this. We observed the receptionist being discreet when asking patients for information. The registered manager said they had plans to redesign the reception area which would create greater privacy for patients when booking into the centre. Patients told us they were made to feel welcome. They were able to bring relatives or friends with them.

We observed staff taking patients into private rooms to discuss their personal information prior to treatment. We heard patients being told about possible delays to their treatment. One patient confirmed they had been kept informed of any delays.

We talked with staff about how they promoted dignity and respect when treating patients in the mobile units. They told us some of the units had changing rooms and patients were able to change in the room with the scanner. The Statement of Purpose for the centre stated, "respect for the individual should be at the heart of all our services".

Staff told us how they reassured patients when having their scans. We observed them

talking to patients during their scans telling them what they were doing and how long each scan would take. They were sensitive and reassuring. A patient told us, "they are very good at making you feel comfortable". Another patient said, "staff act normally, you are treated decently". Other patients said staff "have dignity and respect, its a sensitive time and the staff are sensitive to this", and "staff are very aware of dignity and respect".

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights. Co-ordinated assessment, planning and delivery ensured that patients experienced effective, safe and appropriate personalised care and treatment. Persons using the service were subject to radiation and magnetic safety measures in accordance with requirements.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The centre used an electronic medical records system. We sampled the records for patients attending for treatment on the day of our inspection. We found that systems were in place to record the patient's journey from referral through to booking of treatment, providing treatment and discharge. Staff talked through the processes in place to make sure that patients received the appropriate scan as requested by their consultant or health care professional. Where emergency referrals were made these were identified on the system and checks were in place to make sure the appropriate booking procedures had been completed.

As each patient was booked into the system a senior radiographer would complete a protocol or prescription stating the scanner and the length of time needed for their treatment. Where patients needed to take a contrast or dye by mouth or have an injection this was noted. During the treatment records were maintained by the radiographer. Where a scanner used radiation in the form of X-rays comprehensive records were kept.

Referral records noted where patients had allergies or conditions such as diabetes and asthma. Staff confirmed that when booking patients for their scan they were asked if they had any health conditions and these were noted on the booking form. The centre also asked patients if they were claustrophobic or had found previous scans difficult to tolerate. Staff discussed with us strategies they used such as calming patients, talking to their GP about taking a tranquilliser or ensuring they had access to an open scanner. One patient confirmed that an open scanner had been arranged for them.

Patients told us they were kept informed during the scan. One said, "during the process they were telling me all the time, it was very reassuring." Other patients commented, "they explained processes all the way" and "they outline what's happening". One patient told us that the radiographers were able to break down the treatment so that they could take breaks from the scanner. Patients told us, "the service is good at confirming diagnosis" and "it's a brilliant means of diagnosis". They confirmed that they were given information about after care.

We observed patients being prepared and imaged in both Positron Emission Tomography (PET), Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) Radiography. We saw that risk assessments and a variety of procedures for safe use on PET/CT, MRI and X-ray were in place.

We found that radiation safety support services were being provided in accordance with Ionising Radiations Regulations 1999 (IRR99) and Ionising Radiations (Medical Exposure) Regulations 2000 (IRMER2000) by specialist contractors and that staff were trained and registered as appropriate. Staff talked us through the safeguards which were in place to make sure patients were coping with the scan. We observed radiographers talking with patients during their scan telling them what was happening. They told us patients had an alarm which they could trigger if needed and they could stop the scan. A patient confirmed they were able to stop the treatment at anytime and staff would provide immediate assistance.

Records were being kept for adverse events, near misses and accidents and incidents. There was evidence that these were comprehensively investigated and action taken to address any issues identified. For instance a needle stick injury was reported. We saw evidence that this had been discussed with staff. The policy and procedure had been amended in February 2013 and was being distributed to mobile units and around the centre. Staff discussed with us the process for reporting and following up accidents and incidents.

We saw that first aid and resuscitation equipment were readily available. Staff had completed first aid and/or cardiopulmonary resuscitation (CPR) training.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We discussed infection prevention and control policies and procedures with the lead for infection control. An external infection control consultant was employed to provide advice and guidance. A new cleaning manual was waiting to be agreed which reflected the recommendations of the Code of Practice on the prevention and control of infections. Risk assessments had been completed in January 2012 and were due to be reviewed identifying the responsibilities of the centre and those of the external cleaning company responsible for carrying out the centre's cleaning schedules. Comprehensive audits were in place to monitor and audit areas such as hand hygiene, personal protective equipment, sharps and canula insertions.

We read the annual summary report produced in February 2013 which made reference to the code of practice and the way in which the centre had complied with their recommendations. This also confirmed infection control training for staff and the review of policies and procedures.

There were monthly audits taking place monitoring a range of infection control issues. These were monitored by an infection control committee. We saw copies of individual room audits completed in January 2013. An annual infection control audit had been completed for 2012 and actions were being taken to address any areas which did not meet the targets set by the centre.

There was evidence that staff practice was being observed and reported upon. Any practice issues identified were dealt with through the appraisal process. We observed staff using personal protective equipment and alcohol hand gel. Patients' feedback as part of the quality assurance process gave the centre 100% for its cleanliness.

We noted that systems were in place for the disposal of domestic and clinical waste, as well as the disposal of sharps. Audits were in place to monitor and report on the effectiveness of these systems.

Daily cleaning schedules were in place and deep cleaning was arranged when needed. Two mobile units were at the centre for cleaning and maintenance work. Schedules were in place for daily cleaning of the mobile units.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment. The radiation equipment was specially designed, installed, maintained and used in a safe and suitable manner such that patients, staff and visitors were all suitably protected.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment. Radiation equipment including Positron Emission Tomography (PET), Computerised Tomography (CT) and X-ray must be designed, installed, maintained and used safely in accordance with the basic philosophy to keep radiation exposure of patients, staff and public 'as low as reasonably practicable'. All the imaging equipment inspected here (with the exception of some ancillary equipment) had been supplied by Philips Medical Systems (PMS). This is recognised as 'industry standard', designed to a safe specification with labelling and marking. We heard how the mobile units housing the Magnetic Resonance Imaging (MRI) were again manufactured and modified to Philips specification to meet UK safety requirements.

We heard and saw evidence that all the equipment above was subject to routine preventative maintenance and repair as necessary, with a resident PMS engineer on site. We saw evidence that examination protocols were in place and noted records of use. We received evidence of a radiation equipment quality assurance (QA) for PET/CT, X-ray and MRI and we had discussions on the variation in opinion on external QA support of magnetic resonance. We heard that equipment replacement programs existed and that the PET/CT and CT scanner were coming up for replacement in the medium term.

We saw evidence that staff had access to and referred to a radiation protection file, including systems of work and local rules required under Ionising Radiations Regulations 1999 (IRR99), Ionising Radiations (Medical Exposure) Regulations 2000 (IRMER2000) and MRI Safety Guidelines. Overall, equipment appeared in good condition, well maintained and met necessary mandatory and other requirements.

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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was committed to providing a service of the highest standards by promoting professional development and maintaining the skills and knowledge of staff.

Reasons for our judgement

The provider had worked continuously to maintain and improve high standards of treatment by creating an environment where clinical excellence could do well. Staff spoken with showed commitment and dedication to the centre. They confirmed that their professional development was promoted and they had access to a wide range of training. This included mandatory training such as fire, first aid and moving and handling and clinical training such as Radiographer competency training and Ionising Radiation X-ray safety.

We were provided with a copy of staff training records confirming that their training needs were being monitored and updated when needed. Individual certificates verifying attendance at courses or training were seen. The centre had its own training department and offered training to external organisations. Staff discussed how they had the opportunity to train staff from other hospitals when they were allocated to the mobile units. The registered manager told us that external consultants and international trainers were able to use the facilities at the centre to provide lectures, workshops or training. The centre's staff were able to attend these.

Trained and competent staff was a requirement of radiation protection legislation and IRMER in particular laid down a syllabus as to 'adequate' training. We saw evidence of the training of staff and a competency record kept centrally by way of a 'matrix' of staff names against particular competencies. We observed a typical portfolio of on-going continuous professional development, kept by individual staff. Supervision of staff was enshrined in IRR99 and we saw evidence that the PET/CT Manager was appointed as Radiation Protection Supervisor.

Staff confirmed they had appraisals twice a year. We saw copies of these on their files. The registered manager told us that these were monitored centrally and were the responsibility of the managers of each department to facilitate. Observation of staff practice was conducted regularly as part of the centre's quality assurance process. This provided the opportunity for training needs to be identified in a timely fashion.

Patients told us, "staff are very helpful", "staff are brilliant, all of them" and "staff are

wonderful, very obliging". Feedback received by the centre as part of their quality assurance process included, "personal, attentive, relaxed, always informed, constant reassurance" and "without exception I have found staff hard working and hard pressed people".

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 views of patients, their representatives, staff and referrers to the service were sought and acted on. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The Statement of Purpose stated that the Cobalt management were committed to the continuous improvement of their Quality Management System. They were accredited by the Imaging Services Accreditation Scheme (ISAS) in 2010 after a comprehensive inspection. Accreditation with ISAS had been maintained in 2011 and 2012 after surveillance assessments confirming ongoing improvements within the service. Cobalt also had ISO 9001:2008 accreditation, the internationally recognised Standard for Quality Management Systems .

Responsibilities for radiation protection were directed mainly at the radiation employer (i.e. normally the registered provider). We saw evidence that radiation protection governance was management-led with both a radiation protection policy and committee in place and minutes kept. We noted that the managers of the imaging departments had clear responsibilities in safeguarding persons from unnecessary or excessive exposure and in managing, supporting and supervising staff in safe working. We saw evidence of risk assessments, written procedures, local rules including safeguarding pregnancy and other detailed requirements, working instructions, emergency procedures and contingency plans.

We found that rigorous audits were in place which set targets each year. We saw evidence that audit results were analysed and where targets were not met action plans were put in place to address this. Audits covered a range of areas including the patient's experience, referral forms, maintenance, infection control and surveys. Staff discussed with us how they presented audit results to senior management meetings and how action plans were monitored.

Patients were given ample opportunities to provide feedback about the service they had received. Copies of a feedback form were available throughout reception with a self addressed envelope to enable a confidential response. Patients could also complete feedback questionnaires on the service's website. Each month patients attending for

treatment were asked to complete a feedback form as part of the quality assurance process. These results were compiled and actions identified. A poster was to be displayed in the reception area giving feedback to patients. Feedback received by the centre included, "whole experience of Cobalt absolutely exemplary" and "excellent job".

An annual staff survey was completed and results were presented to the staff by the registered manager. Staff told us they appreciated that their views were listened and responded to. They provided us with examples of issues which had been raised and the improvements which had been made as a result.

Questionnaires were sent annually to referrers to the service. This targeted the top 50 clinicians and health care professionals referring to the Cobalt and a further 200 random referrers. This feedback was then collated and an action plan would be drawn up if needed.

A complaints process and procedure was in place. We saw how verbal and written complaints were recorded and responded to within set timescales. Audits were in place to monitor who had made the complaints for instance a patient or a referrer. This enabled the centre to establish if there were any trends or patterns to the complaints which needed further investigation.

Robust systems were in place to monitor and respond to adverse events, near misses, incidents and accidents. Analysis of these promoted safe working procedures to minimise the risks of harm to patients.

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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