

# The Star Throwers Star Throwers

## Inspection report

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Date of inspection visit: 19 January 2016

Date of publication: 04/04/2016

### Overall summary

We carried out an announced comprehensive inspection on 19 January 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

#### **Background**

The star throwers clinic is situated in Wymondham, Norfolk in a residential street. The clinic is a registered charity which provides support services to patients that have been diagnosed with cancer and treats patients who refer themselves to the clinic. All services are free of charge and aim to support the patient by providing information about treatment options, providing holistic therapies such as massage and reiki and a support network through volunteers.

The clinic has one doctor and a nurse. There is a business manager, a team of volunteers and specialist therapists.

The clinic is open Monday to Friday between 10am and 4pm.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We therefore only examined those parts of the service that were covered by Star Throwers registration; these did not include the provision of holistic treatments such as massage and reiki.

Our key findings across all the areas we inspected were as follows:

# Summary of findings

- Risks to patients were assessed and well managed with appropriate referrals being made to specialist care and their GP.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment with regular monitoring of staff by senior clinicians.

- Information about services and how to complain was available and easy to understand.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

The area where the provider could make improvements and should is:

- Increase frequency of updating internal policies.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- The risks to patients using the service were well assessed and sufficient to keep patients safe.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff assessed needs and delivered care in line with current evidence based guidance but did use some drugs outside of the licenced applications.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with external partners to understand and meet the range and complexity of people's needs.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Our conversation revealed that patients rated the clinic highly for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- Appointments with the doctor were always available and there was continuity of care, with urgent appointments available when requested.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The clinic had a number of policies and procedures to govern activity but some needed a review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

The clinic proactively sought feedback from staff and patients, which it acted on.

# Star Throwers

## Detailed findings

### Background to this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, under the Care Act 2014.

Our inspection on 19 January 2016 at Star Throwers was led by a CQC lead inspector and included a second CQC inspector, a GP specialist advisor and a consultant oncologist specialist advisor.

Before visiting, we reviewed a range of information that we hold about the clinic and examined publically available information. We carried out an unannounced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff from clinical and administrative sections of the charity and spoke with two patients.
- Reviewed the personal care or treatment records of patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

- There was an effective system in place for reporting and recording significant events. There had been no significant events recorded but we saw a robust policy in place should one occur.

### Reliable safety systems and processes (including safeguarding)

- Arrangements were in place to safeguard vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was an awareness of safeguarding in relation to children although the clinic did not treat children and the staff had received no formal training. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw that the policies had a review date of 2013 but we did not see evidence of them being reviewed.
- The clinic had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The clinic also had a variety of other risk assessments in place to monitor safety of the premises such as health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Medical emergencies

- Staff had received basic life support training but there were no emergency drugs kept on the premises. The clinic did not offer any treatments on site apart from holistic therapies and hence the risk to service users was very low.

### Staffing

- Staff were all volunteers and we saw there were adequate numbers of them to keep patients safe.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body (if required).

### Monitoring health & safety and responding to risks

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff. All electrical equipment was checked to ensure the equipment was safe to use, there was no clinical equipment in use on the premises.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Infection control

- The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were no clinical interventions taking place on the premises but we found the facilities appropriate for the consultations provided.

### Premises and equipment

- The clinic operated in a converted GP practice and was clean and tidy. There were adequate facilities for the treatments being offered and these were uncluttered and free from any infection risks. There were informal areas in which patients could relax and converse with the volunteers and patients told us they found the clinic informal and welcoming.

### Safe and effective use of medicines

- There were no medicines kept on the premises and the only prescriptions issued by the doctor were on a private prescription basis. We looked at patient treatment records and found these contained all necessary paperwork confirming that patients capacity was checked and full and informed consent obtained. We saw these records also contained referrals to the patients treating specialists and their GP.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

The clinic assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The clinic had systems in place to keep all clinical staff up to date.

- The clinic monitored that these guidelines were followed through risk assessments and audits.
- The doctor prescribed certain medication for uses which were outside of the licence for the drug. The doctor was entitled to do that having made a thorough risk assessment of the use of the medication and made appropriate notes.

### Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The clinic had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The clinic could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions.

- There was a range of volunteers who provided support to the manager and to the patients on arrival and who answered the telephone.
- There was a group of professional volunteers who provided massage services, reiki instruction and gave talks to inform patients about cancer.

### Working with other services

- Patients referred themselves to the practice and they were appropriately assessed during their first consultation. We saw from their notes that they were referred back to their specialist consultant and GP when appropriate. There were no formal links to NHS services in place.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records and we saw these were complete and contained all necessary information.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. All the staff and the volunteers went the extra mile to ensure that patients who were anxious and vulnerable were supported. We saw three staff members talking to patients on arrival and post treatment, their tone was quiet, considered and the offer of help was always given. We saw staff taking time to make drinks for patients and sitting talking with them, making them feel at ease and supported. We also saw that:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient appointments were up to an hour long and this gave them time to explain complex issues and discuss treatment options available.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations. We also saw a wide range of leaflets outlining access to support groups and staff explaining to patients the support available to them.

### **Involvement in decisions about care and treatment**

- Patients told us they felt involved in decision making about the care and advice they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

All patients attending the clinic referred themselves for treatment; none were referred from NHS services.

- There were longer appointments available for all patients.
- The clinicians all worked beyond the expected hours if a patient required extra time.
- Patients did not need an appointment and all were seen on the day they arrived.

### Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs. This was underpinned by an equality and diversity policy.

We discussed with staff how they could assist patients for whom English was not their first language or had other

communication difficulties. They explained how extra appointment time could be allocated, in order to allow the clinician time to explain things and be sure that the patient understands.

### Access to the service

The clinic was open between 10am and 4pm Monday to Friday.

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Concerns & complaints

The clinic had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with what would be expected in the NHS setting.
- There was a designated responsible person who handled all complaints in the clinic.
- There had been no complaints received but we were content with the policy that appeared robust.



# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### Governance arrangements

The clinic had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Clinic specific policies were implemented and were available to all staff

### Leadership, openness and transparency

The doctor and volunteers in the clinic had the experience, capacity and capability to run the clinic and ensure high quality care. They prioritised safe, high quality and compassionate care.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings.

- Staff said they felt respected, valued and supported, particularly by the doctor in the clinic. All staff were involved in discussions about how to run and develop the clinic, and the doctor encouraged all members of staff to identify opportunities to improve the service delivered by the clinic.

### Learning and improvement

There was a strong focus on continuous learning and improvement at all levels within the clinic. The clinic's team was forward thinking and researched patient treatment options. They also actively sought support organisations that were available and signposted patients towards them.

### Provider seeks and acts on feedback from its patients, the public and staff

The clinic encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- There was a patient feedback questionnaire circulated to all patients, the results from this survey were used to guide future performance.