

# Genesis Care, Maidstone

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

### Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Genesis Care Maidstone is operated by Genesis Cancer Care UK Limited. The centre has one computerised tomography (CT) scanner and one single linear accelerator (LINAC). A LINAC is an equipment used for external beam radiation treatments for patients with cancer. The chemotherapy suite has six chairs and one bed for chemotherapy treatment, and individual electronic folding partitions.

The centre provides outpatient consultation and diagnostic imaging to diagnose new cancers, assess response to treatment and radiotherapy, and medical care such as chemotherapy. The centre provides treatment to patients over 18. There are no overnight beds.

We inspected all three services using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 8 May 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or unsafe.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this centre was outpatients. Where our findings on outpatients – for example, management and staffing arrangements - also apply to other services, we do not repeat the information but cross-refer to the outpatients' service level.

### Services we rate

We rated it as **Outstanding** overall.

- The centre always protected people with a comprehensive safety system, and with a focus on openness, transparency and learning when things went wrong.
- Patients continually received effective care and treatment that met their needs.
- The services truly respected patients and valued them as individuals. Patients felt empowered as partners in their care.
- Services were consistently tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care
- The centre leadership, governance and culture promoted the delivery of high-quality person-centred care.

We found areas of outstanding practice in outpatients, diagnostics imaging and medical care:

- The services continually made sure patients received highly individualised care to support their treatment.
- The culture across the services was exceptional. Staff felt valued and enjoyed working at the centre.

**Nigel Acheson**

**Deputy Chief Inspector of Hospitals (London and South)**

# Summary of findings

## Our judgements about each of the main services

### Service

**Medical care  
(including  
older people's  
care)**

### Rating Summary of each main service

**Outstanding**



Medical care services were a small proportion of the main activity of the service. The main service was outpatients. There were joint staffing and medical cover arrangements with outpatients and diagnostic imaging services. Where arrangements were the same, we have reported findings in the outpatients' section. We rated this service as outstanding because it was safe, caring, responsive and well-led. We rated effective as good.

The service had strong comprehensive systems to keep patients safe. There was an ongoing progress towards safety goals, and a zero-harm culture. Staff managed medicines safely and the service routinely monitored compliance. Records were well maintained and it was easy to track patients' care and treatment. Staffing levels were safe and staff had the right skills to care for patients.

The service provided care in accordance with evidence-based guidance. It pursued opportunities to participate in benchmarking and peer review. The service also participated in approved accreditation schemes.

There was multidisciplinary working to make sure patients received the best care, with a holistic approach to discharge planning from the earliest possible stage. New staff had a comprehensive induction, and the service supported and encouraged staff to acquire new skills.

Staff provided kind and compassionate care. Patients were continually positive about the way staff treated them and considered they went the extra mile to exceed patient's expectation. The chemotherapy suite had a level of serenity. Staff attended to patients, making them feel they were their only priority. The clinic recognised patient's individual needs, and this was reflected in the care provided, including access to specialist support and counselling.

# Summary of findings

Patient's individual needs were central to how the service planned care. There were innovative approaches to providing holistic patient-centred care, including a wellbeing room to meet patients' emotional needs.

The service understood the needs of different patient groups with systems to support patients with protected characteristics. It took account of patients' religious beliefs and communication abilities.

Complaint investigations were comprehensive.

The leadership team was compassionate and transparent at all levels.

Staff were proud to work for the organisation and spoke highly of the culture.

Staff were empowered to develop new ways of working and innovation was celebrated. The service encouraged staff to take part in staff and patient engagement meetings in order that they could act on feedback.

## Outpatients

Outpatient services were the main activity of the centre. There were joint staffing and medical cover arrangements with medical and diagnostic imaging services. Where arrangements were the same, we have reported findings in the outpatients' section.

Staffing was managed jointly with medical care and diagnostic imaging.

We rated this service as outstanding because it was safe, caring, responsive and well-led. We did not rate effective as we do not currently collate sufficient evidence to make a judgement.

**Outstanding**



There were comprehensive systems to keep services safe. Staff complied with mandatory training, including safeguarding. The clinic had a sustained track record of safety. The areas we inspected were visibly clean and tidy with effective infection control measures. The service encouraged innovation to improve safety, and proactively managed risk.

The centre used a holistic approach to assessing patient's care and treatment and made sure that patients were central to how care was delivered, and staff supported patients to live healthier lives through health promotion.

# Summary of findings

The service made sure the continuing development of staff skills, competence and knowledge with comprehensive induction, training and supervision. Staff worked collaboratively to deliver joined-up care for patients.

Staff demonstrated a strong patient-centred culture, and respected patients' dignity and privacy. Staff recognised the emotional needs of patients, and made sure relatives and carers were active partners in patient care.

The service made sure care was centred on the individual patient and tailored to meet their needs. Patients told us they felt involved with treatment decisions, and care was provided in a consistently timely fashion and in a way that suited them. There were a range of specialist services to support patients including dietetics, speech and language therapy, and a number of nurse-led clinics.

The service made sure that complaints were investigated comprehensively and shared learning with other services (including the partner NHS trust) where safe.

The leadership team were approachable, effective and had high levels of experience. Staff were positive about working for the clinic and there were high levels of staff satisfaction. Leaders encouraged staff to develop both personally and professionally. Through monthly team meetings, the service made sure that staff had the wider organisational knowledge to do their jobs. There was strong team-working and staff engagement throughout the organisation that aimed to improve the quality of care and patient expectations. The service engaged with patients that allowed the development of innovative services, especially in the provision of emotional and therapeutic support to patients.

## Diagnostic imaging

**Outstanding**



Diagnostic imaging services were a smaller proportion of the main activity of the service. The main service was outpatients. There were joint staffing and medical cover arrangements with outpatients and medical care services. Where arrangements were the same, we have reported findings in the outpatients' section.

We rated this service as outstanding because it was safe, caring, responsive and well-led. We did not rate effective as we do not currently collate sufficient evidence to make a judgement.

# Summary of findings

There were comprehensive systems to keep services safe. Staff complied with mandatory training, including safeguarding. The service had a sustained track record of safety. The areas we inspected were visibly clean and tidy with effective infection control measures. The service encouraged innovation to improve safety, and proactively managed risk. The service used a holistic approach to assessing patient's care and treatment and made sure that patients were central to how care was delivered, and staff supported patients to live healthier lives through health promotion. The service made sure the continuing development of staff's skills, competence and knowledge with comprehensive training and supervision.

Staff worked collaboratively to deliver joined-up care for patients. Patient feedback about the care they received was continually positive. Staff demonstrated a strong patient-centred culture, and respected patients' dignity and privacy. Staff recognised the emotional and psychological needs of patients, and made sure relatives and carers were active partners in patient care.

The service made sure that care was centred on the individual patient and tailored to meet their needs. Patients told us they felt involved with treatment decisions and provided care in a timely fashion. There was a range of specialist services to support patients including dietetics.

The service made sure that complaints were investigated comprehensively and shared learning with other services (including the partner NHS trust) where safe.

Leaders were approachable, effective and had high levels of experience. Staff were positive about working for the clinic and there were high levels of staff satisfaction. Leaders encouraged staff to develop both personally and professionally. Through monthly team meetings, the service made sure that staff had the wider organisational knowledge to do their jobs. There was strong team-working and staff engagement throughout the organisation that aimed to improve the quality of care and patient expectations. The service engaged with patients that allowed the development of innovative services, especially in the provision of psychological support to patients.

# Summary of findings

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Outstanding



# Genesis Care, Maidstone

## Services we looked at

Medical care (including older people's care); Outpatients; Diagnostic imaging.



# Summary of this inspection

## Background to Genesis Care, Maidstone

Genesis Care Maidstone is operated by Genesis Cancer Care UK Limited. The service opened in November 2015. It is a private service in West Malling, Kent. The service primarily serves the communities of the Maidstone area. It also accepts patient referrals from outside this area.

The service has had a registered manager in post since 23 December 2015. At the time of the inspection, a new manager had been appointed and was registered with the CQC on 12 May 2018.

Genesis Care Maidstone is a cancer treatment and wellbeing centre which offers outpatients, diagnostic imaging and medical care services to adult patients. These include mammography, ultrasound, X-ray and CT which are used to diagnose new cancers and assess response to treatment. The radiotherapy service delivers pinpoint, external beam radiotherapy treatments to accurately treat many types of cancers; this includes

prostate cancer, breast cancer, head and neck cancer, colorectal cancer, and many more. It also provides chemotherapy (treatment of cancer with medicines). The service also provides outpatient radiotherapy treatments for non-cancerous conditions such as Dupuytren's disease (one or more fingers permanently bent towards the palm), Ledderhose disease (thickening of the feet's deep connective tissue) and plantar fasciitis (pain on the bottom of the foot, around the heel and arch).

Through the provider's partnership with a national charity organisation, patients can access a number of complimentary wellbeing therapies such as reflexology, acupuncture and relaxation.

The service has no overnight beds.

We have not inspected this service before and there are no breaches of regulation.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and two specialist advisors with expertise in outpatients, medical cancer and diagnostic imaging. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

## Information about Genesis Care, Maidstone

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures
- Family planning

During the inspection, we visited all areas of the centre including three consultation rooms, two diagnostic imaging and radiotherapy rooms, a chemotherapy suite and a complementary therapy room. We spoke with 14 staff including registered nurses, health care assistants,

reception staff, radiographers, medical and pharmacy staff and senior managers. We spoke with three patients and one relative. During our inspection, we reviewed five sets of patient and medicine records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (November 2017 to December 2018)

# Summary of this inspection

- In the reporting period November 2017 to December 2018, there were 1,160 outpatient attendances and day case episodes of care recorded at the service; 100% patients were private funded through insurance.

Thirty-five physicians including radiologists worked at the centre under practising privileges. Two regular resident medical officers (RMO) worked on an eight-hour shift pattern over a course of five days. The centre employed 5.2 whole time equivalent registered nurses, 1.0 whole time equivalent health care assistant and 15.6 whole time equivalent support staff, as well as having its own bank staff. The service did not store or administer controlled medicines therefore did not have an accountable officer. There were three complementary therapy staff employed by a charity to carry out complimentary therapies at the location.

Track record on safety

- No never events
- No serious injuries
- Eleven clinical incidents; four graded as no harm, six as low harm and one as moderate harm

- No incidences of hospital acquired MRSA, Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c. diff) or Escherichia coli (E-Coli)
- No complaints

## **Services accredited by a national body:**

- Macmillan Quality Environment Mark Level Four
- ISO9001 quality management system accreditation (certificate number FS 677464 expiry date 3 November 2021).

## **Services provided at the hospital under service level agreement:**

- Pathology and histology
- RMO provision
- Complementary treatments and counselling service
- Clinical and or non-clinical waste removal
- Cytotoxic medicines
- Cleaning and laundry
- Maintenance and service of building and medical equipment

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

#### Are services safe?

We rated it as **Outstanding** because:

- People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things went wrong.
- Staff knew to report incidents and shared learning. Patients received a sincere and timely apology when something went wrong and were told about any actions taken to make improvements.
- There were effective systems for safeguarding vulnerable adults and children.
- All staff had completed their mandatory training, and they were trained to use all the diagnostic equipment.
- There were safe staffing levels.
- All areas of the centre were visibly clean and tidy. Staff had access to personal protective equipment. Patients and visitors had access to hand gel dispensers at relevant areas throughout the centre.
- The centre had suitable environments for the services offered. Staff had access to a range of specialist equipment and equipment was safely maintained.
- Staff regularly checked and cleaned equipment in line with best practice guidance.
- Records were safely stored and kept confidential.
- Staff managed risks well and knew how to respond to changes in risks to people who use services. The service had plans to respond to emergencies and major situations. All relevant staff understood their roles.

Outstanding



### Are services effective?

#### Are services effective?

We rated it as **Good**.

We rated medical care service as good. We inspected but did not rate effective in outpatients and diagnostic service services as we do not collect sufficient information to make a judgement.

- Patients received effective care and treatment that meets their needs.

Good



# Summary of this inspection

- The service planned and delivered patient's care and treatment in line with current evidence-based guidance, standards, best practice and legislation. They monitored this to make sure practice consistency.
- Patients received comprehensive assessments of their needs. These included consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Staff had a good understanding of the Mental Health Act Code of Practice and knew how to protect people who were subject to the Mental Health Act (MHA).
- There was participation in relevant local and national audits and the service monitored activities such as reviews of services, benchmarking, peer review and service accreditation. Accurate and up-to-date information about effectiveness was shared internally and externally. The service used this to improve care and treatment.
- The centre had qualified staff and they had skills they need to carry out their roles in line with best practice. Staff learning needs were identified and they had training to meet these learning needs. Staff were supported to maintain and further develop their professional skills and experience.
- The service carried out meaningful and timely supervision and appraisal to support staff. Relevant staff were supported through the process of revalidation.
- Staff provided coordinated care and worked collaboratively to provide the needs of patients with different needs.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005.

## Are services caring?

### Are services caring?

We rated it as **Outstanding** because:

- Patients were truly respected and valued as individuals and were empowered as partners in their care. Staff consistently involved and treated patients with compassion, kindness, dignity and respect.
- There was consistent feedback from patients who use the service and those who were close to them. They were continually positive about the way staff treated them. Patients felt staff went the extra mile and the care they received exceeded their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and

**Outstanding**



# Summary of this inspection

promoted people's dignity. Relationships between patients who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.

- Staff recognised and respected the totality of patient's needs. They always took account of patient's personal, cultural, social and religious needs.
- Patients who used the services were active partners in their care. Staff were fully committed to working in partnership with patients and strive to make this a reality for each person. They showed determination and creativity to overcome obstacles to delivering care. Patient's individual preferences and needs were always reflected in how care was delivered.
- Staff highly valued patient's emotional and social needs and embedded them in their care and treatment.

## Are services responsive?

### Are services responsive?

We rated it as **Outstanding** because:

- Services were always tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The centre continually met patient's needs through the way services were organised and delivered.
- Services were planned and delivered in a way that meets the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services.
- Staff took account of the needs of different patients when planning and delivering services.
- Care and treatment were coordinated with other services and other providers.
- Staff made reasonable adjustments and took action to remove barriers when patients find it hard to use or access services.
- Facilities and premises were safe for the services being delivered.
- Patients had access to the right care at the right time. Access to care was managed to take account of patient's needs, including those with urgent needs.
- The appointments system was easy to use and supported patients to make appointments.
- Waiting times and delays were minimal and managed safely. Services ran on time. Patients were kept informed of any disruption to their care or treatment.
- People knew how to complain or raise a concern. They were treated compassionately when they did so. There was

**Outstanding**



# Summary of this inspection

openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

## Are services well-led?

### Are services well-led?

We rated it as **Outstanding** because:

- The leadership, management and governance of the organisation assured the delivery of high-quality person-centred care, supported learning and innovation, and promoted an open and fair culture.
- Leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed. The centre had comprehensive and successful leadership strategies to ensure they delivered and developed the desired culture.
- The centre had a clear statement of vision and values, driven by quality and safety. They were well-defined objectives that were regularly reviewed to make sure that they remain achievable and relevant.
- Staff in all areas knew and understood the vision, values and strategic goals.
- The board and other levels of governance within the organisation functioned well. They had clear accountability for the systems and processes, including the governance and management of partnerships, joint working arrangements and shared services.
- The centre leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service proactively reviewed and reflected best practice in their governance and performance management arrangements.
- There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. The service acted accordingly where issues were identified.
- Leaders actively shaped the culture through effective engagement with staff, patients who use services and their representatives and stakeholders.
- Candour, openness, honesty and transparency and challenges to poor practice were the norm.
- There was a culture of collective responsibility between teams and services.

**Outstanding**



# Summary of this inspection

- There were high levels of staff satisfaction across all equality groups. Staff were proud of the centre as a place to work and spoke highly of the culture.
- There was a focus on continuous learning and improvement at all levels of the organisation. Safe innovation was supported, and staff had objectives focused on improvement and learning. Staff were encouraged to use information and regularly took time out to review performance and make improvements.

# Detailed findings from this inspection






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	 <b>Outstanding</b>	<b>Good</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>
Outpatients	 <b>Outstanding</b>	Not rated	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>
Diagnostic imaging	 <b>Outstanding</b>	Not rated	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>
<b>Overall</b>	 <b>Outstanding</b>	<b>Good</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>



# Medical care (including older people's care)

Safe	Outstanding 
Effective	Good 
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

## Are medical care (including older people's care) safe?

Outstanding 

We rated safe as **outstanding**.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

- The service had enough staff with the right qualifications, skills and training.
- Staff in medical care services also worked in outpatients' services. See information under this sub-heading in the outpatients' service section.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**

- Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff in medical care services also worked in outpatients' services. See information under this sub-heading in the outpatients' service section.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

- There were policies to manage effective infection control and hygiene processes. There was an in-date infection prevention and control (IPC) policy and staff complied with it.
- The service had arrangements to support the management of IPC. This included the use of IPC 'champions' who worked across the services coordinating with other healthcare professionals, patients and visitors to prevent and control infections. The team had responsibilities such as giving advice, providing education and training, monitoring infection rates and auditing infection prevention and control practice.
- All staff received mandatory IPC training; at the time of the inspection all staff had completed the training.
- The service had completed regular random observational hand hygiene audits. Data showed all areas had 100% compliance such as bare below the elbows and handwash in line with World Health Organisation's "Five moments for hand hygiene".
- All rooms were visibly clean and tidy. We saw staff used personal protective equipment when required. There were handwashing sinks and hand gel available in the department.
- All clinical areas we inspected were visibly clean and tidy. All equipment was clean and ready for use, for example, they had 'I am clean' stickers that displayed the date of cleaning.
- There were clear systems for the storage and disposal of clinical waste, including sharps and cytotoxic (chemotherapy) waste. Staff had clearly labelled and dated them.



# Medical care (including older people's care)

- Staff barrier nursed patients who had infections if required. Staff had knowledge to place signage at relevant entry points to inform staff and visitors. Staff would use the correct protective clothing when caring for patients to prevent the risk of spreading infection. At the time of inspection, there were no patients who had infections.
- The minutes from the IPC committee and working party meetings in the last 12 months showed attendees discussed a range of areas including risks and incidents, audits, new guidance, training, flu vaccinations, wound management, curtains, deep cleaning and performance.
- In the last 12 months, the service had reported zero incidences of hospital acquired MRSA, Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c. diff) or Escherichia coli (E-Coli).
- In the January 2019 infection prevention control audit, the service had identified there were only two clinical hand wash sinks available for the seven 'pods'. Although the service recognised staff had access to nearby sinks and alcohol hand gels, this was not in line with their policy or Department of Health's Health Building Note 00-09. The audit had recommended adding hand wash sinks which the service will consider.

## Environment and equipment

### The service had suitable premises and equipment and looked after them well.

- The service maintained all areas well and all areas had controlled access.
- Staff told us they had access to all the equipment they needed to do their jobs and repairs were completed in a timely way. There were service level agreements for the maintenance and repair of equipment.
- There were comprehensive systems to maintain, service and repair equipment. Records showed completed and in date maintenance, service and safety checks of all equipment.
- Records of emergency resuscitation equipment in all areas indicated that it had been checked daily. The service had used tamper evident tags to secure all emergency resuscitation trolleys to make sure items could not easily be removed. Each tamper proof tag has a serial number and records showed these were in the correct order.
- Staff completed daily checks on the blood glucose box in the last month; they completed checks to confirm the contents worked.

## Assessing and responding to patient risk

### Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

- The service had reliable systems, processes and practices to keep patients safe.
- There was a medical emergency policy and procedure in the unlikely event that a patient deteriorated while on the premises. The policy highlighted the procedure for staff to follow when dealing with a deteriorating patient. The service had embedded a UK Oncology Nursing Society (UKONS) triage tool into their clinical practice. Nursing staff described the use of the UKONS tool to assess patients who were deteriorating, to identify concerns and prevent delays in starting medical intervention or transfer to a local hospital if required.
- There were sepsis screening and management pathways displayed in all relevant areas we visited. All patient records we reviewed and staff discussions we had demonstrated staff had assessed patients' sepsis risk, in line with national sepsis guidelines.
- The service received critical care support from the local NHS trust. We were told the service had plans to implement a formal service level agreement with the local NHS trust to support the service. The service did not provide 24-hour overnight beds but provided a 24 hour telephone advice line for cancer patients.
- All patients underwent a risk assessment for falls, pressure ulcers, nutritional needs and venous thromboembolism (VTE). We reviewed five risk assessments and all showed they were clear, legible and up to date. Staff had regularly completed and reviewed each patient's individual risk assessment. This showed the clinical team had dated them and completed any actions immediately.



# Medical care (including older people's care)

- We saw staff discussed patient risks such as allergies and inflammation, including actions and outcomes of such assessments and risks.

## Nurse staffing

### **The service had enough nursing staff with the right mix of qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**

- The service planned, and regularly reviewed staffing levels and skill mix so that patients received safe care and treatment at all times. Staff we spoke with felt they had a balanced workload and they were able to provide care to their patients.
- There were 3.6 whole time equivalent registered nurses employed in the medical care department. There was also administration support staff. Staff told us they were flexible and able to cover shifts easily.
- The centre used bank staff to cover leave or sickness, if required. The rate of bank staff usage for nursing and midwifery registered staff was low at 0.1%. This aligned with what staff told us about their flexibility and ability to cover shifts easily. The service did not use agency staff.
- The service also had two clinical nurse specialists (CNS) in breast care and head and neck.
- All staff we spoke with agreed the current staffing levels were safe.
- The service displayed the expected and actual staffing levels in relevant areas and they updated these each day. Actual staffing mirrored planned staffing at the time of inspection.
- The registered manager/centre leader carried out daily staff monitoring and discussed any issues at the staff daily huddle.
- The service arranged staffing levels based on the number of patients attending for treatment and this was reviewed daily. We saw staffing levels on the chemotherapy unit had one-to-one patient care support, when required.

- All areas we inspected had sufficient numbers of trained nursing staff, the skill mix of staff varied between chemotherapy nurses and staff nurses. This skill mix supported the patients' needs and made sure they received the right level and safe care.

- The registered manager/centre leader or in their absence the deputy centre leader held daily staff huddles at 9am each day. Discussions included any incidents from the previous day, staffing levels and emergency roles. The service held comprehensive huddles and covered all areas of the patients' care and treatment; business administration support staff, pharmacy, nursing and clinical attended to capture relevant information to their area.

## Medical staffing

### **The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.**

- See information under this sub-heading in the outpatients' service section.

## Records

### **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

- We reviewed five sets of patient records which staff had completed all to a consistent standard. The centre mainly used electronic care records and only authorised staff could access them.
- All five patient records contained a care plan. Care plans included risk assessments such as risk of venous thromboembolism, pressure ulcer and falls. Staff had completed and updated the safely.
- All care records we reviewed contained completed summarised medical reviews, clerking summaries and consultants' documentation. They also contained relevant multidisciplinary team notes.
- The electronic prescribing system held an electronic patient record of the chemotherapy medicine regime patients received. We found all the records included a range of risk assessments that staff had completed on attendance and updated throughout a patient's treatment.



# Medical care (including older people's care)

- For further details, see information under this sub-heading in the outpatients' service section.

## Medicines

### The service used systems and processes to safely prescribe, administer, record and store medicines.

- The centre employed two whole time equivalent pharmacists and one whole time equivalent pharmacy technician.
  - The centre did not store any controlled drugs.
  - The centre stored medicines securely and in ambient room temperatures across all areas we inspected, and only qualified staff had access to them. All fridges were locked to increase security and only authorised staff had access to them.
  - Staff recorded and checked fridge temperatures across all areas on a daily basis. Staff followed a clear process if the fridge temperature was not in the specified range. We saw they had taken action to address this on one occasion.
  - An external pharmaceutical company supplied pre-prepared cytotoxic medicines. Staff ordered the medicines when required, and only pharmacy staff received on delivery and dispensed the medicines on the required day. At the time of inspection, we saw the pharmacist dealt with the safe receipt and secure storage of chemotherapy medicines. The service used a specific chemotherapy fridge to hold chemotherapy medicines temporarily. Nurses in the service administered chemotherapy medicines.
  - Staff used an electronic chemotherapy prescribing system; we saw the system held all details of the medicine given to patients and staff could only update the system when logged in through a secure password.
  - There were comprehensive systems to check chemotherapy medicines before staff administered them. For example, only pharmacy staff released chemotherapy medicines; this made sure staff made extra safety checks. The service always checked a patient's blood to make sure they were within the correct range of chemotherapy treatment before nurses checked the medicines to commence and administer treatment.
- We reviewed the contents of the extravasation kit and found all relevant items. An extravasation kit contains a number of items that could be used to treat immediate leakages of a chemotherapy medicine from the vein into the surrounding tissues during intravenous administration.
  - The service carried out a medicine management audit in December 2018 and this showed 94% staff compliance. The areas audited included storage, temperature monitoring and availability of emergency medicines. We saw staff had carried out all the required actions the audit identified.
  - We reviewed an example of the Control of Substances Hazardous to Health Regulations (COSHH) assessments and medicine risk assessments. Where issues were found, the service had completed actions to reduce the risk.
  - We reviewed discharge letters, and all contained information regarding the patient's medication, allergies and medical review carried out by the consultant. All the letters had no medicine omissions.
  - Pharmacy staff joined the daily staff huddle with leads from all the services. We saw the discussion included incidents, reporting and learning, staffing, support and training. This made sure all staff had knowledge and understanding of medicine related issues.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and reported them safely. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

- See information under this sub-heading in the outpatients' service section.

## Are medical care (including older people's care) effective?

Good



We rated effective as **good**.



# Medical care (including older people's care)

## Evidence-based care and treatment (medical care specific only)

### The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

- There were in date policies and procedures and all had documented review dates. Staff demonstrated how they could easily access them from the centre's intranet.
- The service used a combination of National Institute for Health and Care Excellence (NICE) and Royal College guidelines to determine the care and treatment they provided. We reviewed a selection of guidelines such as improving supportive and palliative care for adults with cancer and suspected cancer, its timely recognition and referral.
- Staff we spoke with and our review of the patient records showed staff followed NICE guidance on falls prevention, cytotoxic medicines, pressure area care and venous thromboembolism.
- There were clear policies and procedures covering cytotoxic medicine related activities which included ordering, preparation, prescription, administration and disposal. Staff described they followed the clear guidelines in handling these medicines.
- The service carried out regular audits including hand hygiene, blood culture contamination, pain management, antibiotic compliance and various infection prevention audits. These audits demonstrated overall a high standard of compliance in all areas.
- The service reviewed patients who were nearing the end of their life and followed guidelines in line with the national framework for end of life care. Staff adapted all clinical care to the patient's wishes.

## Nutrition and hydration

### Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.

- Staff used the malnutrition universal screening tool to assess the nutrition and hydration needs of patients. This tool is a five-step screening tool to identify

malnourished adults or adults at risk of being malnourished. Staff documented the assessment outcomes in the patient's care records. Staff we spoke with described they could escalate to the resident medical officer for prescription of fluids for patients who at risk of dehydration.

- The dietetics team discussed with patients their dietary needs and how to manage sickness and loss of appetite if required. The team gave nutritional leaflets and advice to patients.
- Patients had access to hot and cold drinks and snacks within the waiting area. They had access to a selection of lunch provided by a local caterer. The service also catered to patients with different requirements such as vegetarian, gluten-free and halal.

## Pain relief (medical care specific only)

### Staff assessed and monitored patients regularly to see if they were in pain.

- Staff prescribed pain relief to make sure a patient had timely access to medicine if required. The service used a relevant pain score assessment tool from a scale of one to five, with one being no pain experienced and increasing to five with a lot of pain experienced.
- The clinical nurse specialist and local palliative care teams worked closely together to discuss the best pain management options for patients if required. Staff also involved patients in their discussions to agree the best option.
- In discussions with two patients and our review of five patient care records, we found staff assessed and managed patients for pain well.

## Patient outcomes (medical care specific only)

### Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- The centre compared local results with other centres across Genesis Care UK to learn from them.
- The service collected and reviewed patient information during treatment for radiotherapy and chemotherapy using specific toxicity scoring tools. Staff recorded these



# Medical care (including older people's care)

in the patient health records to manage the doses and their impact on treatment. Clinical governance team audited these each month and used the findings to make improvements if required.

- Genesis Care UK chemotherapy centres collected systemic anti-cancer chemotherapy data. The provider used the information to monitor the effectiveness of treatment and used the findings to improve treatments.
- All comparative data was available through the clinical information portal; the provider discussed these at the monthly quality and safety committee which supported companywide, national and international benchmarking.
- The centre undertook their audit programme to identify, monitor and drive quality improvement. They implemented, monitored and reviewed action plans when required. We reviewed a selection of audits and they reflected good practice.
- The service worked with local hospices to achieve the best outcomes for patients. Staff told us they held monthly meetings and discussions included a patient's wishes near the end of life.
- As of May 2019, the provider would be contributing information to the Private Healthcare Information Network (PHIN) for benchmarking purposes. This network is the independent government organisation that holds information about private healthcare to improve quality.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

- See information under this sub-heading in the outpatients' services sections.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

- Multidisciplinary teams worked well; staff, teams and services worked collaboratively to support the patient's care and treatment.

- Staff actively and regularly engaged with each other and discussed the patient's treatment; this involved a wide range of healthcare professionals with expert knowledge.
- We saw the daily staff 'huddle' at 9am. This included staff from business administration, clinical nurse specialist team, pharmacy, nursing and clinical teams. This made sure staff captured relevant information specific to their area. The multidisciplinary meeting provided all healthcare professionals at the meeting a summary of a patient's care. Staff used this snapshot to prepare them, to tailor their services to the patient's immediate needs. For example, we heard of a patient's needs for administration support of their fees, which fed into the business administration team daily plan.
- There was a holistic approach to planning a patient's care, discharge or transition to other services, which was done at the earliest stage.
- The service had plans to start their own formal multidisciplinary team meeting for patients undergoing first stage chemotherapy and discussion with another suitably experienced clinical consultant for subsequent stages.
- While the provider had systems of multidisciplinary working, they had recognised the process could be improved. We were told they had a new electronic multidisciplinary platform being piloted at another Genesis Care UK centre. The purpose of this platform was to facilitate the development of an in-house Genesis Care UK multidisciplinary team meeting. The breast cancer team at this centre had expressed an interest in being the next pilot site to run a metastatic breast multidisciplinary team meeting.

## Seven-day services

- The centre did not provide overnight beds. It was open from Monday to Friday from 8am to 7pm, and at weekends if required for consultations and day treatment. Outside these hours, the centre provided a 24-hour helpline to support cancer patients.

## Health promotion

- The centre provided patients with printed information leaflets such as healthy eating and stop smoking. We saw leaflets were displayed in relevant areas throughout the centre.



# Medical care (including older people's care)

## Consent and Mental Capacity Act

**Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.**

- Staff followed national guidelines when caring for patients who lacked the mental capacity to make an informed decision; they understood that nursing and clinical decisions made were in the patient's best interest in line with the Mental Capacity Act 2005.
- In the reporting period from November 2017 to December 2018, data showed 95% of relevant staff had received training in the Mental Capacity Act.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff demonstrated an understanding and safe application of the Mental Capacity Act. They described the consent process for a patient who had fluctuating mental capacity. Staff had not been involved in this situation but explained they would hold a best interest meeting and would use the relevant patient consent form.
- Consultants gained consent from patients before starting chemotherapy treatment. They explained the risks and benefits of all treatments before the patient gave consent for treatment. Consent was a two-stage process and was checked again on the day the patient attended for treatment. We reviewed five examples of the relevant consent documentation in all the patient care records.

## Are medical care (including older people's care) caring?

Outstanding



We rated caring as **outstanding**.

## Compassionate care

**Staff truly respected and cared for patients with compassion. Feedback from patients continually confirmed that staff treated them well and with kindness.**

- Staff delivered compassionate care; interactions between patient and staff were positive in all areas we inspected. Patients were truly respected and valued as individuals. We heard of many examples where staff had treated and valued patients as individuals. For example, staff arranged for patients to select their own music playlist during treatment. We saw patients had a choice of selecting the lighting colour of their treatment room.
- Relationships between the staff and patients were kind, staff offered care that promoted dignity and respect. Staff provided emotional support to their patients; they recognised some patients had lost their self-confidence as their appearance changed. For example, staff referred patients to charitable services to have their hair and makeup done or to explore the option of a wig.
- Staff always maintained patients' dignity and privacy during episodes of physical and intimate care. We saw staff spoke softly, closed doors at all times and staff informed patients of their actions before they started care.
- We spoke with two patients who described care as exemplary. They always felt they received excellent care from all staff; this included nurses, doctors and administrative staff.
- For further details, see information under this sub-heading in the outpatients' service section.

## Emotional support

**Staff continually provided emotional support to patients to minimise their distress. Staff we spoke with highly valued people's emotional and social needs. Staff embedded these in their care and treatment.**

- Staff provided reassurance and comfort to patients throughout their care and treatment. Returning patients gave examples of how staff reassured them and their families. Staff were also aware young children visited the service and often became bored. The service invested in game consoles to help their patient and their visitors get the most of their visit by keeping children occupied.



## Medical care (including older people's care)

- The centre offered a wide range of free supportive therapies that ranged from counselling services to complementary therapies for patients and their relatives. All patients we spoke with could not praise these therapies enough. One of the patients who were sceptical of receiving complementary therapy such as reflexology but was soon converted after they tried the first session. They said they would now recommend this as a way to relieve tension.
  - There were specialist teams to assist and provide support to patients such as palliative care team, breast nurse specialist and signposting to mental health support if required. Staff also signposted patients to charity support if required.
  - The service provided patients free taxi transportation from their homes to attend treatment. Patients we spoke with could not speak highly enough of this remarkable service. One patient told us how this helped relieved their stress in addition to receiving treatment.
  - We saw comforting interactions between patients and staff. Staff in all areas were upbeat and optimistic. Patients valued the friendships they had built with staff and felt reassured when visiting the service. We saw staff sitting with patients, taking the time to talk with them and hold their hand in a calming way.
  - The busy service had a level of serenity; staff attended to patients, making them feel they were their only priority. Three patients and one relative told us they highly valued the time staff set aside to have conversations with them and appreciated the pleasant care they provided.
- Understanding and involvement of patients and those close to them**
- Staff always involved patients and those close to them in decisions about their care and treatment.**
- We saw staff introduced themselves and communicated well to make sure patients fully understood their treatment plan. Two patients reported they appreciated the way staff spoke with them directly instead of addressing their family members.
  - We saw nurses discuss concerns of family members who were influencing a patient's choices. Staff suggested they would set up a meeting for the patient and family so that the clinician and the clinical nurse specialist could discuss the pros and cons of this aspect of their life.
  - Staff encouraged patients to ask questions and were given time to make sure they understood what was being said to them. For example, staff informed patients of side effects of treatment medicines; discussions appeared open, transparent and honest.
  - Over the course of the inspection, we saw staff interacting positively with patients and those close to them. Staff spoke to patients understandingly and safely dependent on their needs. We heard of examples where staff recognised that families of patients with cancer required further support. Staff signposted families of palliative patients to support groups, to make sure they were well supported.
  - The clinical nurse specialist (CNS) team saw every patient, allowing them to discuss any physical or emotional concerns. It was also an opportunity to introduce the work they did to empower patients to live with cancer. For example, the CNS team held different cancer type support groups for patients to attend. These sessional groups consisted of information, question and answer time and tailored support for each individual who attended. A patient told us they received good advice in relation to managing their symptoms and other areas of concern such as nausea and diet.
  - The service welcomed family members and they encouraged them to attend with patients.
  - All patients we spoke with told us they could contact the service during normal hours or the helpline during weekends and out-of-hours if they experienced any problems or had any concerns. Relatives of patients with cancer were also aware of this service and were advised to use the helpline to support patients if required.
  - Staff gave information sensitively and in plain language so that patients understood. Patients felt this communication manner was respectful and supportive. They had the opportunity to ask questions at any stage of their treatment.
  - Staff encouraged patients and families to provide feedback about the service before they left. We saw how





# Medical care (including older people's care)

this feedback was monitored and acted on promptly. The service wrote to individual patients about any changes to practice or displayed them on the notice board visible to patients.

Staff told us that patients were sometimes anxious about their treatment and they invited patients into the department before treatment to have a look around and to ask questions. A number of patient's families and their children had visited to look around the department.

## Are medical care (including older people's care) responsive?

Outstanding



We rated responsive as **outstanding**.

### Service delivery to meet the needs of local people

#### The service planned and provided services in a way that met the needs of local people.

- Staff focused service planning and delivery on patient-centred care and using holistic approaches. Patients had access to treatments and therapeutic provisions.
- The service had two clinical nurse specialists. They provided cancer support services to those that required it. Staff and patients spoke positively about the clinical nurse specialists and described their input as vital to a patient's care and treatment.
- Staff involved palliative care patients in supporting their preferred priorities of care. They provided patients with information and signposted them to other professionals if they required expert advice.

### Meeting people's individual needs

#### The service took account of patients' individual needs.

- Ward staff identified patient dietary requirements; these were discussed during the morning staff huddle so staff could make sure meals were provided according to the patients' requirements. For example, vegetarian and halal menu options were available to those who required them.

- Food was always available, for example patients could have sandwiches instead of a hot meal or if they wanted to eat later. All patients we spoke with liked the food; one returning patient told us the sandwiches had improved since the change to a local caterer.
- The centre offered an interpretation service to those whose first language was not English; staff said they rarely had to use it but could pre-book interpretation services prior to their appointment.
- Patients and their families had access to a selection of leaflets and patient information was available to support families if required. Patients and their relatives spoke positively about the information they received both verbally and in the form of written materials, such as information leaflets specific to their treatment and care. The materials were available in large print and other languages if required.
- Patients with hearing difficulties and used hearing aids had access to the hearing loop facility.
- Patients had access to the counselling service if they required emotional or mental health support. The service was provided by a counsellor run by a charity the centre worked in close partnership.
- The service assigned a dedicated care coordinator to all patients at the start of their treatment pathway. They coordinated the complete pathway for patients undergoing chemotherapy.
- Patients received an individual passport that contained a summary of their medical history, likes and dislikes. Staff used this information while caring for a patient to reduce anxieties and help them build a better relationship with the patient. This particularly helped patients with learning disabilities.
- Staff escorted patients around the department. On inspection we saw staff escorted patients from reception to the chemotherapy unit. Staff on the chemotherapy unit warmly received patients after taking their name from reception check-in.
- Patients were offered therapy service to make sure their emotional and mental health wellbeing was supported. Patients had access to the 'whole life approach' programme; a tailored service delivering a structured coping pathway.



# Medical care (including older people's care)

- We saw staff referred to the psychological and emotional needs of patients in the daily huddle and handovers. They also included patients' relatives. We saw an example where staff discussed the needs relating to a patient who required physical, mental and social needs assessments.
- Clinical nurse specialists recognised the importance of offering services in line with the national cancer taskforce, which outlines a commitment to ensuring that every person with cancer has access to the elements of the 'recovery package' by 2020. The service offered elements of the recovery package, these included holistic needs assessment, care planning, treatment summary and cancer care review.
- Patients had access to free wi-fi and use of the internet while at the service.
- Staff asked patients about their faith and documented this information in their care notes. They supported multi-faith patients such as ensuring they received special requirement meals.
- The service offered new patients a 'tour around' pre-treatment to allow them to relax and familiarise with the surroundings and staff.
- Most cancellations were in response to patient requests and rescheduled at their convenience.
- The centre business administration staff obtained any health insurance details from the patient during the introductory call, so they could directly liaise with insurance companies. Patients who self-funded their treatment were required to pay the total cost of their treatment before commencing their treatment pathway. The centre informed patients all costs and packages offered and discussed them prior to starting any treatment.
- Patients requiring chemotherapy were able to start treatment immediately, providing it was safe to do so. We heard of examples that consultants had seen patients and started treatment within one week.
- Staff planned discharges with the multidisciplinary teams to meet patient needs. The service sent discharge letters to patients' GPs and the patient also received a copy.
- Patients had access to a 24-hour telephone helpline service, so that they could contact a nurse for any advice on side effects or complications of cancer treatments. Nurses were able to escalate concerns to the resident medical officer and consultant if required.
- At the time of inspection, we had no concerns relating to patient waiting times for treatment. Patient conversations we had supported this.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients were consistently in line with good practice.**

- The centre accepted referrals for patients from the local area and nationally. The service received referrals made by consultants internally and externally or by GPs, in line with their patient referral criteria.
- Patients were able to book appointment times to see their consultant at their convenience. All patients we spoke with confirmed this. Staff told us they made an introductory phone call to the patient to explain where to find the clinic and what to expect at the first visit once they received their referral.
- All patients we spoke with were happy with their appointment and treatment process and returning patients had no problems with the revisit or discharge pathway. Three patients and one relative at the service felt staff handled the whole process extremely well. They described the process as "speedy, very informative and succinct".

## Learning from complaints and concerns

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**

- Patients and those close to them knew how to raise concerns or make a complaint. The centre encouraged patients who used services, those close to them or their representatives to provide feedback. This helped them improve the service they provided. We saw patients and visitors had access to information about the complaint process and contact details at reception and the waiting area.



# Medical care (including older people's care)

- All staff we spoke with had knowledge of the complaint process. Staff addressed complaints locally when possible, and the senior management team managed formal complaints. Staff described if they did not resolve an issue, they would signpost patients to the centre's complaint process.
- There had been no formal complaint about the service from November 2017 to December 2018.
- The service shared and discussed both formal and informal complaints at the centre and regional meetings. They monitored and managed the progress of action plans through this process. Staff used the complaint process as a shared learning experience and shared the information in staff meetings.

We saw minutes from meetings where lessons learned from information complaints were discussed. The department had few complaints and staff dealt with these on an informal basis.

## Are medical care (including older people's care) well-led?

Outstanding



We rated well-led as **outstanding**.

### Leaders

**Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**

- See information under this sub-heading in the outpatients' service section.

### Vision and strategy

**The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**

- See information under this sub-heading in the outpatients' service section.

### Culture

**Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**

- See information under this sub-heading in the outpatients' service section.

### Governance

**Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

- See information under this sub-heading in the outpatients' service section.

### Managing risks, issues and performance

**The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**

- See information under this sub-heading in the outpatients' service section.

### Managing information

**The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to electronic systems they could all update, and in line with their roles and responsibilities. For example, pharmacy had access to ordering systems for medicine and only authorised staff had access to this.
- Policies and pathways were available to view on the intranet.
- Staff had access to electronic nursing records and included detailed patient information such as patient medical histories, care plans, assessments and test results. Staff reviewed these through the electronic patient record system.
- Staff had access to all the relevant policies and guidance from the centre's online system.



## Medical care (including older people's care)

- For further information, see information under this sub-heading in the outpatients' service section.

### Engagement

**The service engaged with patients, staff, the public and local organisations to plan and manage safe services and collaborated with partner organisations effectively.**






- See information under this sub-heading in the outpatients' service section.

### Learning, continuous improvement and innovation

**The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**

- See information under this sub-heading in the outpatients' service section.

# Outpatients

Safe	Outstanding 
Effective	Not sufficient evidence to rate 
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

## Are outpatients services safe?

Outstanding 

We rated safe as **outstanding**.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service had enough staff with the right qualifications, skills and training.**

- Staff received training in basic life support, equality and diversity, fire safety, health and safety, infection control, information governance, safeguarding adult levels one, two and three, safeguarding children level one and two.
- The service provided mandatory training through an online learning platform. All staff we spoke with told us they received the necessary mandatory training to make sure they could do their jobs.
- Records showed the training completion rate among staff across all the services was 95%. The service had been trying to achieve 100% compliance, and had provisional dates booked for the remaining 5%.
- The service employed two resident medical officers (RMOs) through an external agency. The agency provided all relevant mandatory training to the RMOs. Both RMOs had completed all the areas in their mandatory training, including advance life support. The registered manager/centre leader monitored their compliance through review of their certificates.

- Staff said they received support to complete their mandatory training and felt they had enough time to complete it.
- All registered nurses had completed immediate life support training and all radiographers had completed basic life support training.
- All staff in the radiotherapy department had completed their mandatory training.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.**

- The service had in date safeguarding vulnerable adults and children policies which reflected national guidance. Staff knew where to access them and had easy access to electronic versions on the provider's internal intranet.
- The service provided safeguarding training as an online training package. Staff received training each year. Administration staff received level one adult and children safeguarding training. Healthcare professionals received level two adult and children's safeguarding. Training records showed 100% of staff had completed level one and two safeguarding training.
- The safeguarding lead who was the centre leader/registered manager had completed level three adult safeguarding. Staff had access to the corporate safeguarding lead trained to level four safeguarding adult and children. This met with national guidance.



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- All staff we spoke with had not been involved in any safeguarding issues at the time of inspection, but they demonstrated an understanding of their safeguarding responsibilities and procedures in the event of any safeguarding concerns. Their knowledge aligned with flow charts detailing the actions to be taken and who to contact in the event of safeguarding issues arising. This complied with the service's safeguarding policies for adult and children.
- The service carried out an annual safeguarding audit. The results in January 2019 showed staff had 100% compliance in areas such as awareness of their responsibilities in responding to concerns of abuse and actions they would take including the reporting procedure and access to information in the event of concerns arising.
- There were leaflets in the reception area, which gave patients and relatives details of who they could contact if they had concerns.
- There were no safeguarding concerns reported to CQC within the last twelve months.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

- There were policies to manage effective infection control and hygiene processes.
- The service had an infection prevention and control (IPC) policy which reflected best practice guidelines. We saw all staff followed the infection prevention and control protocols at the time of the inspection.
- We saw all staff cleaned their hands at the correct times, and were bare below the elbow, in line with trust policy. Equipment and the environment were visibly clean.
- Staff wore personal protective equipment correctly. They had cleaned and prepared equipment in line with the provider's policies and best practice.
- We saw safe waste disposal facilities. Staff had signed and dated sharps bins and managed clinical waste in line with the Health Technical Memorandum (HTM) 07-01.
- The environment was visibly clean, free from clutter and obstacles. The service had a regular cleaner who was not employed directly by the service but was included into the team. Staff worked collaboratively with the cleaner to make sure the premises were clean. Staff described the cleaner resolved any escalated cleaning issues quickly.
- We saw wide use of 'I am clean' stickers on equipment. These showed the date and time the item was cleaned along with the name of the person who cleaned it. We saw these details had been completed in all cases, which allowed staff to quickly identify items that were clean and ready for use.
- The service carried out a six-monthly IPC audit. This audit included the quality of IPC in clinical practice as well as the condition of the environment. The last infection prevention control audit in January 2019 showed some areas and medical equipment were dusty. Staff had taken actions to address the dusty issues as those areas and medical equipment were visibly clean at this inspection.
- Staff, patients and visitors had access to wall mounted hand gel dispensers at the entrance and relevant points throughout the department.
- Staff had access to personal protective equipment such as gloves and aprons in all the three consultation rooms and the treatment room. We saw all staff used this in line with the service's policy.
- Each consultation room and treatment room had a handwash sink with hand hygiene products and paper towel dispensers. There were hand hygiene posters displayed above each sink in line with World Health Organisation's "Five moments for hand hygiene" to remind staff of hand hygiene in line with best practice. There was no carpet flooring in the consultation and treatment rooms. This was in line with national IPC guidelines.
- Staff completed hand hygiene audits each month. One staff we spoke with was responsible for monitoring the department hand hygiene and completing the monthly audit. They described observing staff and recording the observations on paper. They submitted



# Outpatients

the information to the IPC lead who reviewed and published the information monthly. Completed spot observation audits for the past three months showed 100% staff compliance.

- We saw carpet flooring in the main corridor leading to the clinical rooms. This was not in line with the provider's policy. The service infection prevention control audit in January 2019 identified this and the service had plans to replace the flooring at the next refurbishment. We were told the service regularly deep cleaned the area. This matched the cleaning records we reviewed for the last six months.

## Environment and equipment

### The service had suitable premises and equipment and looked after them well.

- There was a security-controlled entrance lobby with a high/low reception desk and two open plan main waiting areas on the ground floor. Staff used security fobs to access the outpatient suite. This only allowed entry to authorised staff and accompanied patients and their relatives.
- The service had three consultation rooms, a quiet room, key lock private changing rooms, one had disability access and toilet facilities including baby changing facilities and disability access, and a separate secure dirty utility room.
- Each consultation room, toilet and changing room had an alarm for use in the event of an emergency. The centre had completed regular checks of the call bells. We saw staff checked the working order of the call bells at the start of their shifts.
- The centre's fire audit in January 2019 showed the service complied 100% with the provider's fire safety policy. The service completed annual fire risk assessments and when required. We saw the centre kept these on the internal electronic system for easy access and oversight. The centre had dedicated fire wardens and staff knew them.
- All staff had completed fire safety training included in mandatory training every year. Training records for the last 12 months showed 100% staff complied with fire

training. The centre tested fire alarms weekly. There were fire exit signage and fire extinguishers throughout the premises. All fire exits and doors were kept clear and unobstructed.

- There was a Control of Substances Hazardous to Health (COSHH) policy. Staff stored COSHH items securely in a locked cupboard.
- The centre used external suppliers to check on safety and maintenance of the equipment used. We saw completed checks and maintenance recorded on the electronic system and included copies of equipment certificates for the last 12 months. Our observations of ten medical equipment during inspection matched those records.
- The service had an organised system for recording faulty equipment. They recorded all fault/error messages to monitor trends. The centre shared, reviewed and discussed equipment issues with service engineers and manufacturers.
- The service had a resuscitation trolley and emergency equipment located in the middle of the department. We saw staff had completed daily checks of the emergency equipment that sits on top of the trolley. Staff secured the contents with a tamper evident tag and completed weekly checks on contents in the trolley. Records for the past month showed staff had completed regular checks. We checked the defibrillator and suction as well as the contents of the trolley, which included intravenous medicines and fluids, water for injections, syringes, needles and suction tubing, used in the event of an emergency. All the items were in date and had intact packaging.
- We found safe signage displayed outside all clinical areas to indicate rooms were in use and should not be entered.

## Assessing and responding to patient risk

### Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

- The service made sure staff completed risk assessments for all patients such as the risk of venous thromboembolism, pressure ulcer and falls. We saw staff had completed and safely updated all risk assessments from the three records we reviewed.



# Outpatients

- Staff undertook a holistic needs assessment of patient to understand their practical, physical, emotional, spiritual, mental and social needs. This made sure the centre provided a tailored service to each patient. Staff provided patients with a bespoke information pack about their treatment and resources available at the clinic to support them through their treatment. For example, the centre offered patients, and allowed relatives, carers and children to tour the department to identify any issues which could affect treatment.
- The service followed their resuscitation and emergency call policy in the unlikely event that a patient deteriorated while on the premises. The policy highlighted the procedure for staff to follow when dealing with a deteriorating patient. These included contacting the emergency services by calling 999, providing basic life support, and contacting the referrer to inform them of the patient's situation. The centre had named individual staff responsible for the different emergency roles for the day. These included resuscitation, airway, intravenous access, scribe and runner. We saw this at the staff daily 'huddle'. This demonstrated staff had clear knowledge and understanding of their roles in the event of an emergency.
- Staff used 'prompt' cards based on the 'situation, background, assessment and recommendation' tool. They used this to communicate information in a way that informs the recipient the urgency of a situation, in the event that a patient becomes unwell at the premises. The tool allowed effective and timely communication between individuals from different clinical backgrounds.
- The service had resident medical officer cover all the time the centre was open, Monday to Friday from 8am to 7pm and on weekends when required.
- Reception staff made initial patient checks such as personal details and chaperone requests on the patient's arrival at the department.
- Training records showed all relevant staff had completed basic and intermediate life support training to care for patients in an emergency.
- There were clear care pathways so that treatment was safe, timely and effective. A patient's electronic record showed an alert for any identified clinical risks. For

example, we saw two patient records with a moderate risk score for malnutrition. This score also showed on the electronic appointment list to allow staff to highlight any issues to the medical staff.

- Patients and carers could use the centre's telephone hotline. The hotline service operates a 24-hour day, seven days a week. Patients and carers could access the service for advice and management on the side effects and complications of cancer treatments.

## Nurse staffing

**The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.**

- There were 1.6 whole time equivalent registered nurses and one healthcare assistant employed in the outpatients' department. There was also administration support staff. Staff told us they were flexible and able to cover shifts easily.
- The centre used bank staff to cover leave or sickness, if required. The rate of bank staff usage for nursing and midwifery registered staff was low at 0.1%. This aligned with what staff told us about their flexibility and ability to cover shifts easily. The service did not use agency staff.
- The outpatient lead nurse managed the service and reported to the registered manager / centre leader. All staff we spoke with agreed the current staffing was safe.

## Medical staffing

- **The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.**
- In the reporting period from December 2017 to November 2018, there were 35 physician consultants worked at the centre under practising privileges. Practising privileges are authority granted to a physician or dentist by a hospital governing board to provide patient care. The Genesis Care UK medical advisory committee (MAC) monitored them. The centre raised and reported any concerns, including competencies, about consultants through the MAC, if required.





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- The centre had access to two resident medical officers (RMO) employed through an agency. The agency made sure the RMO had skills and competencies to perform their role. In addition to this, the centre made sure the doctors complied with Genesis Care policies prior to the doctor commencing working; this included mandatory training compliance.
- The RMO worked an eight-hour shift pattern from Monday to Friday, 8am to 7pm and if required at weekends; the registered manager/centre leader regularly reviewed and signed off the rota.
- The RMO provided medical cover to acutely unwell patients and could escalate concerns to a consultant if and when required.
- Some consultants with practising privileges kept their own patient records and took responsibility for the safe storage and transportation of these. They had independently registered with the Information Commissioner's Office.

## Medicines

### **The service used systems and processes to safely prescribe, administer, record and store medicines.**

- The centre had an on-site pharmacy team of two pharmacists and one technician.
- We saw allergies were documented on referral forms. Staff always asked patients about their allergies. This formed part of their routine checks prior to any medicine being administered, in line with best practice guidance.
- We saw staff had securely stored outpatient prescription pads. Staff had completed checks of the serial numbers in each prescription and these matched their completed records. This prevented risks such as loss or misuse of prescriptions.
- Details of chemotherapy medicines storage are reported under this subheading in the medical services section.

## Records

### **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

- The centre mainly used electronic care records. Only authorised staff could access these with a secure password through the centre's online system.
- We reviewed five electronic patient records. All the records showed staff had fully completed them, were legible, up to date and stored securely. They showed the multidisciplinary team notes involved in patients' care, in line with The National Institute for Care and Health Excellence QS15, statement 12 which states, 'coordinated care through the exchange of patient information'.
- Each record contained a care plan personalised to the patient's needs. Staff had also completed and safely updated risk assessments such as the risk of venous thromboembolism, pressure ulcer and falls.
- The centre kept patients' personal data and information secure and only authorised staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme; all staff had completed these training modules. The centre conducted an information governance audit as part of their organisation wide audit. Results showed staff had complied with their record handling policy and patient confidentiality.

## Incidents

### **The service managed patient safety incidents well. Staff recognised incidents and reported them safely. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

- The centre had a comprehensive in date incident reporting policy and had a review date.
- Staff showed a thorough understanding of incident reporting. They demonstrated how they would raise all incidents using the electronic reporting system. All staff we spoke with confirmed the service encouraged staff to report all incidents. The governance team reviewed all incidents and fed back information to the relevant departments.
- All staff were familiar with the term 'duty of candour' (the regulation introduced for all NHS bodies in



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November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided) and described their responsibility related to it, and understood it well.

- The service reported a total of three clinical incidents in the reporting period from December 2017 to November 2018. All were rated as no harm. We reviewed these incidents and there were no identified themes. They showed staff had completed actions where identified.
- The hospital reported no never events in the reporting period from November 2017 to December 2018. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- In the same reporting period, the service had no reportable incidents under the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER). Incidents involving exposure of radiation given to a patient where the exposure is much greater than intended are reportable to the Care Quality Commission under the IRMER.
- Staff said they received detailed feedback from the incidents they reported, and staff regularly discussed these in their team meetings. We saw staff discussed incidents and learning at the staff daily huddle.
- All staff felt encouraged by the lessons learned from incidents.
- The service had an action log for all incidents with a responsible person to address the incident and a deadline for action.

The organisation used a quality management system which helped the service to review incidents locally and across the organisation.

## Are outpatients services effective?

Not sufficient evidence to rate



We inspected but did not rate effective in this service as we do not collect sufficient information to make a judgement. However, we found the following areas of good practice:

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**

- The service used a range of evidence-based guidance, legislation, policies and procedures to deliver care, treatment and support to patients. We saw care pathways followed nationally recognised recommendations such as the National Institute for Health and Care Excellence (NICE) guidance.
- Genesis Care UK had developed its own database to collect data from all 12 UK centres including this centre to allow internal performance benchmarking. Information included patient satisfaction, incidents, complaints, concerns and compliments. They had plans to add information such as infection, falls and venous thromboembolism rates.
- Staff had access to policies and operating procedures through an online system. We reviewed some of these and all were in date and easily accessible.
- The consultants and nurses knew about research and trials at other hospitals and centres, and offered these to patients, if safe to their treatment.
- The clinical nurse specialist team completed a holistic needs assessment (HNA) for all patients. This helped to tailor the care and support that patients received at the centre. The HNA covered six areas of need; practical, physical, emotional, spiritual, mental and social.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs when patients attended an outpatient appointment.**



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- All patients who attended the clinic had access to the dietetic service if required.
- Staff told us that patients were not generally offered food for a clinic consultation; however, the centre had a refreshment dispenser patients and visitors could access coffee, tea or water.
- Patients were offered sandwiches, snacks and drinks if they need to stay in the department between their injection and scan.

## Pain relief

- The service did not provide pain relief to patients who attended outpatients' consultations only, but they might prescribe it. Staff informed us they made sure patients were comfortable throughout their appointment.

## Patient outcomes

- See information under this sub-heading in the medical care and diagnostic imaging services sections.

## Competent staff

### **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

- The service appraisal period ran from June to July each year. In the reporting period from June 2017 and July 2018, 100% of medical staff, nursing staff and healthcare assistants had completed their appraisals.
- In the same reporting period, all professional registration for doctors working or practising under rules or privileges and nurses had completed revalidation.
- All staff completed an induction programme and saw another member of staff until they were signed off as competent to work independently.
- In addition to mandatory training, staff completed competencies for all modality of the scans provided at the centre. Records confirmed managers had signed these off for all staff.

- Staff told us they had good support for their development and training. Staff could access training the centre provided, as well as training and development by external companies if required.
- Staff we spoke with said they attended meetings and sat on committees at the centre which helped to promote shared learning.
- Staff said that they were given opportunities to develop. They had easy access to training and development. They attended study days and conferences. One nurse told us they were due to start a course in cannulation and practice sessions with chemotherapy nurses.
- The clinical nurse specialists had link nurse responsibilities including safeguarding, dementia and moving and handling. They attended meetings and fed back to other staff.
- The centre made sure all new staff to the department toured the premises on their first day. New staff completed a checklist before they started any activity on the department. Bank staff also completed an orientation such as being shown round the department and where fire exits were, even if the staff had previously worked in the department.
- Staff we spoke with said they had an appraisal that identified their training needs. This matched the four staff records we reviewed at the time of inspection. The centre funded external training relevant to the development of the service if required.
- Staff reported they received clinical supervision each month or sooner if required.

## Multidisciplinary working

### **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

- There were multidisciplinary meetings (MDT) to determine the treatment pathways for patients. Consultants made sure these took place at the local NHS trust and discussed all patients before starting treatment. We saw minutes of the meetings that



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confirmed those discussion took place at the point of referral to treatment for radiotherapy and at first line treatment for chemotherapy. This was in line with the provider's policy and national guidelines.

- The centre made sure they discussed treatment pathways with another suitably experienced colleague. The centre had committed to be the next pilot site for a new process to run a breast cancer MDT.
- Nursing staff described excellent working relationships with the clinic consultants. Staff had access to the consultant's mobile phone and said that they could contact them at any time if they had concerns about patients. Staff were clear in their responsibilities and the patients we spoke with felt confident in the delivery of their care.
- One consultant told us they respected the knowledge of the nurses. They felt the nurses were knowledgeable about the consultant preferences and were assured that their consultation room would be set up as they required.
- Staff worked closely with patients and referrers to support a seamless treatment pathway. For example, staff told us of a situation where they had identified concerns from a scan, and obtained permission from the referrer to increase the scope of the imaging procedure.
- The centre had provided written information leaflets for referring clinicians so that they were fully informed about the indications for each type of scan on offer. This allowed the service to make sure referrers made safe referrals.

## Seven-day services

- The centre did not provide overnight beds. It was open from Monday to Friday from 8am to 7pm, and at weekends if required for consultations and day treatment. Outside these hours, the centre provided a 24-hour triage line to support cancer patients.

## Health promotion

- The centre provided patients with printed information leaflets such as healthy eating and stop smoking. We saw leaflets were displayed in relevant areas throughout the centre.

## Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the mental capacity to make decisions about their care.
- Staff were clear about their responsibilities in relation to gaining consent from patients, including those who lacked the mental capacity to consent to their care and treatment. This aligned with the provider's consent policy. Staff said they would normally receive information in the referral form about a patient's capacity, and they understood the Mental Capacity Act 2005.
- Staff understood their responsibilities to gain consent from patients before continuing with the procedure. They recognised and respected a patient's choice if they chose not to have a scan when they arrived for their appointment.
- On the day of inspection, we saw a patient gave informed consent before a scan was undertaken. This was verbally confirmed during the patient pre-scanning information review process.
- The centre had an in date consent to treatment policy and it had a review date.
- We saw written consent for carrying out certain procedures and treatments in the patient records we reviewed. We saw evidence of the consent form being reviewed at each consultation where further treatment was required, such as chemotherapy.
- We saw staff request verbal consent from patient's before administering treatment or carrying out any procedures.
- Staff told us they rarely encountered patients with lack of mental capacity but they were aware of the process for assessing and reporting this. The staff we spoke with showed a very good awareness of factors that may contribute to patient's mental health. These included changes in medicines and infections.



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Staff received Mental Capacity Act training. Data showed 100% of staff had completed the training.

## Are outpatients services caring?

Outstanding



We rated caring as **outstanding**.

### Compassionate care

**Staff truly respected and cared for patients with compassion. Feedback from patients continually confirmed that staff treated them well and with kindness.**

- NICE QS15 Statement 1 states, “Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.” We found staff of all grades in all the services we visited adhered to these principles during their interactions with patients, families and their carers, and visitors.
- All staff showed awareness of the ‘6C’s’ of ‘Compassion in Practice - Nursing, Midwifery and Care Staff - Our Vision and Strategy 2012: compassion, care, commitment, courage, competence, communication’.
- We saw all staff treated patients with care, respect and dignity in all the departments. Reception staff were often the first to speak with a patient and we saw evidence of excellent skills in verbal and non-verbal communication. Staff introduced themselves and welcomed patients into the centre, and directed them to free refreshments in the waiting area. We saw staff spoke with patients softly and sat with them to offer reassurance. Staff reflected they recognised the importance of maintaining patient’s confidentiality, privacy and dignity.
- We saw staff listening to patients concerns and anxieties. Staff told us that this was one of the things they loved about their job, the time they could spend with patients.
- Consultations took place in a dedicated room. All staff maintained privacy, with closed doors and clear signage indicating the room was occupied. There were also curtains within each room to provide extra dignity and privacy where required.

- Patients’ feedback included “excellent personalised treatment received” and another said “complementary therapies helped me deal with my stress and this place is full of hope”. They described staff as “extremely friendly and welcoming” and another described staff “like my family”.
- We saw all interactions between staff, patients and visitors were respectful and considerate. Staff spoke to patients in a supportive manner.
- All patients we spoke with were overwhelmingly positive in their praise of staff. They were continually positive about all the staff at the centre. A patient told us the staff were “excellent and treated me as a person, not just a number”. We saw the reception staff answered patient enquiries and interacted with patients in a friendly and sensitive manner.
- The centre carried out a friends and family survey which asks patients at the end of their planned treatment if they would recommend the services they have used. The centre’s response rates were consistently above 91% from December 2018 to May 2019. Of these, 100% of people would likely or very likely recommend the services they used.
- There were posters displayed in relevant areas informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having a chaperone.

### Emotional support

**Staff continually provided emotional support to patients to minimise their distress. Staff we spoke with highly valued patient’s emotional and social needs. Staff embedded these in their care and treatment.**

- Staff showed they understood the impact that a person’s care, treatment or condition would have on their wellbeing and on those close to them. Staff were knowledgeable and sensitive to space, time and patient’s needs when providing diagnosis and potential emotionally charged information. We saw staff encouraged patients to establish links with support services and condition specific special interest groups.



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- Staff provided safe and timely support and information to cope emotionally with their care, treatment and condition. This is in line with National Institute for Health and Care Excellence, QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
  - We heard staff and patients' accounts of how staff go 'the extra mile' in looking after patient's needs. A remarkable example is how the centre offered a charity run complementary therapy service such as massage, reflexology, acupuncture, emotional support and relaxation service. All sessions were free to all patients. Another remarkable example is the centre offered free private car transfers for patients undergoing treatment. Two patients quoted, "I didn't need this but they provided an alternative if I chose" and "it relieved my stress given what I am going through right now".
  - The service supported patients at the end of life and worked with a local hospice to provide individual care for patients.
  - Staff told us they regularly provided emotional support for patients and regularly made use of quiet areas of the department to support this.
  - All the patients we spoke with told us staff gave them support and time to discuss their treatment.
  - Staff recognised and respected the totality of patients' needs. They always took account of patients' personal, cultural, social and religious needs. Staff understood the impact that patients' care, treatment and condition had on their wellbeing and stressed the importance of treating patients as individuals. Staff told us of another remarkable example of how they took interest in each patient; they went out of their way to obtain a special interest magazine for a patient who had a keen interest in aeroplanes.
- Understanding and involvement of patients and those close to them**
- Staff involved patients and those close to them in decisions about their care and treatment.**
- The service made sure patients and their carers were active partners in their care. Patients we spoke with reported that staff always explained their conditions and treatment in a way they understood. Staff shared a 'plan of care' with all patients and completed the plans with relevant up-to-date information to support patients' understanding of their care.
  - Patients reported they were satisfied with the information staff provided them. They also told us that when they called the department with a question, staff were always quick to answer with detailed information.
  - We saw staff knew patients and their carers by name and patients also knew the names of the staff.
  - In addition to offering free complementary therapies to patients, the centre also offered free relaxation service to patients' carers. Staff saw this as part of the patients' care.
  - The centre used feedback collected from the complementary therapy sessions to further improve the experience of patients and those close to them. The centre planned to add counselling services for patients following patient feedback.
  - We saw continual and extremely positive patients' feedback of the complementary therapies. Quotes included "a truly valuable experience for me and my partner" and "a fantastic way to give myself time away from the stresses of treatment". One patient's relative described how the relaxation session had given them strategies to deal with the partner's illness.
  - A patient told us how they felt safe and secure because they trusted the staff and that they knew what they were doing. Another patient told us that the staff helped them to maintain their self-esteem following the side effects of chemotherapy.
  - Staff also signposted patients to other services if required.
  - The centre offered quiet rooms; one on each floor so they could use them for private or difficult conversations with patients and families. Staff described they also used these rooms for patients who were upset and wished not to be in the main waiting area. We saw these rooms were not only quiet but provided an extremely calm and relaxing atmosphere.



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- Patients had a choice of listening to their own music during treatment and access to the television to support their well-being. The treatment rooms provided mood lighting if required.

## Are outpatients services responsive?

Outstanding



We rated responsive as **outstanding**.

### Service delivery to meet the needs of local people

#### The centre planned and provided services in a way that met the needs of local people.

- The centre had ample free car parking available to patients.
- The centre was open from 8am to 7pm Monday to Friday, and weekends if required.
- The centre planned and delivered service in a way that reflected the needs of the population served. They gave flexibility, choice and continuity of care to patients locally.
- The service provided patients planned appointments for consultations and scans at their convenience through the choice of appointment days and times to suit their needs. The service also tailored the length of appointments to suit the patients' needs and offered same-day appointments if required.
- The centre actively sought feedback from patients and relatives about the service and incorporated this into their improvement plans. We saw display boards showing friends and family test results and examples of feedback drawn from letters of appreciation and patient surveys. We saw how the centre had made sure fruit and health snack provision in waiting areas following patients' feedback.
- There were three consultation rooms and two diagnostic imaging rooms. All the rooms were spacious and light, and had curtains in each room to provide patients privacy and dignity.

- The main waiting area in the department was spacious and light, and there were refreshments and reading materials available for patients and visitors. There was a separate waiting room available for patients who required a quieter area.
- There were two clinical nurse specialists; one in head and neck cancer and another in breast cancer.
- The centre provided a weekly dietetic service that provided patients with individual dietary needs if required. Patients could ask for snacks at any time to encourage them to eat. Biscuits and refreshments were available in reception.
- Consultation rooms were clearly identified and signs indicating that a room was occupied were in clear sight. Toilets had clear signs, and each had an alarm bell to call for staff.
- The Macmillan quality environment audit in January 2019 identified signage to the centre was not clear. The registered manager/centre leader told us the landlord restricted the signage they could have. We saw the service provided all patients with an information guide that included clear directions and a map. Patients we spoke with did not have any issues with finding and getting to the centre.

### Meeting people's individual needs

#### The service took account of patients' individual needs.

- The centre provided an extremely calm and patient-centred environment on a busy day during the inspection. There were comfortable waiting areas with sufficient seating, information leaflets, reading materials, television, drinks dispenser and toilet facilities for patients and visitors. The layout of the centre was well-designed, with wheelchair access throughout the two floors.
- The centre had clear, visible and easy to follow signs directing patients throughout the two floors. We also saw staff accompanied patients to the different areas throughout the centre, if required.
- Staff booked patients in at the reception area where they carried out initial personal identity checks.



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Reception staff informed nurses of the patient's arrival and greeted them in the waiting area where they undertook a further identity check. Nurses escorted patients to the consultation rooms.

- The business support staff helped patients to deal with processing their private medical insurance when they were referred for treatment. Staff said patients were often stressed and anxious, and found it difficult to deal with the insurance companies. These staff contacted the insurers and made sure everything was in place for the patient. Staff told us the centre supported patients with any issues about their insurance cover during treatment if required.
- Staff explained they would speak with a patient's carer to tailor the adjustments for the needs of a patient with learning disability and living with dementia when they attended the service. They offered patients and their carers a tour round of the department before starting treatment, if required. The service signposted patients who required mental health support to an external agency.
- Patients with hearing difficulties could access the use of a portable hearing loop.
- Staff we spoke with told us they never had to use a translator but described the centre provided translation service for patients whose first language is not English.
- Patients received a guide booklet that contained safe information about their visit which included a map to the centre, facilities and contact number.
- The centre had a wide variety of patient and carer information. These were available in large print and an easy to read format if required.
- Although the centre provided ample free parking including access for people with disabilities, a remarkable example of how the centre meets individual patients' needs is they provided them a free taxi service if required. Patients told us how they highly valued this, and one patient said, "this takes off the added stress on top of everything else for me".
- There was a corporate chaperone policy which was in date and had a review date. In addition, some

consultants like to have a chaperone in their clinics and some liked to have a chaperone if they were going to deliver bad news. We saw posters displayed in the waiting area and patients could request a chaperone.

- The centre partnered a charity who provided on-site complementary therapy services. Staff carried out holistic needs assessment to make sure patients received their preferred choice of therapy.
- The centre worked with a local hospice to support patients near end of life. They held monthly meetings with the hospice to make sure patients continually received a high-quality service and met their needs.
- The centre had recently partnered the local NHS trust and oncology centre to provide radiotherapy and one-stop breast service to NHS patients. The partnership would provide NHS links for the centre.

## Access and flow

**People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients exceeded good practice.**

- In the last 12 months, all patients were seen within 48 hours of referral except when due to factors outside the service's control such as patients requesting specific dates for appointments, patient cancellations, patient holidays and patient availability. Staff told us that most patients were seen within 24 hours of referral. The centre set up additional clinics if required to make sure staff saw patients in a timely way.
- There were very few appointments cancelled for non-clinical reasons in the last 12 months. Of the five, the service offered 100% another appointment within 28 days of the cancelled appointments. There was one cancelled outpatient appointment by consultants in 2018 due to sickness.
- The service contacted patients within an hour to discover the reason for non-attendance, if a patient failed to attend their clinic appointment.
- Patients were allotted 45 to 60 minutes for new patient appointments and 15 to 30 minutes for follow up appointments. The reception staff knew how long appointment times needed to be for each individual consultant.





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- The clinical nurse specialists told us that they had realistic time frames in which they could plan patients care and achieve the best possible outcomes for them.

## Learning from complaints and concerns

### The service always treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

- The service received no complaints in the reporting period from December 2017 to November 2018.
- The centre had an in date corporate complaint's policy and it had a review date. The policy reflected best practice and staff could easily access it.
- The provider had systems to make sure patients' comments and complaints were listened to and acted upon effectively. Patients could raise a concern, and have it investigated and responded within a realistic time frame set by the provider.
- The centre leader/registered manager and the corporate's operations director and quality manager had oversight of the management of complaints. The team worked together to review and investigate the complaints and made sure they informed patients at every stage of the process. They shared learned lessons with staff at monthly team meetings and the safety and quality committee. The safety and quality committee had corporate senior management representation from across the business. The centre reported all complaints to the corporate's chief medical officer who supported the complaint process. This was in line with the corporate complaints policy.
- We saw a leaflet displayed at the reception that included their complaints procedure. This included information on how to make a complaint. Patients we spoke with knew how to make a complaint.
- Staff we spoke with described the service had made changes about waiting times as a result of complaints. The service had not received a complaint about this since they made those changes. Staff also described the service go the extra mile of sending goodwill gestures.

## Are outpatients services well-led?



We rated well-led as **outstanding**.

## Leaders

### Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

- The centre had a clear leadership structure and reporting lines. Staff we spoke with knew them and could describe their roles. They reported the structure worked well.
- The centre leader reported to the director of operations who formed part of the Genesis Care UK leadership team. The centre had dedicated leads for each clinical service. Staff told us this structure supported their access to a lead in their area to help resolve issues and provide daily operational leaders specific to their area.
- The centre leader, deputy centre leader and service leads held monthly team meetings to discuss incidents, complaints, best practice and learning, and operational information. They disseminated information and learning to their respective teams.
- Staff told us that they could contact managers at any time for help or advice. They also told us that managers were visible in the organisation and would walk throughout the centre round during the day. They said they also had safe visibility of corporate staff at corporate events or at the centre.
- Leaders strived to motivate staff to succeed. The leads encouraged staff to share 'reasons to be proud' and nominate employee of the month. Staff told us the centre leader always listened to any improvement ideas they raised and provided staff opportunities to implement those suggestions after successful trials. An example of this is the change of lunch supplier who offered quality food at reasonable costs.
- The centre had an established and set system of development and succession planning throughout the



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services. A number of staff we spoke with told us they had plenty of training opportunities, been promoted to middle or senior management and provided permanent contracts.

- The centre had no resignations which resulted in a 0% turnover rate in the last 12 months.

## Vision and strategy

**The centre had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff.**

- Staff recognised the centre had a continual development and improvement strategy which allowed staff to adopt best practice and new innovations. This included areas such as quality, access, efficiency and culture.
- Staff we spoke with described how they embraced and worked in line with the corporate values of 'empathy for all, partnership for all, innovation every day and bravery to have a go'. We saw some examples of this during the inspection and described these throughout the report of how staff gave quality care and patients received excellent care experience.

## Culture

**Managers across the services always promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values**

- Staff said they really enjoyed working at the centre. One staff told us the centre was truly a special place to work. It made them feel valued.
- We observed a calming atmosphere on a busy day. We saw all staff had such a positive nature and a friendly approach to all colleagues, patients and visitors.
- All staff we spoke with reported there was a positive and open culture at the centre. Staff said they worked in a friendly environment and felt part of a 'family'. One staff said, "we all looked after one another" and another said, "there was a no-blame culture".

- The service had an in-date whistleblowing policy and staff told us they could raise concerns with managers without hesitation. The service had no whistleblowing concerns that required to be reported to CQC in the reporting period.
- There was an exceptional culture across the centre. Staff were proud of the organisation they worked for and staff at all levels were actively encouraged to speak up and raise concerns. There was a high level of staff satisfaction across all staff grades. There was a strong organisational commitment and effective action towards ensuring staff were listened to.

## Governance

**Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

- The centre had clear and effective systems of governance and management performance arrangements. The service had an overarching governance framework, which supported the delivery of the strategy and excellent quality care. This outlined the structures and procedures and ensured responsibilities were clear and that quality, performance and risks were understood and managed.
- The service had an overarching risk register and the centre leader or deputy entered all risks on the register. We found all risks were fully completed with good control measures in place. The centre leader or deputy regularly reviewed and updated the risk register. The regional governance lead and chair of the medical advisory committee and chief executive officer all had an excellent overview of risks within the centre. Staff at the centre had a good understanding of the risk register. They gave examples of risks and how they were managed.
- The service held monthly departmental meetings, regular staff meetings and daily safety huddles where they discussed key issues and shared information among staff. Our review of minutes of the last three meetings showed the services discussed incidents and learning points, operational risks, updates to policies



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and training. Staff we spoke with reported good communication of learning from those discussions. We saw staff discussed incidents from the previous day, operational risks, staffing levels and emergency roles for the day.

- There was a systematic programme for clinical and internal audit used to monitor quality and identify areas for improvement. The results of audits were discussed across the centre and subsequent action plans were implemented and reviewed. The centre shared learning across all Genesis Care sites where appropriate.
- The centre had clear governance structure that enabled them to quickly act on incidents. For example, following a consent concern we raised during inspection, the centre identified the need to improve their consent documentation and shared their learning across all Genesis Care sites. We saw the centre had implemented the improved documentation immediately after the inspection.
- Clinical leaders discussed key governance issues such as staffing and competencies, incidents, risks, equipment, training, research and clinical trials every quarter. Minutes of the last meeting showed they followed a set agenda for those key issues. This demonstrated the service had effective governance practice.
- The medical advisory committee (MAC) had representation from a multidisciplinary team. The MAC chair had oversight of all consultants with practising privileges and reviewed access rights. The MAC chair and chief medical officer processed the practising privileges centrally and reviewed them annually. They reviewed all consultant competencies and scope of practice to avoid any consultants working out of practice. The centre reported two consultants had their practising privileges removed due to retirement and lack of clinical activity.
- All staff had a clear understanding of their roles and what they were accountable for, including any additional roles and responsibilities they held. For example, staff at the centre had secondary lead role in areas such as clinical governance, complaints, infection, prevention control and equipment care.

## Managing risks, issues and performance

**The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**

- We saw an in date risk management policy which outlined the use of audits, incident reporting, risk registers, benchmarking and staff awareness as assurance of safety and quality service provision.
- The centre had completed risk assessments which included infection control, electrical safety, fire safety and substances hazardous to health, regular fire inspections and maintenance of the facilities.
- There was a centre risk register which contained risks related to facilities, equipment failure and pharmacy. During the inspection, we saw the centre had undertaken actions to reduce these risks.
- The centre had systems to monitor performance, including incidents, patient feedback, audits and staff appraisals. These systems highlighted areas of good practice and opportunities for learning.
- There was a business continuity policy which highlighted key hazards and mitigations, contact details and relevant staff and an emergency response checklist. Staff could access 'prompt cards' which gave clear steps on what actions to take in the event of a failure such as electrical outage and information technology systems failure.
- In addition to the monthly safety and quality meetings, the centre used several initiatives to improve the quality of the service it provides; infection prevention and control committee meetings, annual programme of clinical audits of systems and processes, staff appraisals and performance reviews. These initiatives provided the centre assurance of the quality and safety of their service provision.
- The centre reviewed their performance each month included time from referral to CT scan and CT scan to treatment times for radiotherapy, as well as referral to treatment times for chemotherapy.
- Genesis Care UK had recently registered with the Private Health Information Network (PHIN) and looked to start submitting data in May 2019. They also had plans to submit patient satisfaction data which can be externally benchmarked with other independent healthcare providers.



# Outpatients

## Managing information

**The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

- We were told the centre complied with General Data Protection Regulation (GDPR) and took into consideration Caldicott principles when making decisions on how data protection and sharing systems were designed and operated.
- Staff could easily access relevant information such as policies and team meetings online to keep track of staff awareness. This demonstrated an effective communication system at the centre.

## Engagement

**The service engaged well with patients, staff, the public and local organisations to plan and manage safe services and collaborated with partner organisations effectively.**

- The centre awarded staff each month through an employee of the month initiative. All staff were encouraged to submit nominations for colleagues recognised to have practiced the centre's values. The centre collated and shared these in a 'feel good Friday' email to all staff. One staff member told us they had won store vouchers. Some staff said they felt recognised and valued through this initiative.
- Staff told us the centre leader gone the 'extra mile' in recognising staff contributions. An example of this is when they had provided free lunch to staff who had facilitated support groups at the weekends.
- The centre held patient forums and used patient feedback to improve the service they provided.
- The services actively sought feedback from patients in writing or through conversations to improve the service they provided.
- Genesis Care UK had involved all staff in the development of their vision and strategy. The recent staff engagement survey results showed an improvement at 13% to 65% in Maidstone.






- Senior staff informed us they encouraged their teams to raise concerns through the online system so the service could monitor themes and improve the service.

## Learning, continuous improvement and innovation

**The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**

- The centre continually made sure patients who used the service received a service tailored to their needs. We found many examples of innovative approaches to provide patient-centred care.
- The centre demonstrated learning from patient feedback. This included changing its catering supplier to better meet the nutritional needs of patients.
- Genesis Care UK led on clinical projects and clinical trials with the aim of achieving the best outcomes for patients. These included areas such as pelvic radiotherapy and right breast radiotherapy using deep inspiration breath hold and surface guidance, a technique normally used for left breast cancers. The centre made sure patients who took part in clinical trials were followed up long-term by the clinical and research teams and they documented long-term results following strict clinical trial requirements.
- Genesis Care UK provided exercise clinics to support patients in managing chronic disease. They had identified an electronic platform to support the exercise clinics to allow patients access to a tailored exercise regime based on cancer specific exercises through a mobile app. The app would allow to monitor patient adherence to the exercise plans to promote the best outcomes for patients where centres do not currently have a gymnasium. This would only be made available to patients who opted in and only authorised staff had access to the data.

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Safe	Outstanding 
Effective	Not sufficient evidence to rate 
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

## Are diagnostic imaging services safe?

Outstanding 

We rated safe as **good**.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service had enough staff with the right qualifications, skills and training.**

- Staff had read the local radiation protection rules and signed they had read them and understood their roles and responsibilities. Staff we spoke with told us they had received relevant training on radiation risks.
- For further details, see information under this sub-heading in the outpatients' service section.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**

- Staff had knowledge of the process of reporting images where potential suspected physical abuse (previously known as non-accidental injury) is detected. They also described the escalation process.
- For further details, see information under this sub-heading in the outpatients' service section.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

- See information under this sub-heading in the outpatients' service section.

### Environment and equipment

**The service had suitable premises and equipment and looked after them well.**

- There was a security-controlled entrance lobby with the reception area and main waiting area shared with outpatients' services. The diagnostic imaging suite was accessed through a secure door from the main area. This allowed only authorised staff and accompanied patients' entry.
- The suite had two lockable private changing rooms with disability access and toilet facilities. There was one computerised tomography scan room and one linear accelerator (for radiotherapy treatments) room, and one preparatory room for patients attending radiotherapy. All rooms, including changing and toilet facilities an alarm for use in the event of an emergency. We saw records staff had completed the emergency call bell checks to make sure they were in working order.
- There was an effective system for recording faulty equipment. Staff recorded all fault or error messages, including those resolved by radiographers, to monitor trends. Staff shared, reviewed and discussed the messages with service engineers and manufacturers. The service had a handover form which recorded the equipment checks.



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- The form contained detailed information about each check and actions taken for any identified faults. There was a section for the receiving radiographer to sign to indicate they were happy with the standard of checks upon handover.
- We found safe signage displayed outside the clinical areas to indicate rooms were in use and should not be entered.
- We saw evidence that film badges and X-ray lead gowns were regularly tested. A lead gown is a type of protective clothing that acts as a radiation shield. A film badge is a dosimeter used for monitoring cumulative radiation dose.
- The service shared a resuscitation trolley and emergency equipment with outpatients' services. See information about resuscitation trolley in this section in the outpatient services report.
- There was a corporate radiation safety policy that was in date and had a review date.
- There was a local rules policy for this service. The local rules had been adapted in line with Regulation 17 of the Ionising Radiations Regulations 2017. They covered all radiotherapy equipment and/or work practice in the location indicated. They applied to all persons who could be exposed to ionising radiations in this location from such practices. We saw all relevant staff had read and signed to confirm they read the local rules and understood the requirements.
- We saw the service had signature logs for the local rules maintained by the radiation protection supervisor. They were stored electronically in the centre's shared computer network.
- The rules outlined the responsibilities of the radiation protection advisor and the radiation protection supervisors.
- The service had partnered with an NHS trust for medical physics support for radiotherapy services. We were told they had recently renewed the contract to include quality assurance checks such as imaging accuracy and radiation output to allow the review of any trends or issues.

## **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**

- The service had up to date local rules that described the safe operation of the scanner, who may operate the scanner and the name of the radiation protection supervisor. The radiographer was the radiation protection supervisor (RPS) and had received safe training for the role. Their role was to make sure the service complied with the Ionising Radiations Regulations 2017 (IRR2017) to support safe working practices.
- Staff could observe patients in the waiting area of the radiotherapy department through close circuit television and identify any patients who seemed unwell.
- There was a comprehensive risk assessment in line with the application of the Ionising Radiations Regulations 2017. The risk assessment covered protection measures for staff involved in radiography and people outside the radiography room, dose assessment and investigations, pregnant employees and young workers. It also covered maintenance, quality assurance and testing.
- Staff saw patients during radiotherapy treatment through close circuit television and they could speak with them. This provided assurance for patients as staff could identify and respond to any clinical emergencies if required.
- The service referral form included prompts to make sure the referrer had discussed pregnancy risks with the patient, and identified any special needs such as mobility, cognition or translation services.
- The service used the three point patient identification checks for patients undergoing radiotherapy treatment as required by the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).
- Staff confirmed they undertook a check of patient identity, discussed and confirmed the area to be scanned, and obtained the patients' verbal consent. They also checked patient had removed jewellery and

## **Assessing and responding to patient risk**



# Diagnostic imaging

verified pregnancy status were safe. We reviewed pregnancy awareness letters provided to women. This highlighted the radiation risks to such women, and we saw they were signed off by the relevant patients.

- Staff checked to see if patients were pregnant or if there was a possibility that they could be pregnant, if required. There were signs in relevant places in the department to request patients to inform staff if they thought that they may be pregnant.
- There was a key coded system that allowed authorised staff into treatment areas and we saw safe signage indicating when a linear accelerator was in use.
- In the reporting period from November 2017 to December 2018, the service had been no unplanned patient transfers to other hospitals.

## Radiology staffing

**The service had enough radiology staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**

- The service employed 4.6 whole time equivalent therapy radiographers, one diagnostic radiographer and two mammographers. There was always one radiographer and one resident medical officer on shift each day. This provided assurance the service had safe staff on site to in the case of contrast or allergy reactions.
- The centre operated an appointment system open from Monday to Friday, 8am to 9pm and at weekends if required. The centre recently started use of a staff resource tool for this service. The centre leader/registered manager held a weekly call with clinical leads and the director of operations to discuss any resource issues, additional requirements or changes in planned activity. Staff felt there were safe staffing numbers for the service.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

- The service held electronic records for radiotherapy and recorded on a bespoke system.

- Staff managed patient care records in a way that protected patients from avoidable harm. We reviewed two patient records. Both records we checked were accurate, fully completed, legible, up to date and stored securely. Electronic records were available through the centre's computer system and were only accessible by authorised staff with a secure password. Staff updated the electronic records after they had completed the scan and submitted the scan images for reporting.
- The service used secure imaging and archiving system and had password protection. Each staff member had their own personal identifiable password to access the system. We saw staff logged out the system after use.
- All patient care records included documentation of multidisciplinary team involved in a patient's treatment. They contained clear multidisciplinary team plans to support the patient through the pathway.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

- The service stored, handled and disposed of contrast media (substance used to increase the contrast of structures or fluids within the body in medical imaging) in line with national guidance.
- The provider did not provide nuclear medicine treatment therefore did not need to hold an Administration of Radioactive Substances Advisory Committee (ARSAC) licence.
- We saw allergies were documented on referral forms. Staff asked patients about their allergies as part of the routine checks prior to administering any contrast. This was in line with national guidelines.
- We saw staff administer contrast in line with the service protocols.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and reported them safely.**



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**Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

The service had two incidents involving ionising radiation in the last 12 months. Both incidents did not require reporting to the CQC and Health and safety executive.

## Are diagnostic imaging services effective?

Not sufficient evidence to rate

We inspected but did not rate effective in this service as we do not collect sufficient information to make a judgement. However, we found the following areas of good practice:

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**

- The service used a range of evidence-based guidance, legislation, policies and procedures to deliver care, treatment and support to patients.
- Staff had access to policies and guidelines through an online system. All the guidelines we reviewed were easily accessible through an online system and were up to date.
- We also saw paper and electronic copies of local protocols. These were in line with national guidance. Staff had easy access to them. The service had in date protocols and guidelines, and all had documented review dates. We saw staff had access to diagnostic reference levels that covered all the basic examinations performed.
- The centre had developed policies and procedures in line with statutory guidelines and best practice such as the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). The local rules were up to date and reflected the equipment, staff and practices at this centre. There was a signature sheet to confirm that staff had read and signed the local rules.

The provider's policies and procedures were subject to review by the radiation protection advisor and the medical physics expert, in line with IR(ME)R 2017 requirements.

- The service applied the Public Health England guidance on national diagnostic reference levels when setting their local diagnostic reference levels (DRLs).
- The service used image guided radiotherapy (IGRT) in the treatment of patients. They also used this in the planning of radiotherapy and it uses X-rays and scans, similar to computerised tomography (CT) scans. This technique targeted the area to be treated very accurately and reduced the risks of side-effects from radiotherapy.
- The service also used intensity modulated radiotherapy (IMRT) to make sure tumours received a higher dose and nearby healthy tissues received a lower dose of radiation. This helped reduce the long term side-effects of radiotherapy. This was in line with the 'gold standard' recommendations of the NHS commissioning clinical reference group.
- Staff planned and delivered radiotherapy service, care and treatment in line with current standards. They also nationally and internationally recognised evidence-based guidance to deliver the best possible outcomes for patients. The service used guidelines from the Royal College of Radiologists The timely Delivery of Radiotherapy: standards and guidelines for the management of unscheduled treatment interruptions.
- There were protocols for the delivery of radiotherapy which determined the amount of radiotherapy the patients received and the number of treatments (fractions) that the patient received. If a patient needed to be treated outside the protocol for any reason, the service made sure the multi-disciplinary team meeting agreed it before starting radiotherapy. A reason for this could be the patient had received radiotherapy before and needed a lower dose of radiation.
- The service undertook a local review to monitor patient outcomes in relation to radiation safety and





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imaging examination, completion of patient safety checklist and management of bookings and discharge arrangements. The service shared and discussed the results of the review at staff team meetings.

## Nutrition and hydration

### Staff gave patients enough food and drink to meet their needs and improve their health.

- The radiographers had access to the dietitians. For some patients, it is very important they do not lose weight during treatment and the dietitian could advise on diet and any dietary supplements for patients.
- Staff provided advice to patients undergoing radiotherapy the need to keep hydrated. We saw the availability of water dispensers in relevant areas throughout the department.
- Staff took account of individual patients needs such as patients with diabetes and frail patients when they had fasting examinations.
- A dietitian reviewed nutrition and hydration needs all head and neck oncology patients and patients undergoing pelvic radiotherapy, each week

## Pain relief

### Staff assessed and monitored patients regularly to see if they were in pain.

- The radiotherapy staff told us they contacted the consultant or the resident medical officer for safe pain relief such as contrast extravasation.

## Patient outcomes (diagnostic imaging specific only)

### Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other centres to learn from them.

- The annual radiation protection advisors audit in December 2018 found the service had fully complied with the current regulations, standards and reference guidance relating to the use of ionising radiations in diagnostic imaging. We saw the service had taken action to update the local rules to contain the current radio protection advisor identified as a recommendation from the audit report.

- The centre undertook internal diagnostic audit but recognised they did not audit the diagnostic reference levels and quality of scan images. They had therefore implemented audits to support the care and treatment they provided and informed us they were at the early stages. We saw they had an action plan for different teams to carry out the peer reviews and had developed a form to aid the process.
- The service held quality and safety, and radiation protection committee meetings to discuss radiation protection advisor reports, IR(ME)R regulations, radiation incidents, staff doses, radiation risks and equipment management reports. Minutes of these meetings confirmed the above issues were discussed at these meetings.
- Consultants reviewed patients during and after radiotherapy treatment. Radiotherapists reviewed patients at every attendance.
- The service provided GPs received an end of treatment report which included patient reported outcomes for all radiotherapy patients. Staff made follow-up calls to all patients two weeks after the end of their radiotherapy treatment. We were told the service regularly audited this and used the information to make improvements if required.
- Following the inspection, the provider told us the performance of Genesis Care UK of turnaround times of scans were all less than 24 hours. This meant the service issued all scan reports to all referrers within 24 hours of the reports being created. This allowed referrers timely access to the reports and made sure patients received the best possible care.
- The service had recently incorporated mortality and morbidity discussions in their clinical governance meetings.

## Competent staff

### The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

- Radiotherapy staff were trained in the use of the radiotherapy equipment and were registered with the

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Health Care Professions Council. The service lead told us that they worked with the education leads for other centres within Genesis Care, so they could access safe training and development.

- The centre had signed off all staff competencies for the radiographers. They stored these on the centre's electronic system under the relevant manager.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

- Consultants made sure they discussed patients undergoing radiotherapy treatment at the NHS trust which they accessed as part of their NHS practice. They made sure this has taken place at the point of referral to treatment, for patients undergoing radical radiotherapy.
- For further details, see information under this sub-heading in the outpatients' service section.

## Seven-day services

- See information under this sub-heading in the outpatients' service section.

## Health promotion

- See information under this sub-heading in the outpatients' service section.

## Consent and Mental Capacity Act

**Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.**

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the mental capacity to make decisions about their care.

Consultants gained consent from all patients for radiotherapy treatment. They explained the risks and benefits of all treatments before the patient gave consent for treatment. Consent was a two-stage

process and was checked again when the patient came for treatment. All radiotherapy treatment consent was site specific. We saw staff documented verbal consent before they started treatment.

## Are diagnostic imaging services caring?

Outstanding 

We rated caring as **outstanding**.

### Compassionate care

**Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**

- See information under this sub-heading in the outpatients' service section.

### Emotional support

**Staff provided emotional support to patients to minimise their distress.**

- See information under this sub-heading in the outpatients' service section.

### Understanding and involvement of patients and those close to them

**Staff involved patients and those close to them in decisions about their care and treatment.**

- See information under this sub-heading in the outpatients' service section.

## Are diagnostic imaging services responsive?

Outstanding 

We rated responsive as **outstanding**.

### Service delivery to meet the needs of local people

**The service planned and provided services in a way that met the needs of local people.**

- See information under this sub-heading in the outpatients' service section.



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## Meeting people's individual needs

### The service took account of patients' individual needs.

- The radiotherapy team met the patients and showed them round the department upon the receipt of referrals. This allowed the radiographers to identify any issues which could affect their treatment such as mobility issues. They could address any issues before the patients attended for treatment. This allowed the department to offer a personalised service. Relatives, carers and the children of patients were also invited to tour the department, if required.
- There was a quiet room just in the radiotherapy area. Staff told us that they had used this for patients who had been nervous before treatment so they could relax.
- For further details, see information under this sub-heading in the outpatients' service section.

## Access and flow

### Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with good practice.

- The centre provided a rapid diagnostic and assessment service and made sure the followed pathways, in line with the national cancer strategy.
- For further details, see information under this sub-heading in the outpatients' service section.

## Learning from complaints and concerns

### The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

- See information under this sub-heading in the outpatients' service section.

## Are diagnostic imaging services well-led?

Outstanding



We rated well-led as **outstanding**.

## Leaders

### Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

- See information under this sub-heading in the outpatients' service section.

## Vision and strategy

### The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.

- See information under this sub-heading in the outpatients' service section.

## Culture

### Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- See information under this sub-heading in the outpatients' service section.

## Governance

### Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- The centre did not report on scans, but they monitored the time they took to issue a report to the referrer. The service issued all reports to the referrers within 24 hours of the report being created.
- See information under this sub-heading in the outpatients' service section.

## Managing risks, issues and performance

### The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

- The service had acted on a recommendation from the radiation protection service performance reported in December 2018. Staff we spoke with understood their responsibilities under IR(ME)R and they followed the provider's procedures.



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- The service had business continuity plans to support sudden IT failures and power outages. Staff used 'prompt cards' to follow what actions they needed to take in such events.

## Managing information

**The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

- See information under this sub-heading in the outpatients' service section.

## Engagement

**The service engaged well with patients, staff, the public and local organisations to plan and manage safe services and collaborated with partner organisations effectively.**

- The centre leader/registered manager was the referral liaison lead. They engaged with referrers to address any issues they might raise to improve the service quality accordingly.
- For further details, see information under this sub-heading in the outpatients' service section.

## Learning, continuous improvement and innovation

**The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**

- Genesis Care UK were currently undertaking a clinical project which looked at late toxicity and long term clinical outcomes (local recurrence and biochemical progression) on patients undergoing pelvic radiotherapy.
- The provider also had plans to start a prospective cohort study of right breast radiotherapy using deep inspiration breath hold and surface guidance, a technique normally used for left breast cancers.
- Genesis Care UK radiotherapy centres contributed data from each patient episode to the national radiotherapy dataset. This included a patient's diagnosis and minimum dataset (stage, laterality and treatment area), treatment codes, treatment times and professional codes. The purpose of the standard is to collect consistent and comparable data across all NHS Acute trust providers of radiotherapy services in England to provide intelligence for service planning, commissioning, clinical practice and research and the operational provision of radiotherapy services across England.

# Outstanding practice and areas for improvement

## Outstanding practice

We found outstanding practice for caring in all the services we inspected.

- The services continually made sure patients received highly individualised care to support their treatment. For example, complementary therapies such as reflexology, massages, acupuncture to support treatment, and complimentary taxi transfers from home to the centre for patients undergoing treatment if required. The centre also provided specialised magazines to patients with a special

interest and occupied children with toys and games when they accompanied their parents. All patients we spoke with gave continual praise to staff who gave consistent emotional support.

- The culture across the services was exceptional. All staff were proud of the organisation they worked for. There was a high level of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring staff were listened to. Staff felt valued and enjoyed working at the centre.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The centre should make sure there was suitable flooring to the main corridor in the outpatient and diagnostic imaging departments, in line with their policy and the Department of Health's Health Building Note 00-09.

- The centre should make sure they had enough dedicated hand hygiene sinks in the chemotherapy suite, in line with their policy and the Department of Health's Health Building Note 00-09.