

# GenesisCare Windsor

## 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?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

#### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Overall summary

Genesis Care Windsor is operated by Genesis Cancer Care UK Limited. Services provided are clinical and therapeutic diagnostics, treatments and consultations.

The centre provides treatment to patients over 18 years old, this includes, chemotherapy, outpatient consultations and minor treatments such as lesion removal. The centre has a radiology department which provides diagnostic imaging to diagnose new cancers, this includes x-ray, ultrasound, fluoroscopy, computerised tomography (CT), positron emission tomography-computed tomography (PET-CT), a magnetic resonance imaging (MRI) and nuclear medicine.

The centre delivers therapeutic radiotherapy, involving the planning and delivery of radiotherapy treatments. The service had recently started to deliver a theranostics service which combines both therapy and diagnostics. The centre offers a Wellbeing centre and an exercise clinic.

There are no overnight beds.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 24 June to the 25 June 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 inadequate.

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 hospital was medicine. Where our findings on medicines', for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the medicines' service level.

We rated it as **Outstanding** overall.

- The service had enough staff to care for patients and keep them safe. The service controlled infection risk

well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learnt lessons from them. Staff collected safety information and used it to improve the service.

- Staff provided effective care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided exceptional emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback
- Leaders had the integrity, skills and abilities to run an outstanding service. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture.
- Leaders supported all their staff to develop their clinical and leadership skills. Managers across the centre promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

# Summary of findings

- There was a demonstrated commitment to best practice performance and risk management systems and processes.
- Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Medical care (including older people's care)</b>	Outstanding 	Medical care services were the main proportion of activity at the centre. We rated this service as outstanding in caring and well led and good in safe, effective, and responsive.
<b>Outpatients</b>	Outstanding 	Outpatient services were a very small proportion of hospital activity. The main service was medical care. Where arrangements were the same, we have reported findings in the medical service section. We rated well led as outstanding and safe and responsive as good. We were unable to rate caring and effective due to limited data and there were no patients in the department at the time of our inspection.
<b>Diagnostic imaging</b>	Good 	Diagnostic imaging services were a small proportion of hospital activity. The main service was medical care. Where arrangements were the same, we have reported findings in the medical service section. We rated well led as outstanding and safe, caring and responsive as good. We do not rate the effective domain.

# Summary of findings

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Outstanding



# Genesis Care. Windsor

**Services we looked at**

Medical care; Outpatients; Diagnostic imaging.

# Summary of this inspection

## Background to GenesisCare Windsor

GenesisCare Windsor is operated by Genesis Cancer Care UK Limited. The centre opened in January 2018 and is a private service in Windsor, Berkshire. The service primarily serves the communities of the Windsor area however, accepts patient referrals from outside the area.

The centre has had a registered manager in post since January 2018. At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in January 2019.

GenesisCare UK have treatment centres and clinics across the United Kingdom (UK), Australia and Spain. GenesisCare Windsor is one of 12 UK Genesis Cancer Treatment centres.

The centre has services across two floors. The ground floor has preparation rooms, quiet rooms and sub-waiting areas. It also has:

- One single linear accelerator (LINAC) which is intensity modulated radiotherapy (IMRT) assisted by image guided (IGRT), with surface guided (SGRT) and breath hold (DIBH) to accurately treat various types of cancers including prostate and breast.
- One positron emission tomography-computed tomography (PET-CT). This is a nuclear medicine technique which combines a PET and an x-ray CT scanner, to acquire a sequence of images from both devices in the same session, which are combined into a single superposed image.
- One magnetic resonance imaging (MRI) scanner, this type of scan uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.

The first floor contains four chemotherapy pods, seven consultation rooms, two treatment rooms, a recovery room, and a pharmacy dispensary. A medical oncology service provides systemic anti-cancer therapies (SACT) to patients with solid tumours.

The diagnostic suite has;

- One ultrasound scanner which uses high-frequency sound waves to create an image of part of the inside of the body.
- One x-ray machine. X-rays are a type of radiation which create pictures of the inside of the body.
- One fluoroscopy x-ray (not in use). Fluoroscopy is a study of moving body structures. Contrast dye moves through the part of the body being examined whilst a continuous X-ray beam is passed through the body part and sent to a video monitor so that the body part and its motion can be seen in detail.
- One echocardiogram. This gives a detailed view of the structures of the heart, and can show how well the heart is working, by sending out sound waves, which are reflected back by the muscles and tissues of the heart.
- One electrocardiogram (ECG) a test which measures the electrical activity of the heart.

The service also offers a free exercise clinic and a Wellbeing complimentary therapy and counselling service, supplied by a charity and funded by GenesisCare.

The centre opened in January 2018, this was its first inspection. We inspected the services which offered diagnostic and therapeutic radiography, the outpatients department and the chemotherapy unit and pharmacy services.

# Summary of this inspection

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one specialist advisor with expertise in oncology and one specialist advisor with experience in therapeutic radiology. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

## Information about GenesisCare Windsor

The centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

During the inspection, we visited all areas of the centre this included the wellbeing centre the exercise and the outpatients' clinics, the diagnostic imaging suite and the chemotherapy unit. However, during our inspection, the outpatients' department had no patients on the first day and was closed the second day of our inspection therefore we were unable to rate this service.

We spoke with 13 staff including registered nurses, health care assistants, reception staff, medical staff and senior managers. We spoke with nine patients and three relatives.

During our inspection, we reviewed four sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the centres first inspection since registration with CQC.

In the reporting period March 2018 to February 2019 there were 367 attendances of care recorded at the service; 100% patients were private funded through insurance.

Thirty oncologists, surgeons, physicians and radiologists worked at the centre under practising privileges. There was one regular resident medical officer (RMO) who attended the clinic on treatment days in chemotherapy, theranostics and contrast scans.

The service was run by one centre leader and employed two registered nurses, one health care assistant, five radiographers, one physiotherapist and five receptionist and administration staff. The centre also had its own small team of bank staff.

The wellbeing centre had a commercial agreement with Genesis Care to supply well-being services at the centre and was led by one staff member

Track record on safety

- No never events
- Clinical incidents. 32-no harm, 33-low harm, three-moderate harm, 0- severe harm 0-deaths
- No serious injuries
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) or Escherichia coli (E-Coli)
- Five complaints

### Services accredited by a national body:

- ISO accreditation for Oncology services
- Macmillan Quality Environment Mark Level Four

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

- Clinical and or non-clinical waste removal
- Cytotoxic drugs service
- Grounds Maintenance
- Laundry
- Maintenance of medical equipment

# Summary of this inspection

- Pathology and histology
- RMO provision
- Complementary treatments.

The chemotherapy nursing team provided a 24-hour telephone triage line for patients.

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

# 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 Good because:

- The service had good systems and processes to keep patients safe.
- Staff managed medicines safely and the service routinely monitored compliance.
- It was easy to track patients' care and treatment as records were well organised and maintained.
- Staffing levels were safe and staff had the right skills to care for patients.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- 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.

However

- Mandatory training was not completed by all members of staff

Good



### Are services effective?

Are services effective?

We rated it as Good because:

- The service provided care in accordance with evidence-based guidance.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Good



# Summary of this inspection

- 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.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

## Are services caring?

Are services caring?

We rated it as Outstanding because:

- The staff went above and beyond to ensure patients and relatives/carers received kind and compassionate care and provided a free wellbeing service.
- Feedback from patients continually confirmed that staff treated them well and with kindness.
- The centre had a calm, relaxed and friendly atmosphere contributing to the overall feeling of wellbeing.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- A free taxi service was also available for those patients undergoing daily treatment or feeling too unwell to drive and to take the pressure off family members.
- Staff continually provided emotional support to patients to minimise their distress. Staff we spoke with valued patient's emotional and social needs.
- Patients had their physical and psychological needs regularly assessed and addressed.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff worked hard to empower patients and their relatives, made sure patients and their relatives were active partners in their care

Outstanding



## Are services responsive?

Are services responsive?

We rated it as Good because:

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

Good



# Summary of this inspection

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service planned and provided care in a way that met the needs of local people. It also worked with others in the wider system and local organisations to plan care.
- The centre had a holistic and person-centred approach to care and worked with a charity who provided on-site complementary therapy services. This charity took a whole life approach to a patient's cancer treatment programme. This partnership enabled the centre to deliver highly personalised, holistic care based on a patient's individual needs.

## Are services well-led?

Are services well-led?

We rated it as Outstanding because:

- There was compassionate, inclusive and effective leadership at all levels.
- The centre leadership team was highly visible and supportive. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- Staff across all departments understood the service's vision and values, and how to apply them in their work.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- Leaders operated effective governance processes and used systems to manage performance effectively which enabled innovative, patient-centred cancer care within a safe and well governed framework.
- There was a demonstrated commitment to best practice performance and risk management systems and processes.
- 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
- GenesisCare UK recognised the importance of developing leadership for clinical and non clinical staff such as doctors and human resources staff. Staff across all GenesisCare centres were encouraged and supported to attend leadership programmes and courses.

Outstanding



# 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)	Good	Good	Outstanding	Good	Outstanding	Outstanding
Outpatients	Good	Not rated	Not rated	Good	Outstanding	Outstanding
Diagnostic imaging	Good	Not rated	Good	Good	Outstanding	Good
<b>Overall</b>	Good	Good	Outstanding	Good	Outstanding	Outstanding

### Notes

# Medical care (including older people's care)

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

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

Good 

We rated safe as **good**.

### Mandatory training

**The service provided mandatory training in key skills to all staff however not everyone in the centre had completed it.**

- Staff accessed their mandatory training by a mixture of e-learning and practical sessions and received mandatory training in a variety of topics such as basic life support, conflict resolution, infection control, duty of candour and fire safety. The centre set a compliance level of 100%.
- There were only two members employed in the chemotherapy unit at the time of our inspection, both were up to date with all their e-learning mandatory training, however neither had completed all their practical mandatory training requirements.
- Whilst two out of three members of the radiography department had fully completed all their e-learning requirements, the practical elements had not been fully completed by any of the team. One radiographer had only completed one out of five of the required elements.
- The service was supported by five non-clinical staff, only one of which was fully compliant with their e-learning and their practical mandatory training.

- We observed during the morning huddle that one team member had secured dates to attend a train the trainer course to be able to run the centres practical infection control mandatory training courses and improve their compliance.
- The centre employed a resident medical officer (RMOs) through an external agency. The RMO provided cover to the centre during the clinic hours. As part of their agreement it was the agency who provided the RMOs with the relevant mandatory training. The centre leaders monitored this and shared with us the RMO's most recent advanced life support (ALS) training certificate which we reviewed and was in date.
- Those staff with practicing privileges had to provide evidence of their appraisal from their substantive NHS trust employer and this included training and revalidation dates. This information was held on a database at the centre which when we reviewed showed all staff had provided in date information.

### 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 provided yearly safeguarding training as an online training package. Qualified staff received safeguarding adults and children level two. The staff in the chemotherapy and radiotherapy departments were fully compliant at the time of our inspection.
- Non-clinical staff received level one adult and children safeguarding training. Four out of the five non-clinical staff had completed both elements of the required training.



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

- The centre leader had been trained to safeguarding level two adults and children and safeguarding adults' level three practical.
- Staff knew the centre leader was the lead for safeguarding and knew how to contact the corporate safeguarding lead trained to level four safeguarding adult and children. This met the intercollegiate guidance for safeguarding children.
- Staff knew where to access the centres safeguarding policies and had easy access to electronic versions on the provider's internal intranet. The policies were in date, version controlled and reflected national guidance.
- The staff we spoke with had not been involved in any safeguarding issues at the time of our inspection. However, all those staff we spoke with demonstrated an understanding of their safeguarding responsibilities and procedures, which included female genital mutilation (FGM), in the event of any concerns. This aligned with the service's safeguarding policies for adults and children.
- There were no safeguarding concerns reported to CQC over 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.**

- The centre had in-date, version-controlled policies about effective infection control and hygiene processes. These policies included cytotoxic linen management, antimicrobial stewardship, and single use medical devices policy. Staff knew how to access these via the centres electronic system.
- Supplies of personal protective equipment (PPE), such as disposable gloves and aprons, were available in each department. We observed all staff used the correct PPE when providing care and treatment to patients.
- Equipment such as observation machines, trolleys and weighing scales were cleaned and a green 'I am clean'

sticker attached. Every area we visited used the same method and every piece of equipment we checked had a green label on it indicating it had been cleaned and was ready for use.

- We observed consistent infection control bare below the elbow and hand hygiene practice from staff in all the clinical areas we visited. This included hand washing in line with World Health Organisation standards and the use of hand gel.
- The centre carried out a six-monthly infection control audit which included an audit of the general environment, those areas cleaned by staff and cleaners and waste disposal. This was last completed in March 2019 and the centre was 100% compliant.
- Staff, patients and visitors had access to wall mounted and portable hand gel dispensers at the entrance to the centre, every department and relevant points throughout the department. We observed all staff used these.
- We reviewed the cleaning rota for the medical linear accelerator (LINAC) in the radiotherapy department, for the month of June and all areas were checked and cleaned every day.
- Hand hygiene audits were completed monthly and a light box observational audit completed annually. The hand hygiene results for May 2019 showed all staff were bare below the elbows and complied with good hand hygiene practice. The light box observational tool showed staff had the correct hand washing technique.
- Staff received e-learning and practical mandatory training in infection prevention and control, however not all members of staff had completed the practical element. This had been recognised and a plan had been put in place to train a member of the team to deliver this internal practical training.

### Environment and equipment

#### **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

- The facilities, environment and equipment were well maintained. All the areas we visited were spacious, light, airy and clutter free.



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

- The clinic had an open-plan reception/ waiting area on the ground floor and reception staff always present. Staff would be directed to the departments which all had waiting areas which were light, airy and visibly clean.
- Emergency trolleys, which included resuscitation equipment, were available. The trolleys were tamper-evident to reduce the risk of equipment being removed and not available in an emergency. Staff carried out daily and weekly checks of the equipment to ensure it was ready for use in an emergency. We checked three trolleys across the units and saw all were checked in line with policy and no dates had been missed for the month so far. We saw information was located with or above the trolleys, providing guidance for staff about the emergency procedures and action to take, such as sepsis.
- Stickers on equipment and machinery identified the last service date and when the next service was due. We examined eight items of equipment which had all been serviced or maintained within the last 12 months.
- In cleaning storage areas staff had ensured consumables were stored off the floor in line with national guidance.
- The LINAC had private areas for talking to patients and for coaching patients for deep inspiration breath hold radiation therapy.
- The LINAC had daily quality assurance processes to ensure the suite was safe for use. QA processes were completed daily by the lead of the departments. We reviewed the checks for the month of June for the LINAC, all were completed and passed.
- The radiotherapy suite had spacious lockable, private changing rooms with disability access and toilet facilities. The changing rooms had two-way entry/exit which allowed patients to enter the linear particle accelerator (LINAC) privately once changed. This meant they did not have to sit in the waiting room in their gown.
- In all areas we inspected staff complied with the Department of Health, Health Technical Memorandum 07/01, safe management of healthcare waste (2013). All waste was segregated in different coloured bags and posters were displayed explaining which item went into which waste stream. GenesisCare UK had a waste management standard operating policy which outlined to staff the processes and procedures to be followed to ensure compliance.
- Containers were provided for the safe disposal of sharp equipment, such as needles and cannulas. We observed these were labelled correctly on assembly and when ready for collection. None of the containers were overfilled, reducing the potential of needle stick injury.
- The clinic had service level agreements for cleaning schedules, building and medical equipment servicing and maintenance and waste collection.
- There was an in-date version-controlled health and safety management policy and a Control of Substances Hazardous to Health (COSHH) policy. Staff stored COSHH items securely in a locked cupboard.
- There were fire exit signs and fire extinguishers throughout the premises. All fire exits, and doors were kept clear and free from obstructions. The centre tested fire alarms weekly. Staff completed yearly mandatory fire safety training. All but one member of staff had completed their fire safety training.
- The facilities, environment and equipment were well maintained. All the areas we visited were spacious, light, airy and clutter free. The chemotherapy unit had recently received the Macmillan Quality Environment Mark (MQEM). The MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. It is the first assessment tool of its kind in the UK.
- The chemotherapy unit were trialling a new waste sealing unit which increased the safe and effective handling of hazardous waste, cytotoxic drugs and infectious waste, as well as odours and aerosols. This worked by sealing the waste in an airtight package. Staff told us this reduced risk of contamination, and as it suction packed items, it reduced their size and the amount of waste created.

### Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**



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

- The centre had a daily huddle led by the centre manager and attended by all staff. The huddle included all departments and discussed and identified a variety of quality and safety issues. During the morning huddle, the centre manager identified who was responsible for what role in the event of patient deterioration. Roles included resuscitation, airway, intravenous access, oxygen, runner and scribe. This meant that all staff knew their roles in the event of an emergency. Patient activity was also discussed, and any safety issues identified. Fire alarms were discussed and who was the fire marshal that day was shared with the team.
- Senior staff told us they planned their days around safe staffing and safe treatment of patients in emergency situations, such as metastatic spinal cord compression. If a situation arose such as an emergency referral then the leaders had the autonomy to make quick decisions to ensure emergency patients received prompt treatment. Team members were able to coordinate transport via private ambulances and taxi services and arrange out of hours treatment promptly. In the rare circumstance where the centre were unable to treat patients in an emergency, there were established pathways across the GenesisCare UK network as well as with local NHS hospitals to facilitate the safe transfer of patients.
- There were in date policies available to guide staff during clinical oncology emergencies such as metastatic spinal cord compression. This emergency would require prompt diagnosis and urgent treatment to prevent or reduce the risk of paraplegia.
- As required by the Health and Safety Executive (HSE) who regulate the Ionising Radiations Regulations 2017 (IRR99), all areas where medical radiation was used were required to have written and displayed local rules which set out a framework of work instructions for staff. These local rules were displayed throughout the department. All relevant staff had read and signed the local rules policy, which applied to all persons who could be exposed to ionising radiations.
- There were processes in place to ensure the right person received the right scan at the right time. Staff completed a six-point check of name, date of birth, address, body part, clinical information and previous imaging checks in line with the legal requirements of IR(ME)R to safeguard patients against experiencing the wrong investigations.
- The service had the support of an external radiation protection advisor (RPA) and an onsite radiation protection supervisor (RPS).
- The service followed their in-date resuscitation and emergency call policy if a patient deteriorated. The policy highlighted the procedure for staff to follow when dealing with a deteriorating patient. This included contacting the emergency services by calling 999, providing life support, and contacting the service to inform them of the patient's situation.
- Staff received teaching on sepsis during their Immediate Life support training and used the National Early Warning Score (NEWS) system to monitor patients who were deteriorating and to escalate care. They followed the sepsis six policy and the United Kingdom Oncology Nursing Society (UKONS) management framework for the initial management of an emergency.
- Staff used 'prompt' cards based on the 'situation, background, assessment and recommendation' tool. This prompted appropriate and effective communication as it focused the member of staff to discuss the situation, background, assessment and their recommendation (SBAR) during an emergency. The tool allowed effective and timely communication between individuals from different clinical backgrounds and templates were kept on the resuscitation trolleys.
- The centre was open from 8am to 5pm Monday to Friday, however the centre had a telephone hotline which operated 24-hour day, seven days a week. This was in line with UKONS guidelines.
- Patients and carers could access the service for advice and management on the side effects and complications of cancer treatments. All calls were triaged and documented on a log sheet and identified as either, needing advice, a 24 hour follow up or a need for urgent assessment.
- The 24-hour triage service was delivered by the two chemotherapy nurses on a rota basis. Activity from November 2018 to January 2019 showed that there were in total eight calls, three in business hours, three



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

out of hours and two after 10pm at night. If a member of staff was called several times overnight or for a long period of time, they would try to start work later the following day. The service monitored how its staff coped with these calls especially if they had to work the following day and were considering outsourcing this service.

- All patients who were in receipt of chemotherapy treatment were given a comprehensive cancer treatment record, endorsed by a cancer charity, called 'your cancer treatment record'. This booklet contained emergency clinic numbers, details about the patient's treatment, treatment records and patient information such as what to expect and side effects. This booklet was also a tool to update the GP or local emergency services should an emergency situation arise out of hours. Cancer support booklets endorsed by a cancer charity which explained cancer treatment and sepsis were given to all patients.
- All patients who were undergoing chemotherapy were given a national chemotherapy alert card. This informed patients to contact the 24hour alert line if they suffered from specific symptoms or present the card to anyone who was going to treat them.
- The centre had service level agreements (SLA) with a local NHS trust and were finalising another with a local private hospital in case of an emergency or need for admission. Both SLAs clearly defined the emergency admission pathway for those patients who had received systemic anti-cancer treatment (SATC), radiotherapy and theranostics under GenesisCare, Windsor.
- Staff in the chemotherapy unit and radiotherapy departments completed risk assessments for all patients such as the risk of venous thromboembolism, pressure ulcer and falls. We saw staff had completed and updated all risk assessments from the four sets of electronic records we reviewed. Patient's electronic records showed alerts for any identified clinical risks, such as falls or malnutrition.
- Staff in the exercise clinic completed a full assessment of their patient's pre-programme and this included a pre-exercise screening tool, a fatigue scale and the hospital anxiety and depression scale (HADS).
- Staff in the wellbeing centre undertook a holistic needs assessment of their patients. This was a process of

gathering and discussing information to develop an understanding of what the person living with and beyond cancer knows, understands and needs. This holistic assessment tool was focused on the whole person and their entire well-being was discussed.

### Staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

- The chemotherapy unit was led by one part time lead chemotherapy nurse (0.7 WTE) supported by one full time senior nurse (1 WTE). The service lead told us they would be recruiting one senior chemotherapy nurse.
- The chemotherapy unit was supported by 1.6 whole time equivalent (WTE) receptionists based at the main reception and 1.8 WTE patient administrators
- We attended the daily huddle which was co-ordinated by the centre leader and attended by all staff. During this meeting staffing for all departments was discussed and any issues identified.
- Weekly operational calls with the director of operations, centre leaders and function leads, supported any additional requirements or changes in planned activity. Staffing was discussed and if necessary staff came from other centres to work.
- Staff told us that the current staffing levels were safe for the services delivered. Whilst the centre planned to increase activity, this would only happen alongside the successful recruitment of more specialist staff.
- Therapeutic radiography was led by one lead WTE radiographer and two senior radiographers

### Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.**



# Medical care (including older people's care)

- The centre had access to agency resident medical officers (RMO). The agency had a service level agreement with the service which made sure RMOs had the skills and competencies to perform their role such as mandatory training and revalidation. GenesisCare UK also required that all RMOs must have completed The Resuscitation Council (UK), Advanced Life Support (ALS) training. We saw the latest certificate for the RMO who was in the centre during our inspection which was in date.
- Staff told us the RMOs were given a full induction to the centre and this included a health and safety induction.
- RMOs were not routinely in the building and were on site during treatment days, during theranostics and contrast scans.
- At the time of our inspection the centre had 30 physicians working under practising privileges. Practising privileges are an authority granted to a physician by a hospital governing board to provide patient care. The medical advisory committee (MAC) monitored all staff with practicing privileges. The centre raised and reported any concerns, including competencies, about consultants through the MAC.
- Practising privileges were monitored and tracked on a centre compliance sheet and a specific member of staff would contact any physician whose requirements were out of date or near renewal. We reviewed the spreadsheet and saw one physician had an indemnity nearly due for renewal, the centre leader told us this person would have been written to and would not be able to work once this had lapsed.

## Records

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

- The centre used an electronic care records system and only authorised staff could access these with a secure password through the centre's online system. Senior staff told us that passwords were managed centrally for security.
- Some paper records of patient contact details and chemotherapy treatments were kept securely onsite.

This meant that in the event of a network outage staff would be able to proceed with treatment as a paper copy of the approved prescription would be held in addition to the patient record.

- All consultants with practicing privileges had remote access to the electronic system if they were to see a patient elsewhere. Therefore, reducing the need for hard copies of patient records to be taken offsite. The centre told us that some consultants kept their own patient records and took responsibility for the storage and transportation of these. Consultants were registered independently with the Information Commissioners Office (ICO), which is the independent regulatory office in charge of upholding information rights in the interest of the public.
- We reviewed four sets of electronic records which showed staff had fully completed them, were legible, up to date and stored securely. Each record contained a personalised care plan and safely updated risk assessments such as the risk of venous thromboembolism, pressure ulcer and falls. And for those patients undergoing chemotherapy, a toxicity assessment.
- The radiotherapy department used an electronic record and verify system which was used all along the patient pathway and inter departmentally so that all members of the multi-disciplinary team could access patient information and review what treatment scan was required or had been completed.
- Radiotherapy treatment would not be possible in the event of network outage as the record-and-verify system would not operate under those conditions. The centre would refer to the local in-date business continuity plan should an incident occur.

## Medicines

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

- The centre did not keep controlled drugs.
- The chemotherapy suite had four individual 'pods', staffed by a two chemotherapy trained nurses. This team delivered vascular injectable and oral systemic anti-cancer therapy (SACT) to patients. The service was supported by a pharmacy team who screened



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

prescriptions and checked and issued SACT products, which were all prescribed using an electronic prescribing platform and ordered from an external supplier.

- The pharmacy team had one on site full-time technician, one bank oncology specialist pharmacist and was overseen by the services principal pharmacist. The service was in the process of recruiting a permanent on-site oncology pharmacist.
- A member of the pharmacy team met with patients and their relatives prior to the start of their treatments, to help build the treatment plan. During this meeting treatment and side effects experienced during previous cycles were discussed and altered where necessary.
- The pharmacy team built the treatment regime prescribed by the consultants. The pharmacy department had a comprehensive validation process for the management of chemotherapy prescriptions. This included checking the correct drug was prescribed with the right indication, that the drug was tailored to the patient's specific parameters, such as renal function, weight and body surface. Part of the process was to verify patient consent, check a referral was in place and to check that the insurance company had agreed the treatment plan.
- Once this regime had been built it was checked and confirmed by the consultant and the principal pharmacist, approved electronically and validated.
- Each chemotherapy medication was stored in a patient specific box. We saw one box with medication made up for a patient, this was locked away in the dispensary and had a certificate of conformance to say it had been validated.
- There was a version-controlled medicines management policy which was in the process of being reviewed as it had expired at the end of May 2019. This policy explained the roles of the medicines management committee (MMC), classification of medicines and that no GenesisCare UK sites were registered to hold controlled drugs.
- Staff used an electronic chemotherapy prescribing system; patients and staff could only update the system when logged in through a secure password. We did not see any medicines given during our inspection.
- We reviewed one prescription for take home medications which clearly stated no known drug allergies, what medications should be taken when, what they were for, such as stomach protection and additional information such as take on an empty stomach.
- Medication cupboards in the dispensary were clearly labelled and locked inside a locked room. The chemotherapy unit had an extravasation kit and the dispensary kept a second line chemotherapy emergency box and an extravasation kit should the unit use theirs. This ensured there was always emergency treatment on site. Extravasation occurs when intravenously infused, and potentially damaging, medications leak into the extravascular tissue around the site of an infusion.
- We observed how the pharmacy technician scanned new medicines in line with Falsified Medicines Directive Legislation, which came into force in January 2019. This aimed to increase the security of the manufacturing and delivery of medicines across Europe.

### 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.**

- GenesisCare UK had an in-date, version-controlled incident, accident and near miss policy which staff accessed electronically.
- Staff showed a good understanding of incident reporting and told us how they would raise an incident using the electronic reporting system. All staff we spoke with confirmed the service encouraged staff to report all incidents. The senior team told us there had been an increase in clinical and non-clinical reported incidents which demonstrated a positive reporting culture.
- The centre had a daily staff huddle, during which any incidents from the previous day were discussed.
- The service reported
  - No deaths or major incidences,



# Medical care (including older people's care)

- No reportable incidents had occurred during the reporting period.
- 3 moderate incidents
- 33 non-clinical incidents,
- 33 low harm,
- 32 no harm incidents,
- Incidents were discussed during the monthly team meetings, the senior management team meetings and then at corporate level at the quality and safety monthly meeting. We saw how a root cause analysis (RCA) was discussed at the quality and safety meeting and learning shared across all the centres. When root cause analysis (RCA), were completed they included findings, contributing factors, recommendations and were signed off by the head of the department, centre manager, quality manager and the chief medical officer.
- There was one RCA for radiotherapy;
  - In January 2019 radiographers had not followed the documented procedures when calibrating the patient dose and did not set the calibrator to the correct isotope. The RCA showed a lack of clinical supervision of the radiographer in training. This required policies to be updated and a new policy and procedure around training for clinical supervision, work to understand competency levels was implemented.
- All staff understood the 'duty of candour' and described their responsibility related to it. The duty of candour is the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided.
- The medicines management committee met quarterly and this meeting was attended by all pharmacists and department leads from the genesis UK centre. We reviewed the minutes from May 2019 meeting and saw that incidents were a standardised agenda item.

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

Good



We rated medical care as **good**.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. 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. Chemotherapy treatments were based on the United Kingdom Oncology Nursing Society (UKONS).
- Staff we spoke with and patient records showed staff followed NICE guidance on falls prevention, cytotoxic medicines, pressure area care and venous thromboembolism.
- Staff had access to policies and operating procedures through an online system. We reviewed some of these and all were version controlled, in date and easily accessible.
- Staff had access to policies and standard operating procedures (SOPs) covering cytotoxic medicines, which included ordering, preparation, prescription, administration and disposal. Staff described they followed the clear guidelines in handling these medicines.
- The centre had an exercise clinic which offered and prescribed exercise to its patients as a medicine. This was to reduce the risk of cancer re-occurring, reduce side effects and help some therapies to work better. The benefits of this programme were
  - Improve the effectiveness of treatment,
  - Increase muscle mass,
  - Reduce fatigue,
  - Help the body to produce healing chemicals,
  - Improve mental health,



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

- Limit side effects of chemotherapy,
- Help patients to recover.
- An electronic platform supported the clinic which enabled patients to access a tailored exercise regime based on cancer specific exercises. This platform also allowed the clinic lead to monitor patient adherence to the regimes and collect data relating to the exercises completed by the patient.
- Clinical research and trials were offered to patients and there were systems and processes in place to ensure these were safe. Peer reviewed clinical protocols were available for diagnostic tests. Any trials and cases which fell outside clinical protocols were referred to the clinical advisory team who held virtual peer review meetings in collaboration with clinicians to discuss the evidence behind protocol deviations. The final decision was documented in patients' electronic medical record
- The chemotherapy team told us they were taking part in a 12-month pilot study to assess the effectiveness of hand and foot cooling in preventing the symptoms of chemotherapy induced peripheral neuropathy (CIPN). This condition is a common side effect of many forms of chemotherapy and can have a negative impact on the quality of life for cancer survivors. Side effects include numbness, decreased sensation, pain (of various intensities in the extremities), gait/balance problems, and difficulty with fine motor skills of the hands and fingers. When CIPN becomes intolerable, optimal doses of chemotherapy must be reduced or discontinued, which may affect a patient's overall survival. The trial involved using a device to deliver cooling treatments to hands and feet and the team were passionate about the benefits this had for their patients and the support they had from GenesisCare senior leadership to complete this trial. The trial was due to conclude in September 2019; therefore, outcomes had not yet been concluded, however staff told us feedback was so far positive. Staff said they felt if their results were positive then this would be a treatment option for all future patients.
- GenesisCare UK were leading on a clinical project for patients undergoing pelvic radiotherapy and were also ready to start a study of right breast radiotherapy using deep inspiration breath hold and surface guidance, a technique normally used for left breast cancers. This was due to start at the time of our inspection.
- Patients who took part in clinical trials within GenesisCare were followed up long-term by the clinical and research teams and long-term results were documented as per trial requirements.
- The centre had installed a Surface Guided Radiotherapy Treatment (SGRT) system which used a system of cameras to monitor patient movement during treatment. This piece of equipment meant the centre could provide tattoo-less treatment. Staff told us this was a positive for many patients who viewed their tattoos as a constant reminder of their radiotherapy treatment.
- The SGRT system also enabled the centre to use 'faceless' shells for head and neck treatments radiotherapy treatment. This, staff told us was a much nicer experience for patients as they no longer needed to wear full face masks and could open their eyes and feel less restricted
- The service used image guided radiotherapy (IGRT) which is the use of imaging during radiation therapy to improve the precision and accuracy of treatment delivery. IGRT is used to treat tumours in areas of the body that move, such as the lungs. This technique targeted the area to be treated, accurately and reduced the risks of side-effects from radiotherapy.
- Patients could also access intensity-modulated radiation therapy (IMRT) which helped reduce long-term side-effects of radiotherapy. This was in line with the 'gold standard' recommendations of the NHS commissioning clinical reference group. IMRT is an advanced type of radiation therapy used to treat cancer and noncancerous tumours. IMRT uses advanced technology to manipulate photon and proton beams of radiation to conform to the shape of a tumour.
- GenesisCare UK had developed its own performance database which collected quality and performance data. This enabled internal performance benchmarking across all 12 UK centres sites. Information included patient satisfaction, incidents, complaints, concerns and compliments. They had plans to add information such as infection, falls and venous thromboembolism rates.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs when patients.**



# Medical care (including older people's care)

- All patients who attended the clinic had access to the dietetic service if required.
- Patients undergoing pelvic radiotherapy were reviewed weekly by the clinical team who recorded their nutrition and weight status.
- Nurses reviewed patients' blood results before proceeding with chemotherapy and any evidence of dehydration would be escalated to the RMO on-site who would prescribe fluids.
- The centre had a refreshment dispenser which patients and visitors could access coffee, tea, water and biscuits.
- 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.
- Patients were offered sandwiches, snacks and drinks if they need to stay in the department between their injection and scan. The chemotherapy suite had a selection of snacks they felt those patients who received chemotherapy may prefer such as soups and energy bars.
- The exercise clinic completed a diet analysis three days prior to a patient's initial assessment. This information was analysed so staff could recommend increased food intake of certain food groups, vitamins, minerals and water.

## Pain relief

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

- Staff used a numerical pain score to assess patients' pain and would have pain killers prescribed when necessary. However, as the centre did not keep controlled drugs, if a patient's pain required urgent attention, the RMO or pharmacist would contact the patient's clinician and/or GP for an urgent pain medication review.
- Staff in the chemotherapy unit recognised that for some patient's arriving at the centre, getting out of the car and

being wheeled up the ramp could be uncomfortable and painful. Staff did not wait for patients to arrive inside the centre but cared for them as soon as they arrived in the carpark. Nursing staff administered a prescribed pain-relieving gas (gas and air) to settle patients after an uncomfortable journey into the centre.

- The centres' radiographers were competent in performing daily reviews and liaised with the RMO, the oncologist, the local hospice or GP, if patients required medical attention for symptom control. All patients attending radiotherapy had a radiographer review which included pain level and toxicities. These were recorded electronically.

## Patient outcomes

### Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- Monthly performance reviews included quality measures such as complaints, concerns, compliments and the centres' net promoter score (which represented patient satisfaction). The number of incidents and which department they occurred in were monitored alongside, severity, status (open or closed) and any trends or support required.
- The radiotherapy unit contributed data from each patient episode to the National Radiotherapy Dataset (RTDS). The purpose of the standard was to collect consistent and comparable data across providers of radiotherapy services in England. This would provide intelligence for service planning, commissioning, clinical practice and research and the operational provision of radiotherapy services across England.
- The centre collected Patient Reported Outcome Measures to monitor patient progress, facilitate communication between professionals and patients and help to improve the quality of health services. At the time of our inspection PROMS were collected pre and post therapies for those patients attending the wellbeing centre. Patients were asked to complete questionnaires on their health and quality of life and findings showed improvements in patients' main cancer related concerns and wellbeing. Results showed 78% of patients reported that the wellbeing service helped with



# Medical care (including older people's care)

cancer treatment side effects. Furthermore, one key theme from this data showed patients appreciated being treated holistically and like a person rather than a patient.

- The exercise clinic which was relatively new to the centre was not audited fully at the time of our inspection. However, assessments and discharge reports were completed for patients at their first chemotherapy appointment and on discharge. We reviewed four of these reports which all showed enormous health gains post exercise treatments.
- The centre also reported outcomes during radiotherapy and chemotherapy treatment using toxicity scoring tools. Toxicities greater than grade 2 were added to the electronic incidence reporting system and audited monthly by the clinical governance team.
- The centre had recently registered to contribute 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.
- The chemotherapy unit submitted Systemic Anticancer Chemotherapy (SATC) data. The SACT dataset collects systemic anti-cancer therapy activity from providers and the world's first comprehensive database, which enabled treatment patterns and outcomes to be understood on a national scale.
- All patients received a follow up call two weeks after the end of treatment which was audited. All this information including the PROMs data contributed to the chemotherapy patients end of treatment reports which patients and their GP received. Patients were discharged following treatment from the oncologist back to the referring surgeon and long-term results were audited by them.
- The centre had an audit schedule to identify, monitor and drive quality improvement. Audits included, confidentiality, consent, control of substances hazardous to health (COSHH), health and safety, display screen equipment (DSW), infection control, medical gas security and medicines management. Out of the 24 areas of audit, 14 reached 100% compliance and the remainder had achieved an amber status all of which were 75% and above.

- For those areas which failed audits, action plans were developed. We reviewed the action plan for the medical gas security which had achieved 84% compliance and saw an action plan to improve training and a policy review was underway.

## 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 2018 and July 2019, 100% of medical staff, nursing staff and healthcare assistants had completed their appraisals.
- Staff reported they received clinical supervision each month or sooner when required.
- Nurses in the chemotherapy department were expected to and had completed competencies and nationally recognised specialist training in the administration of chemotherapy treatment.
- Radiographers were trained to assess needs and provide supportive treatments such as mouthwashes and skin emollients for symptomatic control.
- New consultants and RMOs underwent a registration process to be granted practising privileges and received an annual review to ensure their practice remained safe and within scope. The centres registered manager was responsible for the annual review of clinician practising privileges and responsible for advising the medical advisory board (MAC) if there were any concerns. This ensured clinicians continued to practice within scope, have up to date documentation and there were no issues with integrity or competence.
- All staff including bank members received an induction programme. New starters and bank staff all completed a health and safety induction checklist the first day they started their job, and this ensured they knew what to do in an emergency. This included for example, radiation safety, and COSHH. Permanent staff received a comprehensive induction process and completed a 60-day induction programme called the 60 day road map, the GenesisCare new employee experience.

## Multidisciplinary working



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

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

- Multidisciplinary meetings (MDT) to plan the treatment pathways for patients were the consultant oncologist's responsibility. Consultants arranged for patients to be discussed at the consultants own NHS trust MDT, which they accessed as part of their NHS practice.
- The centre told us that to improve the MDT process, an electronic MDT platform was being piloted at another Genesis Care site. The intention was for this to be rolled out to other centres to facilitate the development of in-house Genesis Care MDT meetings.
- Staff told us they worked well with the consultants and could contact them at any time if they had concerns about their patients.
- Staff worked hard to provide a fully MDT approach to patients care and treatment. All the centre staff referred and encouraged patients to take advantage of the exercise clinic and the wellbeing centre.
- Weekly patient treatment reviews were completed by the radiographers and this included referrals to and information from dieticians, speech and language therapy and specialist breast care nursing support. Staff told us there were good links with other Genesis Care centres to offer specialist nurse support.

### Seven-day services

- The centre did not provide overnight beds and opened from Monday to Friday from 8am to 5pm. Outside these hours, the centre provided a 24-hour triage line to support cancer patients

### Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

- Health promotion leaflets were displayed in relevant areas throughout the centre these included healthy eating and advice on stopping smoking.

### 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. At the time of our inspection seven out of the nine members of staff had completed their mental capacity practical training and 100% of staff had completed their patient e-learning consent training.
- Whilst staff had received training on mental capacity they said they would not be likely to see patients with mental capacity issues in their service as they would be seen at the local NHS trust. However, should they have concerns about a patient's mental health or capacity to consent verbally to investigations they would discuss this with the centre manager and the consultant.
- Consent was a two-stage process and was checked again when the patient came for any form of investigation or treatment, this was signed by the patient and radiographer, scanned and uploaded to the electronic system.
- The centre completed a yearly consent audit and scored 100% in June 2019.

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



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.**

- Feedback from people who used the service, was consistently positive about the way staff treated people. Patients told us that staff went the extra mile and their care and support exceeded their expectations.
- Patients and their carers needs were recognised and provided for, before they arrived at the centre. A free taxi



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

service was available for those patients undergoing daily treatment or feeling too unwell to drive and to take the pressure off family members. Staff had recognised that the journey from the car park up the steps and into the centre could be painful for some patients. A ramp was provided to cover the bumps in the pavement and staff would administer a pain-relieving gas (gas and air) to make the short journey more comfortable.

- We observed all patients were treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty in line with NICE QS15, Patient experience in adult NHS services, Statement 1. This was reflected in how the centre was designed which ensured that people's privacy and dignity needs were understood and always respected, including during physical or intimate care and examinations. Staff were highly motivated to provide care that was kind and offered dignity and respect. 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. The clinic had private changing areas for all its departments. In some areas patients could either exit one way into the waiting room and or stay in the changing room until it was time for their appointment and exit directly to the treatment area. This meant they did not have to sit in the waiting room.
- Patients emotional and social needs were seen as just as important as their physical needs. Free complementary therapies were offered to patients, at the wellbeing clinic. We spoke with one patient who was initially very sceptical about therapies. However, after an initial appointment with the wellbeing consultant and the information given the patient was 'impressed by the whole experience'. Another patient told us the atmosphere was calm and serene, and all staff were 'professional, caring and approachable'. We spoke with another patient who had received reflexology who said, 'it was a lovely facility, staff were very professional, they could not ask for better'.
- Interactions between staff, patients and visitors were respectful and considerate. We observed that all staff introduced themselves to their patients in line with NICE

QS15, Statement 3. The centre had designated quiet rooms where staff, patients and their relatives could have private conversations or wait for treatments away from the waiting areas.

- Patients could have a chaperone and there were posters and laminated leaflets displayed across all the departments informing patients about their availability.
- The centre had a calm, relaxed and friendly atmosphere contributing to the overall feeling of wellbeing. Staff told us that there was a choice of music during treatments, there was access to television with movie channels, board games and jigsaws, in the treatment rooms and waiting areas.
- Patients across all the departments completed satisfaction surveys and results were analysed and actions taken. In the exercise suite patient satisfaction questionnaire prompted a review of the booking process which was adjusted.
- For those patients who were attending the exercise suite the service had recently secured discounted rates at a local gym.

### Emotional support

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

- Patients individual needs and preferences were always reflected in how their care was delivered. Patients physical and psychological needs were regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety. This was in line with National Institute for Health and Care Excellence, QS15 Patient experience in adult NHS services, Statement 10.
- Throughout all the patient and relative interactions, from reception through to discharge we observed how staff understood the impact a person's care, treatment or condition could have on their wellbeing, both emotionally and socially. This was evident from the complimentary wellbeing service delivered to patients and their relatives, the taxi service to relieve the burden of driving, and personalised care plans with patient centred goals such as the ability to run after the dog.



# Medical care (including older people's care)

- The patients we spoke with in the departments were overwhelmingly positive about the department and the staff. We spoke with one patient who told us staff were 'very efficient, lovely, I have total confidence in them'. One other patient told us how they went above and beyond to accommodate their treatment when one of the machines had a problem, whilst this was fixed almost immediately, staff had alternative plans and a taxi arranged to attend another clinic.
- All the patients we spoke with told us staff gave them support and time to discuss their treatment. One patient told us 'the people make it, they put their heart and soul into this work'

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

### Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- Patients and their relatives were empowered to be active partners in their care. Patients and their relatives told us they found all the staff reassuring and they received good explanations about their care. They said there was always time during the appointment and that they were never rushed.
- All patients and relatives were involved in the development of their 'plan of care'. These plans included relevant up-to-date information to support patients' understanding of their care and included treatments, therapies and exercise.
- Patients told us they were satisfied with the verbal and documented 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. Patients found it a comfort to have a 24-hour helpline and that they knew the nurse on the end of the phone was reassuring.
- 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' wellbeing.
- The centre used feedback collected from the complementary therapy sessions and exercise classes to further improve the experience of patients and those close to them.

- Staff also signposted patients to other services when required and had strong links with the local hospice and NHS Trust.

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

Good



We rated responsive as **good**.

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

#### The service planned and provided care in a way that met the needs of local population. It also worked with others in the wider system and local organisations to plan care.

- The services provided reflected the needs of the population and ensured flexibility, choice and continuity of care. Staff worked around their patients work and family commitments to offer treatments.
- The staff on the chemotherapy unit worked with the local NHS Trust and a local private provider to ensure safe patient referral in the event of a patient's deterioration or need to be admitted into the inpatient's unit.
- Staff would also contact and work alongside the local hospice to ensure patients were supported in the community and there was continuity of care.
- The service continually ensured the clinic met patients' needs, patient opinion was gathered through a variety of channels – patient focus groups, informal verbal feedback, patient experience survey and patient complaints. This feedback was discussed at group, centre and team meetings and used to inform service improvement and redesign projects.
- The facilities and premises were appropriate for the services delivered. There was ample private parking for patients, staff and their relatives and a taxi service free of charge. The centre was light and airy with consultation rooms, treatment rooms, a recovery room and plenty of quiet/ private areas for patients to sit. Drinks machines were available on each floor.



# Medical care (including older people's care)

- All rooms were clearly identified and had signs indicating when a room was occupied. Toilets had clear signs, and each had an alarm bell to call for staff.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

- Staff ensured arrangements were put in place to take account of individual needs of people being discharged. For example, a patient had complex pain issues and the staff contacted the local hospice and arranged a home visit to review symptom management.
- Patients and their carers could have a tour around the department during their pre-treatment appointment.
- The centre had an induction loop for hard of hearing patients and clear signage throughout, disabled parking and wheelchair access throughout. There were lifts to reach each floor and space in the changing rooms for wheelchair users.
- Translation services were available, however staff told us they had never required this service. Written information was available in large print and easy read materials could be obtained when required
- The centre had business support staff who helped patients understand their private medical insurance.
- Specialist equipment such as 'cold caps' (scalp cooling treatment), were available and a recent trial for peripheral neuropathy was in the process of being completed. Information leaflets about wig services was available throughout the centre.
- The centre was designed with the needs of its patients in mind and there was adequate space for private consultations. The service had a lead and senior chemotherapy nurse who would be available during this time and were in the process of advertising for further senior nurses as the service grew and expanded.

- The centre had a holistic and person-centred approach to care and worked with 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.

- Weekly patient treatment reviews were completed by the radiographers and this included referrals to and information from dieticians, speech and language therapy (SALT) and specialist breast care nursing support. Staff told us there were good links with other GenesisCare centres to offer specialist nurse support.

- There was effective verbal and electronic communication between the physiotherapist in the exercise department and the radiographers to ensure that a patient exercise plan did not impact on radiotherapy treatments.

- Feedback from patients and carers was used to shape the services and provision of care and treatment at the centre. All patients who finished their treatment pathway were asked to complete a comprehensive questionnaire, the information from this is collated onto a dashboard to centre leaders and shared with staff during monthly staff meetings. Free text commentary was also shared with the hope this would open a topic for a focus group discussion in the centre to improve practice.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

- Detailed reporting on 'time to treat' was a key performance indicator for GenesisCare Windsor, as well as at a wider corporate level. The centre dashboard identified trends and outliers, and benchmarking against internal key performance indicators (KPIs) as well as against national guidelines. We reviewed the dashboard from January to June 2019 where detailed reporting was undertaken at each step in the booking process, as well as at an individual doctor level. The centre assessment to treatment time was 6.6 days, compared to 7.7 days nationally.
- The service used data in dashboard reports such as 'time to treat' to support the development of improved pathways for their patients. Technology to improve responsiveness had recently been implemented in the



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

form of a messaging service for doctors. This went live with Radiotherapy and informed doctors of three key stages in a patients pathway. When the CT appointment was booked, when the CT scan was ready to contour and when the plan for the treatment was ready to review. This improved the pathway time for patients which, prior to inspection had been over 10 days and at the time of inspection was 7.8 days.

- Time to treat' performance was discussed in multiple forums, this included the weekly centre leader dashboard meetings, monthly operations meetings and one-to-one reviews with the centre team.
- The centre monitored patient wait times once they had arrived at the centre. This information was tracked on the centre dashboard and showed the month of April 2019 that most patients were seen either as soon as they arrived or within five minutes of arrival.
- The service contacted patients within an hour to discover the reason for non-attendance, if a patient failed to attend their clinic appointment.
- There were three cancelled procedures within the reporting period of March 2018 to February 2019. Of these cancellations 67% of patients were offered another appointment within 28 days of cancellation.

### Learning from complaints and concerns

#### It was easy for people to give feedback and raise concerns about care received.

- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The service received five complaints in the reporting period from March 2018 to February 2019 to November 2018. None of these had been reported to the ISCAS (Independent Healthcare Sector Complaints Adjudication Service). We did not receive information about which service these were attributed to.
- Complaints and lessons learned were shared at the daily huddle to inform staff if there were any open, needing investigation or had closed and then more in depth at the monthly senior management team meeting. There was also the opportunity to discuss any complaints and learning for the wider team at either the

monthly operational meeting or the monthly safety and quality committee meeting. Staff told us of recent changes, after a complaint was made on how the reception team welcomed patients into the building. This was discussed as a team in terms of language and expectation and a format agreed. Senior staff told us that they planned to arrange either in-house or external customer service training.

- A poster was displayed in the reception area informing patients how to make a complaint.
- Staff had access to the GenesisCare UK corporate concerns and complaints policy which was in date and version controlled. Staff told us they would refer to this policy should they have a complaint but would try to resolve a complaint at local level before it was escalated.
- The registered manager of the centre, the operations director and the quality manager were all responsible for the oversight and management of complaints. The centre reported all complaints to the corporate's chief medical officer. The team worked in collaboration to ensure patients were informed, lessons learned and that the complaint was managed in line with policies for example, closed within 21 days.

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

Outstanding



We rated well led as **outstanding**.

#### Leadership

**Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.**



# Medical care (including older people's care)

- There was compassionate, inclusive and effective leadership at all levels. The centre had a clear accountability and leadership structure. Managers at all levels had the right skills and abilities to run the service providing high-quality sustainable care
- The centre had dedicated leads for each clinical service who reported to the centre leader. The centre leader reported to the Director of Operations who sat within the GenesisCare UK Leadership Team.
- The centre leader was highly visible and worked alongside staff to address any immediate issues that challenged the centre, such as demand and capacity. To achieve this the centre leader held a daily stand-up huddle to trouble shoot any issues and problem-solve for that day. Staff told us they liked the morning huddle, it ensured safety issues were identified and risks reduced.
- There was a system of leadership development and succession planning for all members of the team. Staff at the centre told us they had been supported to attend courses and develop their skills. These courses ran over several months and combined workshops, coaching and individual quality improvement projects. GenesisCare UK had also invested in training clinicians to evolve into frontline leaders in the NHS and private sector through a Consultant Leader Course.
- Senior staff at the centre had been supported to attend a week long residential course designed to enable participants to be more effective within their role, while supporting succession planning and talent development. 360° feedback was undertaken during the programme, with a six month action plan and regular feedback sessions. We were told two further members of the Windsor team had been nominated to attend the second intake of the course in November 2019.
- GenesisCare UK had a vision to create great care experiences and to get the best possible life outcomes for patient, this was underpinned by four key values:
  - Empathy for all
  - Partnership for all
  - Innovation every day
  - Bravery to have a go
- To achieve this vision all GenesisCare UK centres had their own strategy which fitted in with GenesisCare UK overarching 'Service of the Future' (SOF). The SOF was an innovative, continuous development and improvement strategy which allowed centres to define best practice and adopt new innovations specific to their centres and monitor their strategy. SOF linked to work streams under three pillars;
  - Quality
  - Access
  - Efficiency
- The SOF strategy was co-created following staff engagement across the whole business, led by a designated SOF lead whose responsibility it was to work with the centre leaders, drive the strategy and ensure engagement at all levels within the organisation. A face to face roadshow was run as an opportunity for every member of the GenesisCare Windsor team to feed into the patients' care pathway.
- One of the key aims was to grow the service for GenesisCare Windsor and this included building the name and recruiting more specialists.
- GenesisCare UK invested in training clinicians to evolve into frontline leaders in the NHS and private sector through a Consultant Leader Course; this underpinned their mission to become the outstanding and preferred UK oncology provider and employer.

## Vision and strategy

**The centre had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**



# Medical care (including older people's care)

- Managers across the centre promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- There were high levels of satisfaction reported, as staff said they really enjoyed working at the centre and told us of how they felt valued by the company and their local leader. Staff gave us many examples of how this was shown such as family fun days, service of the future, off site meetings, weekly staff fruit delivery and gift vouchers for recognition of hard work. Staff also told us that when the chief executive officer visited the country and the centre he spent time with all the team discussing their thoughts and ideas on service delivery and improvement.
- Staff were involved in the development of the Service of the Future (SOF) and were encouraged to sign up for inclusion into a work stream depending on area of interest and/or expertise. Several projects were defined under each work stream. Quarterly roadshows were held across the centres to provide progress updates with more regular communication in a monthly poster highlighting key activities that month. We were told this inclusive attitude for all members of the team had resulted in improvements in the recent staff engagement survey. Results nationally showed a 13% improvement up to 67%, and locally at Windsor, the engagement score was 81.4%.
- The centre nominated a team of the month who were recognised for going above and beyond and demonstrating the company values. Staff could nominate those colleagues they would like to put forward to be recognised as living one or more of our values, these were collated and shared in a 'Feel Good Friday' email to all staff. Staff were encouraged to send value postcards to anyone they wish to recognise for living one or more of the company values.
- Staff received training in the duty of candour at the time of our inspection 94% had completed this training. All staff we spoke with understood their role within the duty of candour.

## Governance

### Leaders operated effective governance processes, throughout the service and with partner

#### **organisations. 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.**

- GenesisCare UK aimed to have a clear and consistent governance process across all its centres. Monthly safety and quality committee meetings were held to cover corporate, clinical and information governance and benchmark against the other centres. Information was fed into these meetings from eight sub-committees, these were;
  - Medicines management committee
  - Infection prevention control committee
  - Radiation protection service committee
  - Resuscitation committee
  - Health and safety committee
  - Nursing advisory committee
  - Imaging service committee
  - Radiotherapy and technical committee
- Each subcommittee met either, monthly, quarterly or yearly and had an identified list of attendees, which included a lead and representation from each centre.
- The radiation protection committee met yearly. We reviewed the minutes from the most recent meeting in March 2019 which included an annual update, radiation risk assessments, international updates and radiation incidents.
- There was effective corporate oversight of performance regarding antimicrobial prescribing and stewardship. This was discussed during the medicine's management committee meetings and documented in the minutes.
- Information was fed up from the safety committee to the GenesisCare UK leadership group and then up to the global executive leadership group. Centre leaders cascaded information to their teams by monthly team meetings or skype meetings. This forum was where centre leaders would update on issues and developments.
- A monthly Senior Management Team (SMT) meeting was held in Windsor for all the centre leaders.



# Medical care (including older people's care)

- GenesisCare UK had four clinical reference groups (CRGs) which provided medical and clinical leadership to the GenesisCare UK board in the areas of clinical protocol standardisation, research and innovation, clinical governance, and quality. The CRGs supported four service lines: radiotherapy, urology, breast and haematology. The groups met monthly via video conferencing and face-to-face on a quarterly basis. The centre provided us with the four CRGs headline achievements and focus for the year ahead. We saw for example, how the CRGs had supported the initial roll out of the theranostics at the GenesisCare Windsor, which combines both therapy and diagnostic radiotherapy.
- To monitor clinician's competence a medical advisory board (MAC), consisting of seven clinical oncologists, the chief medical officer, quality manager and practising privileges coordinator was established. Meetings in this format started in February 2019 and prior to this there was an ad-hoc mini MAC. The centre told us they had grown as a company and as clinicians were performing more complex treatments a more established MAC meeting was required where more extensive discussions about consultant practices and new practicing privilege reviews would happen. This took place quarterly and we reviewed the minutes for May 2019 and saw how practising compliance with privileges were discussed alongside new consultants for review.
- The chemotherapy unit had developed a service level agreement (SLA) with the local NHS trust and were finalising an SLA with a local private hospital. We reviewed both documents which were clear and set out the scope, purpose and how the effectiveness and compliance would be monitored.

## Managing risks, issues and performance

**Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they

functioned and ensured staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

- A risk and safety working group (RSWG); consisted of front line clinicians and clinician managers. Delivered in collaboration with the wider European team, the RSWG provided strong and professional leadership in risk and safety practice. Senior staff told us the working group led to an efficient, multi-disciplinary approach to risk management, risk analysis and incidence review, a culture of continuous improvement and shared learning, as well as clinical standardisation.
- The centre had an in-date, version-controlled risk management policy which outlined identifying and determining risk, local and corporate risk registers and how compliance with the policy would be monitored.
- Staff at all levels were encouraged to raise risks to the local risk register which was reviewed and updated by the centre leader. Risks identified across the network were raised to the safety and quality committee and added to the corporate risk register, this was clearly set out in the risk management policy.
- We reviewed the local risk register which had clinical, operational, environmental and moving and handling risks identified. Each risk was identified as being reviewed or approved and was rated as low or medium.
- The centre had risk assessments for example the Control of Substances Hazardous to Health (COSHH). We reviewed the schedule of COSHH risk assessments and saw all were in date and had a review date
- There was an in-date business continuity plan which identified what should be done in the case of a business or major incident, who the major incident team were, contact details of local utility companies and relevant private contractors.

## Managing information

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make**



# Medical care (including older people's care)

## **decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

- An application was in the process of being developed for patients referred to the exercise clinic. To maintain confidentiality only those referred would be given the opportunity to opt in to use the app and only staff linked with the exercise clinic could access the app through individual authentication. The centre leads told us in accordance with data protection requirements, a data protection impact assessment was being developed.
- GenesisCare UK had a consistent approach to managing and reporting on performance measures across all its centres. Performance dashboards were used for staff to discuss and monitor performance at monthly senior management team meetings.
- Staff showed us how they accessed meeting minutes and policies on the electronic platform and told us there were enough computers available.

## **Engagement**

### **Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

- The centre recognised staff achievements and hard work through an employee of the month initiative. 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.

- GenesisCare UK had involved all staff in the development of their vision and strategy. The recent staff engagement survey results showed an improvement at nationally to a 13% improvement to 67%, and locally at Windsor to 81%.
- The centre met with the local NHS trust and a local private hospital to develop streamlined services for its patients, should an admission be required.
- All patients completed a comprehensive questionnaire and information was collated onto a dashboard. The centre leader shared this with staff during monthly staff meetings.

## **Learning, continuous improvement and innovation**

### **All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

- The corporate service improvement strategy, called 'Service of the Future' supported each centre's improvement goals and development projects to ensure a coordinated and multi-disciplinary approach was maintained.
- The chemotherapy unit were conducting a study on a specific piece of equipment for the prevention and treatment of symptoms of chemotherapy induced peripheral neuropathy.
- Technology to improve responsiveness had recently been implemented in the form of a messaging service for doctors. This went live with Radiotherapy and informed doctors of three key stages in a patients pathway.

# Outpatients

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

## Are outpatients services safe?

Good 

We rated safe as **good**.

### Mandatory training

**The service provided mandatory training in key skills to all staff.**

- Staff accessed their mandatory training by a mixture of e-learning and practical sessions and received mandatory training in a variety of topics such as basic life support, conflict resolution, infection control, duty of candour and fire safety.
- We asked for a breakdown of department specific compliance. There was only one staff member employed in the outpatients' department at the time of our inspection. This showed the lead for outpatients was compliant in all e-learning and practical requirements apart from immediate life support (ILS). This element had only just expired, and dates were being organised for 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 provided yearly safeguarding training as an online training package. Non-clinical staff received level one adult and children safeguarding training.

Healthcare professionals received level two adult and children's safeguarding. The lead of outpatients had completed e-learning safeguarding adults and children level two.

- There were no safeguarding concerns reported to CQC over 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.**

- Supplies of personal protective equipment (PPE), such as disposable gloves and aprons, were available in the department.
- Equipment in the outpatient department such as, trolleys and weighing scales were cleaned and a green 'I am clean' sticker attached.
- In the outpatient's department each consultation room and treatment room had a handwash sink with hand hygiene products and full paper towel dispensers mounted on the walls. Cleaning was completed daily and recoded in a log, we reviewed this and saw all cleaning for the month had been completed when the clinic was in use.
- Staff, patients and visitors had access to wall mounted and portable hand gel dispensers at the entrance to the centre, every department and relevant points throughout the department.
- The lead for the outpatient's department was up to date with infection control e-learning and practical requirements.



# Outpatients

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

- The facilities, environment and equipment in the outpatients' department were well maintained. All the areas we visited were spacious, light, airy and clutter free.
- The clinic had an open-plan reception/ waiting area on the ground floor and reception staff always present. Staff would be directed to the outpatient's department which had its own waiting area.
- There were fire exit signage and fire extinguishers throughout the premises. All fire exits, and doors were kept clear and free from obstructions. The centre tested fire alarms weekly. The lead for outpatients was fully compliant with their mandatory training requirements at the time of our inspection.
- Emergency trolleys, which included resuscitation equipment, were available on each level. The trolleys were tamper-evident to reduce the risk of equipment being removed and not available in an emergency. Staff carried out daily and weekly checks of this equipment to ensure it was ready for use in an emergency. We checked the trolley in the outpatient's departments which was checked in line with policy, no dates had been missed for the month so far. We saw information was located with or above the trolleys, providing guidance for staff about the emergency procedures and action to take, such as sepsis.
- Stickers on equipment and machinery identified the last service date and when the next service was due. We examined four items of equipment which had been serviced or maintained within the last 12 months.
- In cleaning storage areas, staff had ensured consumables, were stored off the floor in line with national guidance.
- In all areas we inspected staff complied with the Department of Health, Health Technical Memorandum 07/01, safe management of healthcare waste (2013). All waste was segregated in different coloured bags and posters were displayed explaining which item

went into which waste stream. GenesisCare UK had a waste management standard operating policy which outlined to staff the processes and procedures to be followed to ensure compliance.

- Containers were provided for the safe disposal of sharp equipment, such as needles and cannulas. We observed these were labelled correctly on assembly and when ready for collection. None of the containers were overfilled, reducing the potential of needle stick injury.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

- Patients who were having an outpatient procedure such as a skin biopsy were given patient information leaflets which explained some of the terms used and the possible side effects such as bleeding and infection.
- The outpatient's department had a procedure record which included pre-procedure checks, sign in, drugs given by the consultants, diagnostic intervention, specimen check, skin closure, sign out and post procedure checks. This was based on the World Health Organisations (WHO) surgical safety checklist. At the time our inspection the service did not audit their performance of the WHO checklist, however told us this would be added into their audit schedule.

## 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.**

- We attended the daily huddle which was co-ordinated by the centre manager and attended by all staff. During this meeting staffing for all departments was discussed and any issues identified.
- The outpatient's department was managed by one whole time equivalent lead nurse who was supported, when required by one fully inducted qualified bank nurse.

## Medical staffing



# Outpatients

See information under this sub-heading in the medical care service section.

## Records

There were no patients in the outpatients' department at the time of our inspection. Please see the medicines section of this report for information on records.

- For those times when paper records were used for example in outpatients and medicines administration all records were scanned and uploaded to the electronic system and then shredded once completed.

## Medicines

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

- Medications were stored safely. Medications were kept in temperature-controlled fridges and monitored daily. The dispensary had air conditioning which allowed the ambient room temperature to remain at a consistent level. We reviewed monitoring charts for the fridges in the outpatient's department and the dispensary and saw that the fridges had been checked daily and recorded for the whole of June 2019.
- The outpatient's department had a log of all medications stored and administered. We reviewed the medications stored in the fridge and saw all were in date. Any other medications would be ordered as and when needed from pharmacy. All medications were prescribed on a paper prescription chart and scanned into the patient's electronic record.
- Staff stored outpatient prescription pads safely in locked cupboards.

## 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.

- Staff showed a good understanding of incident reporting and told us how they would raise an incident using the electronic reporting system. All staff we spoke with confirmed the service encouraged staff to report all incidents.

- Staff reported one incident in outpatients which related to non-formulary prescribing of a homeopathic medicine. The incident was reported via the electronic incident system and discussed with the centre lead. Action plans were put in place to ensure this was not repeated

## 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.

## Evidence-based care and treatment

### The service provided care and treatment based on national guidance and evidence-based practice. 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 operating procedures through an online system. We reviewed two standard operating procedures (SOPs) from the outpatient's department, running a clinic and minor procedures under local anaesthetic. Both were in-date and version controlled and followed nationally recognised recommendations such as the National Institute for Health and Care Excellence (NICE) guidance and NHS England's National Safety Standards for Invasive Procedures (NatSSIPs).

## Nutrition and hydration

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

- Staff told us that patients were not generally offered food for a clinic consultation; however, the centre outpatients waiting area had a drinks machine, biscuits and water for patients and their carers/relatives attending the department.

## Pain relief

# Outpatients

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

- The service did not generally provide pain relief to patients who attended outpatients' consultations, but during a procedure it could be prescribed. Staff informed us they made sure patients were comfortable throughout their appointment.
- For those patients who had had a minor procedure there were patient information leaflets which explained about what to do when or if post-operative pain was experienced.

## Patient outcomes

See information under this sub-heading in the medical care service section.

## 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 medical care service section.
- The outpatient's department had a department specific induction checklist for permanent and bank staff and included how to register new patients, daily quality checks and use of specific equipment.
- The lead for the outpatients' department had received a recent appraisal.

## Multidisciplinary working

See information under this sub-heading in the medical care service section.

## Seven-day services

See information under this sub-heading in the medical care service section.

## Health promotion

- Health promotion leaflets were displayed in relevant areas throughout the centre these included healthy eating and advice on stopping smoking.

## 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 the Mental Capacity Act 2005. At the time of our inspection the lead for outpatients had completed all required mandatory training.
- The lead for the department had received training on mental capacity but told us they had not seen any patients with mental capacity issues in their service. However, should they have concerns about a patient's mental health or capacity to consent verbally to investigations they would discuss this with the centre manager and the consultant.
- Written consent was obtained from the patient by the consultant and then re-checked prior to any treatment. We were unable to observe this process as there were no patients in the department at the time of our inspection.

## Are outpatients services caring?

Not sufficient evidence to rate 

We did not see any examples of caring as there were no patients in the department during our inspection. There we have been unable to rate this key question.

## Compassionate care

See information under this sub-heading in the medical care service section.

## Emotional support

See information under this sub-heading in the medical care service section.

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

See information under this sub-heading in the medical care service section.

## Are outpatients services responsive?



# Outpatients

Good



We rated responsive as **good**.

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local population. It also worked with others in the wider system and local organisations to plan care.**

- The services provided reflected the needs of the population and ensured flexibility, choice and continuity of care. 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.

See information under this sub-heading in the medical care service section.

## Meeting people's individual needs.

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

See information under this sub-heading in the medical care service section.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

See information under this sub-heading in the medical care service section.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

- There had been no complaints attributed to this core service at the time of our inspection.

See information under this sub-heading in the medical care service section.

## Are outpatients services well-led?

Outstanding



We rated well led as **outstanding**.

### Leadership

**Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.**

See information under this sub-heading in the medical care service section.

- The outpatient centre had a lead nurse who reported to the centre leader. At the time of our inspection the outpatient's department employed one bank staff on an ad-hoc basis. The service was in the process of employing further bank nurses as the service grew.

### Vision and strategy

**The centre had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

See information under this sub-heading in the medical care service section.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

See information under this sub-heading in the medical care service section.



# Outpatients

- Staff received training in the duty of candour at the time of our inspection, the lead for outpatients had completed duty of candour mandatory training. All staff we spoke with understood their role within the duty of candour.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. 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 medical care service section.

## Managing risks, issues and performance

**Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

See information under this sub-heading in the medical care service section.

## Managing information

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily**

**accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

See information under this sub-heading in the medical care service section.

- Staff showed us how they accessed meeting minutes and policies on the electronic platform and told us there were enough computers available.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

See information under this sub-heading in the medical care service section.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

See information under this sub-heading in the medical care service section.

# Diagnostic imaging

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

## Are diagnostic imaging services safe?

Good 

We rated safe as **good**.

### Mandatory training

**The service provided mandatory training in key skills to all staff however not everyone had completed it.**

- Mandatory training was delivered by a mixture of e-learning and practical sessions. However not all staff in the department had completed their training requirements.
- Staff had read the local radiation protection rules (local rules) and understood their roles and responsibilities. All appropriate staff had signed to say they had read them. Staff told us they had received relevant training on radiation risks.

See information under this sub-heading in the medical care 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.**

- All the staff in the PET-CT and MRI department had completed level two, adult and child safeguarding mandatory training.

- Staff we spoke with knew the escalation process should they need to report a safeguarding concern and would contact the safeguarding lead at the centre with any queries or concerns.

See information under this sub-heading in the medical care 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.**

- The CT and MRI departments were all visibly clean and tidy. We reviewed the cleaning rota the MRI and the PET-CT suite for the month of June and all areas were checked and cleaned every day. This included the scanning unit equipment imaging coils, headphones and working stations.
- Supplies of personal protective equipment (PPE), such as disposable gloves and aprons, were available in each department. We observed all staff used the correct PPE when providing care and treatment to patients.
- Patients received healthcare from staff who decontaminated their hands immediately before and after every episode of direct contact or care, this was in line with NICE QS61 Infection Prevention and Control Statement 3.

See information under this sub-heading in the medical care service section.

### Environment and equipment

# Diagnostic imaging

## **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

- The centre offered diagnostic services and theranostics with the use of the following equipment;
  - One positron emission tomography-computed tomography(PET-CT)
  - One magnetic resonance imaging (MRI) scanner.
    - One ultrasound scanner.
    - One x-ray machine.
    - One fluoroscopy x-ray (not in use).
    - One echocardiogram.
    - One electrocardiogram (ECG).
- The clinic had an open-plan reception/ waiting area on the ground floor and reception staff were always present. Access to areas such as the MRI and the CT scanning unit were restricted. Only certain members of staff had access to the scanning units and all other access required fob access or staff/patients would have to ring a bell.
- Every changing room/ toilet and patient area within the department had alarm bells which staff told us they checked daily to ensure they worked.
- Quality assurance processes were completed daily by the lead of the departments. The PET-CT quality assurance checks included helium levels, oxygen level, chiller temperature. We reviewed the checks for the month of June for both the PET-CT, and the MRI, and all were completed and recorded as passed.
- The PET-CT had a record of its latest service, which had passed, and when the next service was booked. In the event any of the machines would fail these checks there were numbers to contact for the nuclear medical physics departments or the suppliers.
- We reviewed the environmental agency permit for the PET-CT suite and saw this was in date and there had been no breaches during the last inspection.
- The PET-CT suite had a monitoring process/waste log which ensured only those sharps bins that contained decayed radioactive waste were removed for disposal by a contracted firm.

- The PET-CT unit had a spillage policy which was in date but due for renewal at the end of the month. Senior staff were aware this was required and had a meeting to renew all the policies which were due for renewal. The unit had a spillage kit, which was audited/checked monthly, we saw the checks from January to July had all been completed.

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

### **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

- As required by the Health and Safety Executive (HSE) who regulate the Ionising Radiations Regulations 2017 (IRR99), all areas where medical radiation was used were required to have written and displayed local rules which set out a framework of work instructions for staff. These local rules were displayed throughout the department.
- All relevant staff had read and signed the local rules policy, which applied to all persons who could be exposed to ionising radiations.
- The PET-CT had adapted the relevant local rules in line with Regulation 17 of the Ionising Radiations Regulations 2017. In the PET-CT suite we saw local rules displayed in the Hot Toilet where the radioactive waste would be excreted. There were strict rules to follow in the cleaning and making safe of this room after use, ensuring the correct signage was displayed to ensure the correct precautions were taken on entering.
- The service had the support of an external radiation protection advisor (RPA) and an onsite radiation protection supervisor (RPS).
- There were procedures in place for the collapse of a patient in the MRI and these were practiced. Staff who had not received radio-protection training, were not allowed into the suite and would not be on the official access list. In case of an emergency, the daily huddle identified who would be allocated to which area. This ensured there was no confusion should an emergency occur in the suite.
- The service had recognised the risks that some of its patients could present to other NHS professionals and

# Diagnostic imaging

members of the public in the event of an emergency transfer by ambulance to another facility. The PET-CT staff had an injected dose information sheet which recorded the dose of radioactivity, which site it was injected and how long the patient would remain radioactive. This would be completed and handed to the ambulance staff and on to the hospital staff and followed up with a phone call.

- We observed staff using the radiation monitoring device to check radiation on their shoes and clothes.
- There were processes in place to ensure the right person received the right scan at the right time. Staff completed a six-point check of name, date of birth, address, body part, clinical information and previous imaging checks in line with the legal requirements of IR(ME)R to safeguard patients against experiencing the wrong investigations.
- There were posters and signs which informed patients who were, or who could be pregnant, to let a member of staff know. This was included in the CT safety questionnaire sheet and again at the consent stage. These were scanned into the patient record and then shredded.
- There were risk assessments in line with the application of the Ionising Radiations Regulations 2017. These risk assessments covered the injection of PET-CT patients, contamination risks, potential of bleeding after cannula removal and care of a fasting diabetic patients, all of which were in date.
- 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.

## 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.**

- Staff told us there were enough staff to safely run the service and although the service wanted to grow and expand it would not do so until adequate staffing ratios were in place. At the time of our inspection, the service employed;

- MRI- one whole time equivalent (WTE) radiographer.
- PET-CT- one WTE radiographer.
- MRI and PET-CT- one WTE health care assistant
- The centre lead told us they had secured one PET-CT senior radiographer and one senior therapy radiographer both due to start in August. They were also in the process of recruiting a further MRI radiographer.
- We attended the daily huddle which was co-ordinated by the centre manager and attended by all staff. During this meeting staffing for all departments was discussed and any issues identified.
- Weekly operational calls with the Director of operations, Centre leaders and function leads support any additional requirements or changes in planned activity, during these calls staffing would be discussed and if necessary staff would come from other centres to work.

## Medical staffing

- The RMO was booked to attend the department during treatment days when theranostics, radio-isotopes and CT contrast were in use.
- For further details, see information under this sub-heading in the medicines' 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.**

- Staff managed patient care records in a way that protected patients from avoidable harm. Electronic records were available through the centre's computer system and were only accessible by authorised staff with a secure password.
- Radiologists had remote reporting facilities to allow for diagnostic imaging reporting. Whilst IT support was largely provided in-line with working hours arrangements could be made for support out of hours if required.

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- Staff updated the electronic records after they had completed the scan and submitted the scan images for reporting. Any paper records, such as consent, and checklists were scanned into the system and then the paper records were shredded
- 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.

## Medicines

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

- The provider provided nuclear medicine treatment. This branch of medicine deals with the use of radioactive substances in research, diagnosis, and treatment. There were two nuclear medicine consultants who delivered services at the centre such as theranostics and both held an Administration of Radioactive Substances Advisory Committee (ARSAC) licence.
- All radioisotopes therapy injections were stored in a metal locked box in the PET-CT department. We did not have access to this box.

See information under this sub-heading in the medical care service section.

## Incidents

- The PET-CT had reported two serious incidents which had required investigation and prompt action. None of which had required reporting to the CQC, IRMER or the Health and Safety Executive (HSE).
- Root cause analysis (RCA), were completed and included findings, contributing factors, recommendations and were signed off by the head of the department, centre manager, quality manager and the chief medical officer.
- There were two RCA completed in the reporting period. These incidents were;
  - March 2019-CT contrast administered to a patient that was not requested by the oncologist. The RCA prompted a review of process, for example, therapy radiographers would assign a member of staff to liaise with the diagnostic team each day to go

through the patient's technique, booking form and dataset, to ensure everyone was fully aware of the work load. This also included briefing the RMO when needed.

- December 2018-Concerns raised by RPA in relation to patient that was scanned by bank staff that had not been signed off as fully competent in all aspects of ordering and performing a PET CT examination. The result of the RCA triggered a review which included competency sign off for dose ordering, quality assurance, dose calibration and involvement of the ARSAC licence holder in staff competence.

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

## 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.

## Evidence-based care and treatment

### The service provided care and treatment based on national guidance and evidence-based practice. 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. diagnostic scans were based on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) and Royal College of Radiologists (RCR) guidance.
- The service applied the Public Health England guidance on national diagnostic reference levels when setting their local diagnostic reference levels (DRLs).

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- 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.

## Nutrition and hydration

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

- Drinks were available for all patients and relatives visiting the MRI and PET-CT departments.
- There were in date risk assessments in line with the application of the Ionising Radiations Regulations 2017. These risk assessments covered care of a fasting diabetic patients.

## Pain relief

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

- Staff asked patients during their scanning appointment if they were comfortable

See information under this sub-heading in the medical care service section.

## Patient outcomes

### Staff monitored the effectiveness of care and treatment.

- The centre had an audit programme to identify, monitor and drive quality improvement. The audit schedule included control of radioactive sources. This was a six-monthly audit and the centre scored 100% in April 2019.
- The centre audited and reviewed their diagnostic reference levels (DRL) and ensured they were aligned to national DRLs.
- The centre had just started to review image quality monthly, no data was available at the time of our inspection.

## 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.

- In addition to mandatory training, staff completed competencies for all modality of scans provided at the centre. 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.
- All members of the department had a recent appraisal by the centre leader.
- Two incidents requiring root cause analysis highlighted some work around competency for bank and clinical supervision was required. The centre acted swiftly and new policies were in place to protect patients and staff.

## Multidisciplinary working

See information under this sub-heading in the medical care service section.

## Seven-day services

See information under this sub-heading in the medical care service section.

## Health promotion

See information under this sub-heading in the medical care 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.

- Consent was a two-stage process and was checked again when the patient came for any form of investigation or treatment, this was signed by the patient and radiographer, scanned and uploaded to the electronic system.
- Patient consent mandatory training had been completed by all members of the department. Mental Capacity ACT and Deprivation of Liberty Safeguarding mandatory training (practical) had been completed by all members of the department.

See information under this sub-heading in the medical care service section.

# Diagnostic imaging

## Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

### Compassionate care

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

- We observed all patients were treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty in line with NICE QS15, Statement Patient experience in adult NHS Services 1. Interactions between staff, patients and visitors were respectful and considerate. We observed that all staff introduced themselves to their patients in line with NICE QS15, Statement 3.
- The centre was designed to ensure that people's privacy and dignity needs were understood and always respected. All staff-maintained privacy, with closed doors and clear signage indicating the room was occupied.
- In some area's patients could either exit one way into the waiting room and or stay in the changing room until it was time for their appointment and exit into directly to the treatment area. This meant they did not have to sit in the waiting room.
- The centre had designated quiet rooms where staff, patients and their relatives could have private conversations or wait for treatments away from the waiting areas.
- Patients could have a chaperone and there were posters and laminated leaflets displayed across all the departments informing patients about their availability.
- For further details, see information under this sub-heading in the medicines' service section

### Emotional support

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

- Throughout all the patient and relative interactions, from reception through to discharge we observed how staff understood the impact a person's care, treatment or condition could have on their wellbeing, both emotionally and socially.
- Patients told us they were satisfied with the verbal and documented information staff provided them.

See information under this sub-heading in the medical care service section.

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

See information under this sub-heading in the medical care service section.

## Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

### 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.**

- The centre was open from 8am to 5pm Monday to Friday, however we saw that to accommodate some patients' investigations the MRI or PET-CT scanning department would run over and stay open. For this to be safe, two members of staff remained in the department and in the case of theranostics the RMO would be present. This reflected the choice of the patients.
- The environment in the department was comfortable, there was enough seating, plenty of toilet facilities, and drinks machines available for patients and relatives.

See information under this sub-heading in the medical care service section.

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## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

- The diagnostic team met the patients and showed them round the department. This allowed them to identify any issues which could affect their treatment such as mobility issues.
- Staff told us that relationship with consultants worked well, even when they were off site. All consultants could be contacted if any patient problems required escalating.
- There were quiet areas in all departments where sensitive conversations could be carried out.

See information under this sub-heading in the medical care service section.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

- The centre audited the time a patient arrived to when they were seen, please see the medicine section of this report.
- The service did not audit the number of planned patients seen within 48 hours, however it did track these on an electronic system.
- The centre lead told us they would see those patients with the potential of cord compression or similar within 48 hours.
- If there were any problems with the machines at the centre, staff would arrange an appointment at another clinic, and provide a taxi to transport the patient.

## Learning from complaints and concerns

See information under this sub-heading in the medical care service section.

## Are diagnostic imaging services well-led?

Outstanding



We rated well led as **outstanding**.

## Leadership

**Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.**

- The centre had a clear accountability and leadership structure. Managers at all levels had the right skills and abilities to run the service providing high-quality sustainable care.
- The senior MRI and PET-CT staff reported to an overall lead radiographer who in turn reported to the centre leader. The centre leader reported to the Director of Operations who sat within the GenesisCare UK Leadership Team.
- The centre leader understood the challenges to quality and sustainability. The centre leader told us to grow their own service they employed a consultant physician in nuclear medicine who offered the specialist cancer medicine, theranostics. Theranostics is a field of medicine which combines therapy and diagnostics. With a key focus on patient centred care, theranostics provides a transition from conventional medicine to a contemporary personalised and precision medicine approach.
- Staff told us that the department lead was highly visible and worked alongside staff to deliver safe and effective care.

## Vision and strategy

**The centre had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

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See information under this sub-heading in the medical care service section.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

See information under this sub-heading in the medical care service section.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. 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.**

- Lead radiographers from both diagnostics and the radiotherapy department attended the monthly safety and quality committee meeting.

See information under this sub-heading in the medical care service section.

## Managing risks, issues and performance

**Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

- We reviewed the local risk register which had clinical, operational, environmental and moving and handling risks identified. Each risk was clearly identified as being reviewed or approved and was rated as low or medium. Risks on the register reflected what staff told us for example, the hot lab had no emergency button, to mitigate this a telephone was installed.

- The service had business continuity plans to support sudden IT failures and power outages.

See information under this sub-heading in the medical care service section.

## Managing information

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

See information under this sub-heading in the medical care service section.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

See information under this sub-heading in the medical care service section.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

- The corporate service improvement strategy, called 'Service of the Future' support each centre's improvement goals and development projects to ensure a coordinated and multi-disciplinary approach was maintained.
- The centre offered theranostics which was a specialist field of medicine combining therapy and diagnostics.

# Outstanding practice and areas for improvement

## Outstanding practice

We found outstanding practice for caring in all the medicine service we rated.

- The service provided patients taxi transfers from home to the centre, for their treatment.
- The staff worked hard to ensure their patients received highly individualised care to support their treatment.
- The staff considered their patients comfort needs before they stepped into the building.

## Areas for improvement

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

- All staff should have completed their mandatory training.
- The service should audit their performance of the WHO surgical safety checklist.