

Genesis Care, Guildford

Quality Report

St Martha's Oncology Centre,
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Guildford,
Surrey,
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Website: www.genescare.co.uk/cancer-centre/guildford

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

We rated it as **Good** overall.

We found the following areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. 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 learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink. 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 emotional support to patients, families and carers.
- 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. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff 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. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals London and South

Overall summary

Genesis Care, Guildford is operated by Genesis Cancer Care UK Limited. The centre has one radiotherapy treatment machine called a linear accelerator.

The service provides radiotherapy treatment for private cancer patients and some non-cancer related treatment. The service does not treat NHS patients. All patients are adults and the service does not treat any children or young people.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 21 January 2020.

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.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Good



Summary of each main service

This service provided private radiotherapy treatment for adult cancer patients. In addition, it provided radiotherapy treatment for a small number of patients with non-cancerous conditions.

We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

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Good 

Genesis Care, Guildford

Services we looked at

Medical care (including older people's care);

Summary of this inspection

Background to Genesis Care, Guildford

Genesis Care, Guildford is operated by Genesis Cancer Care UK Limited. The service opened in 2013. It is a private radiotherapy treatment centre in Guildford, Surrey. The service primarily serves the communities of Surrey. It also accepts patient referrals from outside this area.

The hospital has had a manager in post since December 2019 who had applied to be a registered manager with the CQC.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor with expertise in radiotherapy treatment. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 21 January 2020.

Information about Genesis Care, Guildford

The service has one radiotherapy treatment machine and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

During the inspection, we visited the treatment centre. We spoke with five staff including radiographers, a dosimetrist, patient administration officer and a senior manager. We spoke with five patients and one relative. During our inspection, we reviewed five sets of patient records.

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

Activity (January 2019 to December 2020)

- In the reporting period January 2019 to December 2020 there were 3497 treatments carried out at the centre.

14 medical oncologists worked at the service under practising privileges. The service employed four radiographers, one patient administration officer, one dosimetrist and one physicist.

Track record on safety

- 64 incidents of which 45 were no harm, 18 near miss, one moderate harm, no severe harm, no death
- No serious injuries
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

Summary of this inspection

- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Two complaints
- 34 compliments

Services accredited by a national body:

Services provided at the hospital under service level agreement:

- Clinical and non-clinical waste removal
- Resuscitation equipment and team
- Interpreting services
- Cleaning services
- Maintenance of medical equipment

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon
- The service had enough 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.
- 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 service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Good



Are services effective?

We rated it as **Good** because:

Good



Summary of this inspection

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- 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.
- Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available five days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are services caring?

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

We rated it as **Good** because:

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

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.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- 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.

Are services well-led?

We rated it as **Good** because:

- 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. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- 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.
- 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.
- Leaders and teams 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to

Good



Summary of this inspection

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

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

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	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Medical care (including older people's care)

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

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

Good 

We rated it as **good**.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. They were able to access e-learning and face to face sessions. Data provided by the service in January 2020 showed a compliance rate of 83%. This was lower than the organisational target of 95%. The manager had identified this as a risk on the risk register and had an action plan to ensure the 95% target was achieved by the end of March 2020. The manager identified the cause of the lower compliance rate was booking the face to face training on basic life support as the e-learning modules had all been completed.

The mandatory training was comprehensive and met the needs of patients and staff. Staff received training in the following topics; basic life support, conflict resolution, duty of candour, equality and respect, health and safety, infection control, fire training, information governance and data protection, manual handling, patient consent, and safeguarding.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us

they attended training during their contracted hours. All staff we spoke with told us they felt they received the necessary mandatory training to enable them to do their jobs.

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.

The service had a safeguarding children and young people policy and a safeguarding adult at risk policy which both had been due for review in June 2019. Both policies had version control in place for monitoring. The centre manager was about to commence their safeguarding vulnerable adults and children level three training and had access to a companywide safeguarding lead, who was trained to level five, for advice.

Staff received training specific for their role on how to recognise and report abuse. Training records showed 88% compliance for safeguarding adults and children level two for this location up to January 2020. Although the service did not treat children they completed safeguarding children training to enable staff to recognise any concerns when children accompanied patients to the centre.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were leaflets available within the reception area which gave contact details for patient and relatives if they had any safeguarding concerns. However, there were no posters or

Medical care (including older people's care)

leaflets outlining the safeguarding process in the treatment area. A safeguarding information folder was available for staff and contained the contact details for the local authority

The service had not submitted any statutory notifications in relation to safeguarding referrals reported to the Care Quality Commission (CQC) for the 12 months from January 2019 to December 2020.

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 location areas appeared clean and had suitable furnishings, which were clean and well-maintained. The service had a regular cleaner who was contracted by the service from the partner independent hospital and took pride in their work. Cleaning records were up-to-date.

The consultation and treatment room had handwashing facilities with hand hygiene products and a paper towel dispenser. The handwashing facilities met the standard required by Health Building Note 00:09 infection control in the built environment. Staff were bare below the elbows and followed the five moments of hand hygiene. We saw staff washing their hands in between patient contact and using the alcohol hand gel available. Staff cleaned equipment after each patient contact and labelled equipment to show when it was last cleaned.

The shared patient waiting area was carpet flooring in the waiting area, which was deep cleaned in line with national and local infection prevention and control guidance.

The service carried out a six-monthly infection prevention and control audit. We saw five actions identified from when the last internal infection and prevention audit was completed in October 2019. There were no outstanding actions at the time of inspection.

The provider completed a premises and environment audit. The last audit was completed in October 2019 and identified six action points, which included documented evidence of building maintenance and evidence of portable equipment testing. The service had a clear action plan to resolve the action points. Each action had a planned completion date.

Staff disposed of clinical waste safely. We saw waste disposal facilities that managed clinical waste in line with waste management guidance. The patient toilet had a daily checklist which we reviewed and found it was checked and completed appropriately.

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 service was accessed through the main entrance of the partner hospital. Genesis Care was clearly signposted, and staff were happy to direct patients to the treatment centre of they were unsure of how to get there. The reception area at the treatment centre was shared with the adjoining chemotherapy treatment service. It had a high and low reception desk next to a dedicated waiting area. The waiting area was inviting and opened onto a garden. Hot and cold drinks, biscuits and reading materials were available.

The design of the environment followed national guidance. The access to the building was designed to have accessible car drop off at the front automatic door. The service was based on the lower ground floor and was accessible using a lift or by stairs. It had one consultation room, a quiet room, changing rooms and toilet facilities suitable for patients who required disability access. The department had clinical flooring which met the standards set out in Health Building Note 00:10 flooring. The radiotherapy treatment area could only be accessed with a passcode only known to staff.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment. We checked six pieces of equipment which included patient safety equipment, patient chairs, and a radiotherapy monitor, and all had been checked.

The emergency resuscitation trolley was easily accessible and situated so it was accessible to the service and the chemotherapy suite. The service shared the responsibility of checking the resuscitation trolley located in a shared area. We saw daily staff checks were completed and that the contents had a tamper proof tag. The defibrillator, grab bag, anaphylaxis and hypo box were located behind the reception.

Medical care (including older people's care)

In addition to a resuscitation trolley the service had a first aid box and an emergency eye wash kit located in the patient preparation room. Both had an expiry date of 2021.

The service had one machine to deliver radiotherapy treatments to patients within the centre which was up to date with local rules in place for dose monitoring. Equipment was maintained in accordance with manufacturer's directions by Genesis Care engineers. Staff told us maintenance staff attended every week to ensure all equipment was working and to check if any bespoke repairs or checks were required.

There were weekly fire alarm tests and we observed clear fire exit signs and all fire cylinders had recently been checked and were within date. Staff had completed fire training within the last year with 83% compliance. The three fire cylinders across the ground floor of the location were within date and marked appropriately for next review date of June 2020.

There was a Control of Substances Hazardous to Health (COSHH) policy and COSHH items were stored securely in a locked cupboard.

We observed clear signs on all clinical room doors to indicate when rooms were in use or vacant.

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.

Staff described how they responded appropriately to any sudden deterioration in a patient's health. The service followed the resuscitation and emergency call policy in the event that a patient deteriorated while at the centre. The emergency services were contacted via 999 and staff provided basic life support.

Staff completed risk assessments for each patient on arrival and updated them when necessary and used recognised tools. We reviewed the electronic records and saw that staff had completed risk assessments for all patients prior to treatments, for example risk of falls.

Each record we reviewed contained an individualised care plan and staff completed risk assessments to ensure the patient's safety.

Staff shared key information to keep patients safe when handing over their care to others. Patients were asked to consent for information to be shared, we saw that treatment and discharge letters were shared with the general practitioner, clinician or service that cared for the patient.

Patients and carers could use the service's telephone hotline which operated 24 hour a day. This enabled callers to have access to the service for advice and management on any side effects and/or complications they may experience following treatments.

Staffing

The service had enough 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.

Managers accurately calculated and reviewed the number of staff needed for the service in accordance with guidance within Genesis Cancer Care UK. The manager adjusted staffing levels daily using an electronic tool that assessed the patient acuity, dependency and administrative tasks for the day ahead.

There were 18 members of staff employed at this location. Staff consisted of radiographers, a senior dosimetrist, a physicist, administration staff and centre leaders.

The service had undergone a period of having high staff vacancies due to staff being promoted and moving to posts in other organisations. Vacant posts had been recruited to and new staff were due to start in the weeks after inspection. Staff told us they had felt under pressure from the high workload but also felt well supported from other Genesis Care sites with staff coming to cover shifts.

The service had low sickness rates. The manager told us that each staff member had a return to work interview following a period of sickness with a phased return as identified.

The service did not use bank or agency staff and vacant shifts were covered by staff from another local genesis centre. On the day if inspection we saw a radiographer who

Medical care (including older people's care)

had been brought in from another genesis care centre being orientated to the department. Staff were paid an additional payment to cover their time and expenses travelling to an alternate site.

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.

Patient notes were electronic, comprehensive and all staff accessed them easily. Only authorised staff accessed the records, using a secure password. All treatment protocols were on the shared computer drive as the service was mostly a paperless policy.

We reviewed five electronic patient records. Staff had fully completed the required documentation which was clear, up to date and stored securely. When patients transferred to a new team, there were no delays in staff accessing their records. Records showed the last service patient record audit in October 2019 showed 100% compliance and no actions.

All patient's personal information was kept secure and authorised only by staff that required this information.

Staff received training on information governance and records management as part of their mandatory training programme and all staff, except for the newly appointed centre leader had completed this training.

When consultants had seen their list of patients, they used a digital voice recognition system to record episodes of care and treatment. The recording was sent to the administration team who produced a typed letter from the recording by the end of the following working day after the appointment.

Medicines

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

The radiographers completed daily patient reviews and liaised with the oncologist or the patients GP if the patient required medical attention for symptom control. In addition, the radiographers provided supportive treatments such as anti-diarrhoeal medications and skin emollients for symptomatic control via a patient group

direction (PGD), which was signed by the relevant authority. A PGD is a written instruction for the supply of medicines to groups of patients who may not be individually identified before presentation for treatment

Staff followed systems and processes when safely prescribing medicines. There were no medicines given or stored from this service. A moisturiser was prescribed to prevent dry skin during radiotherapy treatment which was supplied by another service with the identified service level agreement.

There was a securely stored prescription pad, and managers were able to trace the serial numbers for each prescription and completed records to prevent loss or misuse of prescriptions.

Staff followed current national practice to check patients had the correct medicines. The service checked what medications patients were taking during the initial patient assessments completed. The service had a service level agreement with the partner hospital that provided a pharmacist to complete medicine reconciliation. The service did not dispense controlled drugs. Controlled drugs are prescription drugs named in the misuse of drugs legislation.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service had a positive and open culture to reporting incidents. The service reported a total of 64 reported incidents in the 12 months before the inspection. These broke down into 45 no harm, 18 near miss, one moderate harm. Staff told us they reported all incidents that they should report. We reviewed the incidents reported in the 12 months prior to inspection. Themes from reported incidents included errors in radiotherapy referrals, delays in clinics and delays in checks being completed ahead of treatment. We saw an example of change in practice following a reported incident. A regional physicist has been

Medical care (including older people's care)

appointed from January 2020, who took responsibility for quarterly reports of quality assurance compliance and facilitated treatment planning pathways to reduce the delays in checks being completed ahead of treatment.

We found 13 incidents that had not been closed on the electronic system. We informed the manager who provided evidence the incidents had been dealt with, but the electronic system had not been updated to show them as closed. Since the inspection the manager has provided evidence all incidents had been closed.

Staff knew what incidents to report and how to report them. Incidents were reported using an electronic reporting system. There was a Genesis Care UK incident reporting policy which was within review date. Staff told us the service had a comprehensive incident reporting policy and they had a thorough understanding of how to report incidents and near misses.

Staff told us they reported serious incidents in line with trust policy and managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service had reported no never events or serious incidents within the past 12 months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. Managers told us the governance team reviewed all incidents and feedback information for each location.

Managers showed us how they shared learning with their staff about serious incidents and never events that happened and changes made to practice. We reviewed the minutes of staff monthly meetings and saw this was a regular agenda item. For example, the service had changed the timing of the pre-treatment check following an incident where a patient had nearly received an unapproved treatment plan.

In the twelve months prior to the inspection the service had no reportable incidents under the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER). Incidents which involve exposure to radiation given to a patient where exposure is much greater than intended was reportable to the care quality commission under IRMER 2017.

Staff understood the duty of candour. Duty of candour regulation was introduced in (November 2014) to act in an open and transparent way in relation to care and treatment provided. Staff were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff were able to describe their responsibilities and how they would be honest with a patient if something went wrong and immediately apologise. There were no incidents triggering duty of candour in the 12 months before inspection.

We reviewed the service's 'Being Open and Duty of Candour Policy', which was due to have been reviewed on June 2019, we raised this with senior staff, they told us the latest updated policy was being uploaded.

Safety Thermometer (or equivalent)

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance and produced a monthly performance balance score card to compare this location with others across the organisation. The performance data showed the service achieved over 95% harm free care for the last 12 months. All locations were benchmarked and used an internal "At a glance" performance sheet which was completed monthly.

There was an organisation wide monthly rolling audit programme which was completed by staff members from other centres.

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

Good 

We rated it as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and best 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,

Medical care (including older people's care)

treatment and support patients. The clinical treatment protocols were peer reviewed and in line with national guidance. Treatment protocols were based on the National Institute for Clinical Excellence (NICE) pathways for cancer

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used a range of evidence-based guidance, legislation, policies and procedures to deliver care and treatment and support to patients.

Staff were able to easily access policies and procedures through the online intranet website. Genesis Care UK had developed its own database to benchmark quality and performance internally across all locations. During staff meetings managers shared the balance score card which included, incidents, complaints and response rate trends. Managers shared the safety and quality presentations which showed this location's performance was in line with other locations.

Staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. This was included in the daily safety huddle. We observed a safety huddle and found it to be well attended by all grades of staff. The standard agenda included wellbeing check of staff and patients, number of patients planned for treatment, number of planning CT scans, collaborative working across sites, new patients starting treatment, the number of incidents reported that week, planned events for the week such as elective shut down of the treatment machine, radiation issues and patient advisory office issues. All staff attending participated in the discussion.

Doctors who wanted to treat patients outside agreed clinical treatment protocols were required to discuss the rationale with virtual clinical peer review teams where the evidence was considered. The centre manager cited a recent example of this occurring where the doctor was refused permission to treat a patient outside agreed clinical treatment protocols.

Nutrition and hydration

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

All patients who attended the service were offered free drinks and snacks. The centre had a hot and cold drinks dispenser where patients and relatives accessed drinks as required.

Staff recorded the patient's weight and nutritional status weekly and recorded this on an electronic system. Specialist support from staff such as dieticians and speech and language therapists were available for patients who needed it. Staff had access to a dietician from the local hospital if there were any concerns about the patient's weight.

Pain relief

Staff assessed and monitored that patients were comfortable.

The service did not provide prescribed pain relief to patients who attended radiotherapy sessions. Staff told us they checked with patients that they were comfortable before, during and after their treatment.

Some patients undergoing radiotherapy, such as those undergoing radiotherapy to the breast, were reviewed weekly by advanced practice radiographers during a radiographer led review clinic. The provider was unable to dispense controlled drugs therefore, if a patient's pain required urgent attention, the radiographer contacted the patient's clinician or GP for urgent pain medication review.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Managers carried out a comprehensive audit programme. Genesis Care UK had developed an audit database for all its UK centres. Internal performance benchmarking was measured from 20 audits which were completed twice yearly. Audits included patient safety, infection control, patient records, consent, security and safeguarding. The centre submitted patient data to the National Radiotherapy Dataset, which included information of the patient treatment, treatment times and treatment codes.

Managers used information from the audits to improve care and treatment. Staff had access to the location action plan which identified concerns and gave timeframe dates, success measures and the named person responsible for the action.

There were engagement meetings for staff held monthly at the location and at the organisation's main location for all

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centre managers to present their audit results. Managers shared and made sure staff understood information from the audits. We reviewed staff meeting minutes which included governance and audits as a regular agenda item.

Improvement was checked and monitored. We reviewed central quality and safety meeting minutes which included agenda items with audit results and actions identified.

Patient reported experience outcomes were recorded during treatment by a national cancer and wellbeing charity's wellbeing consultants, they were audited regularly by the charity team and internally benchmarked.

The service was accredited with the Macmillan Quality Environment Mark. The Macmillan Quality Environment Mark (MQEM) is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. The service also had ISO9001 accreditation and had external surveillance audits within the last 12 months.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Radiotherapy staff were trained in the use of the radiotherapy equipment and were registered with the Health Care Professions Council. Senior staff told us they provided staff with training and development to support staff in completing competencies which were recorded on the electronic system and kept in staff records.

Managers ensured all new staff received a 60-day induction tailored to their role before they started work. All staff completed an induction programme and were supervised by another member of staff until they were signed off as competent to work independently. We reviewed one staff competency booklet and found this had been fully completed prior to the member of staff working independently.

Managers supported staff to develop through six monthly appraisals of their work. Appraisals were completed every six months and linked to the objectives of the organisation.

Staff we spoke with confirmed they had received an appraisal which was meaningful and addressed their objectives. We viewed three staff appraisals and confirmed the appraisals were carried out according to the policy.

Staff had the opportunity to discuss training needs with their line manager and were supported to set their own learning goals. Genesis UK offered a range of online learning modules that could be tailored to the learning needs of staff.

The service aimed to have monthly one to one meeting between managers and staff. Staff told us in the last 12 months one to one meetings with their manager had not been consistent and attributed this to a change in centre management. They told us the current centre manager was supportive and available for support.

All doctors with practising privileges had completed their revalidation. The centre manager was responsible for completing annual practice privilege checks and informing the corporate medical advisory committee (MAC) of any discrepancies. Radiographers completed their professional registration every two years. Staff we spoke with, told us their clinical practice audit was completed by their line manager which was then shared with the Health Care Professions Council if they were asked to submit their continuous practice development file. There was support available from managers if staff requested it, but no formal process, for example, staff could shadow managers or request mentoring.

The radiographers we spoke with, told us that quality assurance checks of equipment were completed daily by themselves and the local physicist checks were completed weekly and monthly. All quality assurance check discussions were recorded, and we observed these on the service's shared drive.

There were 14 doctors who worked at the centre and saw the patients referred to the centre, agreed their treatment and monitored the treatment effectiveness. The medical staff had practising privileges maintained centrally with the disclosure barring service checks and practice reviews. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Senior staff informed us there was a referral engagement officer who maintained a list of processes for medical staff system checks, for example consultant annual review

Medical care (including older people's care)

which included insurance, General Medical Council revalidation, continued practice development, application for work permit or visa validity. These checks are part of the registration requirements to give confidence that doctors practicing medicine have the training, skills and experience needed to meet the standards that patients expect.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Discharge letters about the treatment patients received were shared with local general practitioners and other local services, as consented by the patient. For example, ongoing treatment not delivered at this location, such as chemotherapy.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. Staff were supported by a wellbeing consultant, who assessed and supported patients suffering from anxiety and stress following their diagnosis. Staff told us they were able to refer patient's for further mental health support through the local hospital.

Patients had their care pathways reviewed by their relevant consultants. We reviewed five patient electronic records and saw the process in place to support the patient and service to meet the safe delivery of treatment. There was a registration section, risk assessment, consent to treat, plan of treatment and follow up review.

Oncologists discussed each patient care treatment plan at the local NHS hospital cancer multidisciplinary meeting and was responsible for sharing the outcome with the treatment centre.

Seven-day services

Key services were available to support timely patient care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests within the working week. Staff received support from other services, for example when they were concerned about a patient's general health.

Staff told us although the service opened Monday to Friday, they were flexible to open on a Saturday to meet the needs of patients, or if for example equipment had broken down in another location or to increase appointments following bank holiday weekends. For example, staff told how they saw patients from a different location following an equipment failure, to ensure that no patient had delayed radiotherapy, while the equipment was repaired.

Patients and carers could use the service's telephone hotline which operated 24 hour a day. This enabled callers to have access to the service for advice and management on any side effects and/or complications they may experience following treatments.

Health promotion

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

The service had relevant patient information leaflets promoting healthy lifestyles and support, which included the living well programme for healthy lifestyle choices.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff understood their roles and responsibilities under the Mental Health Act 1983, Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Staff explained who to contact for advice to support patients who experienced mental ill health. 100% of staff had received training in patient consent.

Staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards within their mandatory training. Staff described and told us how they accessed policies and obtained accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Medical care (including older people's care)

Staff told us they could not recall any patients who had presented with lack of capacity within the service. Staff told us they understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded consent in the patients' records. Staff ensured patients consented to treatment based on all the information available. We saw evidence of completed consent forms on the electronic patient record system which included pregnancy checks for women under 55 years of age. However, there were no posters reminding patients to disclose their pregnancy status in the patient and treatment areas.

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

Good 

We rated it as **good**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. We observed that staff took time to communicate with patients and those close to them in a respectful and considerate way. Reception staff were seen communicating with patients and their families on their arrival to the location in a calm and informative manner. All patient facing staff had completed the 'Improving Patient Experience' course.

The service had a patient experience champion who linked local practise into the national GenesisCare UK patient experience meetings so that learning could be shared across the organisation. This meeting also shared learning from their colleagues in Australia so exemplary patient care can implemented through the company and then championed back into the department locally.

Patients said staff treated them well and with kindness. Patients changed into the gown in a private changing room once the previous patient had gone back through to reception, further enhancing the patient's privacy and dignity.

We observed five patients undergoing treatment during the inspection. The radiographers were caring and attentive. The patients were all complimentary about the care they had received.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. All patients we spoke with were positive in their praise of staff.

Consultations took place in a single room with closed doors and signage that indicated the room was occupied. Each room had a notice for patients to request chaperone support. None of the staff had undergone chaperone training as it was not Genesis policy to offer this training. Staff spoke to patients in a supportive manner and gave extra time for further questions.

Staff introduced themselves and welcomed patients into the centre and directed to them to free refreshments in the waiting area. All staff wore name badges and introduced themselves by first name to any new patient on their arrival. We observed patients who were transported to this location by taxi and who were welcomed by the receptionist. Patients were shown to the waiting area and to the free refreshments and snack area. The service provided a free taxi service to transport patients to and from their treatment appointment.

Patients and their families could give feedback on the service and their treatment, staff supported them to do this. A high proportion of patients gave positive feedback about the service in the Friends and Family Test survey. We saw this service's Friends and Family test results presented as 100% in the three months prior to inspection, with an average of 72% response rate for that time.

Patients completed a detailed questionnaire on their penultimate treatment and the results were shared with staff within the monthly performance report, displayed in the staff room.

Emotional support

Medical care (including older people's care)

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff showed that they understood the impact that care, treatment and condition had on the patient's wellbeing and their families.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Consultations and treatment took place in dedicated rooms. All staff ensured privacy with closed doors and clear signage that indicated when the room was not to be entered. Genesis Care offered a mental health first aid course which one member of staff had attended. The aim was to be able to support a patient or member of staff at the moment of mental distress. Other staff members were booked to attend the course.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Patients we spoke with told us how staff clearly explained their intended plan of care and when there were any changes with that treatment plan.

Staff completed regular holistic needs assessments with patients and used these to identify any concerns the patient may have. Referrals could be made to the local NHS hospital cancer information centre and a national charity specialising in a holistic approach to cancer. Through these services patients had access to counselling, complimentary therapies and wellbeing events. Complimentary taxis were provided to take patients to therapeutic appointments.

The service received 34 compliments in the 12 months before inspection. Comments included "my care here alleviated my anxiety and I am grateful for the state of the art equipment and teamwork", "you have all made the process a warm often funny, supportive and overwhelmingly positive experience. I cannot thank you enough" and "everyone was very kind and caring". Compliments were recorded on an electronic spreadsheet and shared with all staff during meetings.

The service had a variety of cards that could be given to patients as a small celebratory gift when they completed

their radiotherapy course. Staff told us they ensured that if a patient or their relative celebrated a birthday or anniversary during their time on treatment the team will sign a card and give it to them.

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.

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff supported patients to make advanced decisions about their care.

The service made sure patients were involved in their treatment plans. Patients told us that staff always explained their treatment in a way that they understood. Patients told us they were well informed and understood their treatment plan.

A radiographer led breast review clinic had been developed. Patients were reviewed on a weekly basis during treatment and at one week after the end of treatment. The consultations assessed the side effects such as radiotherapy skin reactions and emotional concerns; fatigue; hormone therapy; lymphedema and living well beyond cancer.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The location had a quiet room for private or more difficult conversations with patients and families. Staff told us they used these rooms for patients with increased anxiety and were identified as requiring a quiet area to avoid waiting with other patients in the waiting room. This room was a quiet area with a calm and relaxing atmosphere to support the patient's wellbeing during treatments.

Patient information sessions were run regularly in the department, where patients and their relatives could come in before starting radiotherapy to familiarise themselves and their family with the treatment machine. The staff discussed any concerns that they had and ensured that appointments were booked at their preferred times.

Medical care (including older people's care)

Patients were given information leaflets and the services contact details. If patients were required to have a full bladder for treatment, they were given their own refillable water bottle to use during their treatment.

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

Good 

We rated it 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 people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the population it served. Treatment was planned in line with other locations who they worked closely with to ensure patients received treatments in a timely manner. For example, patient referral to treatment, patients were seen within five days.

Data in reports was used to support the development of improved pathways for patients. For example, referring clinicians were text as key stages of their patients' journey. For example, when the CT appointment was booked, when the CT scan was ready to contour and finally when the plan for the treatment is ready to review. The texts improved the pathway time for patients and used preferred method of communication with doctors to help them organise their schedules.

Staff could access emergency mental health support 24 hours a day seven days a week for patients with mental health problems, learning disabilities and dementia from the local hospital, but explained that they had not needed to make any emergency referrals since the service opened.

The service had systems to help care for patients who needed additional support or specialist intervention, for example, well-being counselling and therapy services.

The service provided patients with a taxi service to help fit treatment in around their lifestyle. Taxis could be booked from a patient's place of work at their request or support parents by taking their children to school in the taxi before the journey continued to the centre for treatment.

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.

All patients who attended the service had a pre-treatment chat with a radiographer prior to their planning computed tomography (CT) in the partner hospital. Patients were offered a tour of the centre and could revisit again with family members before radiotherapy treatment commenced. Staff gave a full explanation of the radiotherapy treatment to the patients at this initial visit.

The centre had limited parking and some designated disabled parking. A free taxi service was available to transport patients to and from their treatment appointment. A hearing induction loop was available for patients who were hard of hearing. Staff has access to an interpreting service to communicate with patients who did not speak English.

There was a variety of patient information available. Copies in large print or easy read could be obtained for patients. There were no communication aids to assist communication with patients who had learning difficulties. None of the signage was dementia friendly.

Patients could leave feedback that would help staff to address and action any concerns. Following this, the day before further treatments patients received a questionnaire regarding their experience to complete. All feedback we reviewed was positive.

Staff understood and applied the service's policy on meeting the information and communication needs of patients with a disability or sensory loss. The location was a calm and welcoming area with comfortable seating, information leaflets, magazines, refreshments and toilet facilities for patients and visitors. The layout was designed for easy wheelchair access.

Medical care (including older people's care)

Staff undertook a holistic needs assessment of patients to understand their physical, emotional and social needs. This supported the individualised care and treatment offered to each patient. Staff provided patients with a bespoke information pack about their treatment and resources available throughout the centre to support their treatment. An end of treatment information package is also given to the patient as well as a follow up telephone consultation by the radiographers one week after treatment has been completed. For example, a local cancer charity supported patients with a wellbeing programme which included reflexology sessions for patients.

Patients received an initial and then daily review of their radiotherapy treatment which was completed by the radiographers. If the radiographer identified that medical advice was required, they contacted the supervising consultant for the advice or make an appointment for the patient to be seen.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, relatives and carers could get help from interpreters or language signers when needed.

We saw the location had access to an audio induction loop system, also called audio-frequency induction loops or hearing loops. These are an assistive listening technology for individuals with reduced ranges of hearing.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

The consultation-to-treatment timelines for every patient group were monitored through live dashboards down to the level of each clinician. Detailed reporting on 'time to treat' was a key performance indicator for GenesisCare Guildford. The dashboard enabled the service to identify trends and outliers, and benchmark internally and externally. Detailed reporting was undertaken at each step in the booking process, as well as at an individual doctor level.

Records showed the average referral to treatment time was 16.5 days compared to the national cancer targets of 31 days for radical treatment and 14 days for palliative

treatment. The 'time to treat' performance was discussed in multiple forums, including weekly centre leader dashboard meetings, monthly operations meetings and one-to-one reviews with Centre team.

Managers and staff worked to make sure patients did not stay longer than they needed to during treatments. We saw that patients were offered a free taxi service to bring and collect them from the location. Patients we spoke with felt this was one less thing to worry about and praised the service for this support.

When patients had their treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible within national targets and guidance. In the last 12 months we saw that all patients were seen within five days of referral. Patients were allocated 15 to 30 minutes for treatment follow up appointments and 45 minutes for all new patient appointments. The centre set up additional treatment slots to make sure patients were seen in a timely manner in line with their treatment plan.

Staff supported patients when they were referred or transferred between services; for example, they provided free transport and accompanied patients if needed. When patients used their own transport to this centre we saw dedicated parking spaces for them to use, this prevented patients driving around looking for a space in a busy car park. Managers monitored patient transfers and appointment cancellations.

Managers monitored and acted to minimise missed appointments and ensured that patients who did not attend appointments were contacted. The service worked to keep the number of cancelled treatments to a minimum which was reviewed as part of the monthly performance report. There were very few appointments cancelled, three had been cancelled in the last 12 months and all available patients were seen within their identified treatment requirements. The service contacted patients to discover the reason for any non-attendance when a patient failed to attend their treatment appointment.

The service supported patients from another centre when the linear accelerator (linac) was not working.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated

Medical care (including older people's care)

concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

The centre manager was responsible for investigating complaints along with the national Operations Director and Head of Quality. The Chief Medical Officer was informed of all complaints and supported the complaints process.

Staff understood the complaints policy and knew how to support patients and their families. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had received two complaints in the 12 months before the inspection.

Records showed managers investigated complaints and identified themes and shared feedback from complaints with staff and learning was used to improve the service. All compliments and complaints were recorded in the incident reporting system so managers had oversight of these. We saw many compliments for individual staff and the whole team.

We spoke with two patients and relatives who told us that they knew how to complain or raise concerns. Although the service had clear information on how to complain or raise a concern on their website there was only had one poster displayed in patient areas about how to raise a concern.

The service used feedback to improve the service, for example, we saw patient feedback mentioned the patient was not aware that the first radiotherapy session was longer than the rest and staff told us this was now included in initial discussions.

All complaints were discussed at the monthly safety and quality committee, this committee had senior management representation from across the business. Themes and learnings from complaints were shared at the committee and disseminated across the business by centre leaders and at the centres team meetings.

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

Good 

We rated it as **good**.

Leadership

Leaders had the 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. They supported staff to develop their skills and take on more senior roles.

The centre had a clear leadership structure in place with the appointment of a new centre manager, who was in the process of applying to be a registered manager with the Care Quality Commission. Staff we spoke with knew the senior team who visited the location when they were within the area. The centre leader reported to the director of operations who was part of the Genesis Care UK leadership team.

Staff were able to contact managers at any time and managers told us they had an open door policy for their staff. Leaders described how they supported staff to succeed and listened to their concerns. Staff told us the leaders were visible and approachable.

Managers confirmed that time was allocated for staff development and monthly one to one meetings were completed. Some staff raised concerns that they did not have all of the allocated time for their one to ones due to work commitments within their contracted working hours.

All staff had a clear understanding of their roles and their areas of accountability, including any additional responsibilities they had; for example, supporting patients' responses for the patient survey feedback.

Vision and strategy

The service 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 and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress

Staff were able to tell us that the vision and strategy for the organisation, was the best possible treatment for best possible results for patient's outcomes. The service had four key values: '1. Empathy for all - we believe that understanding an individual's needs, emotions and ambitions means we have the best chance of making a positive difference to their experience and life outcome. 2.

Medical care (including older people's care)

Partnership for all - by partnering we can listen, share and learn which will allow us to keep improving care. 3. Innovation every day - we believe that insight and evidence lead to innovative ideas. 4. Bravery to have a go - we dare to make ideas happen and believe we will only fulfil our purpose if we try and learn to make things happen that allow us to improve and give patients the best life outcomes.'

The GenesisCare UK strategy was underpinned by three pillars – quality, access and efficiency. This strategy was referred to as 'Services of the Future'. The strategy supported individual centres to achieve metrics such as 100% of clinical protocols being evidence-based or peer reviewed, 100% of patients screened for clinical trial recruitment, 100% of patient reported outcomes collected including cancer minimum datasets, 100% zero waiting times to start cancer treatment, 90% clinician and staff engagement, 90% utilisation of performance dashboards and digital tools. The service shared learning from different international centres of excellence in cancer care and then focused elements of best practise to inform the future strategy at GenesisCare. This was interwoven into staff appraisal objectives, also known as goal setting and enhanced staff innovation, engagement and real front-line delivery of change.

Staff spoke proudly of working for the organisation and some shared that they had opportunities to develop further within the service.

We saw good examples of staff supporting and caring for patients, before, during and after treatment which represented the organisational vision of being the best and providing the best care for all patients.

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.

Staff told us how "We enjoy working at the centre and this was the best service we have worked for". Most staff told us "we feel valued and part of a family, we look after each other, especially when lunch breaks are missed".

The new centre manager had recently been employed. The manager told us they saw their role in supporting and empowering staff, whilst developing the service.

The service awarded a 'Team of the Month' who were recognised for going above and beyond. Staff could send in nominations for those colleagues they would like to put forward to be recognised as living their values, these were collated and shared in a 'Feel Good Friday' communication to all staff. Values postcards were available, and staff were asked to send postcards to anyone they wished to recognise for living one or more of the values.

The centre had a calm, organised environment for patients and staff.

There was a whistleblowing policy, there had been no whistleblowing concerns about this service.

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.

The service had an overarching risk register, the centre leader or deputy entered all identified risks on the register. We found all risks were completed with control measures RAG rated (red, amber and green to identify risk and monitor progress). The governance team at provider level had an overview of risks from this centre which we observed within the Genesis Care location wide safety and quality committee minutes.

Senior staff told us monthly manager meetings and safety and quality operational meetings were held at headquarters. Records viewed during inspection showed the meetings were well attended and minuted. The minutes were available electronically all staff to read following the meetings. Locally, safety huddles commenced at 10am daily during the normal working week for staff to be aware of any anticipated concerns during that day and updated about any service wide concerns. The organisation have four clinical reference groups which provides medical and clinical leadership to the Genesis Care UK board in the areas of clinical protocol standardisation, research and innovation, clinical governance and quality.

Medical care (including older people's care)

Daily work planning included consideration of safe staffing levels and safe treatment of patients in emergency situations (such as metastatic spinal cord compression). At the daily huddle each morning, risks or concerns were identified based on the planned workload. If an emergency patient had been referred leaders had the autonomy to make quick decisions and ensured emergency patients received prompt treatment, and team members are able to coordinate transport via private ambulances and taxi services and arrange out of hours treatment promptly.

If the service was unable to treat patients in an emergency immediately there were established pathways across our GenesisCare UK network as well as with local NHS hospitals.

The leaders at this location held monthly meetings to discuss incidents, complaints, best practice and learning and operational information. We reviewed staff meeting minutes for December 2019 and saw that discussing incidents was a regular agenda item.

Leaders discussed governance issues which included staffing, competencies, incidents and risks. We saw evidence managers tried to ensure staff were kept up-to-date with shared learning and any changes implemented.

The newly appointed centre lead confirmed that they had a structure and system within the service to support governance and performance arrangements. Staff were hopeful that the new manager would improve feedback from head office to the location.

Managers made sure staff attended team meetings or had access to minutes of the meetings when they could not attend. We attended a planned and detailed staff meeting and heard managers provide feedback to those staff who attended about recent incidents.

Senior staff told us about the policy staff sign-up sheet, which staff had to sign to confirm they had read the updated or new policy managers told us this assured them that staff had read them.

The medical advisory committee (MAC) had representation from a multidisciplinary team. The MAC chair had oversight of all consultants with practising privileges and reviewed

their access rights. The MAC chair and chief medical officer processed the practising privileges centrally and reviewed them annually. This ensured that no consultant worked outside of practice.

GenesisCare UK also operated a risk and safety working group, consisting of front-line clinicians and clinician managers. Delivered in collaboration with the wider European team, the group provided strong and professional leadership in risk and safety practice and led to the development of GenesisCare UK Just Culture. 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 group worked in partnership with the national safety and quality committee.

Managing risks, issues and performance

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.

When we asked senior staff about the current risks on the register, we were informed they included staff vacancies, limited capacity for planning CT scans as they were dependent on the availability of the partner hospital scanner and cables running across the floor. Managers told us there was an overarching risk register which included all location risks.

There was a business continuity plan for this centre which highlighted key hazards and mitigations to reduce the risk of the hazards, contact details and actions to take in the event of loss of vital supply services, supply services or delivery gridlock. Managers told us this was currently being updated.

The centre leader had commenced monthly meetings for staff where key issues and shared information was discussed.

Senior staff told us there were a number of service level agreements with other services to provide for example,

Medical care (including older people's care)

infection prevention and control audits, patient transport, consumables, housekeeping cleaning, pathology, pharmacy, waste management, linen, portering and security of the building and maintenance.

All staff we spoke with had Genesis Care named badges. No staff had identifying badges with the staff member's own photograph.

Control of Substances Hazardous to Health (COSHH) products were reviewed and kept in a secure cupboard accessible only by staff. The COSHH folder was complete and reviewed.

There was a systematic programme for clinical and internal audit, which was used to monitor quality and identify areas for improvement. When we spoke with staff who were not all aware of the audits and any results.

The Health and Safety representative within the organisation allocated staff to complete monthly audits to increase staff awareness of possible issues.

Genesis Care UK was registered with the Private Health Information Network (PHIN). Senior staff confirmed that patient satisfaction data was being submitted for external benchmarking with other similar independent services. The service had access to a radiation protection advisor (RPA) from the local NHS trust. During the inspection we viewed the RPA annual report dated August 2019 and found no outstanding actions. The lead radiographer was the radiation protection supervisor (RPS).

This location produced a monthly balance score card which produced performance data which included radiotherapy treatment times and showed that this location was in line with other locations who provided this treatment. Patients received different treatment appointment numbers dependent on type of diagnosis and planned care.

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.

Staff accessed the service webpage, which enabled them to open policies and procedures to maintain essential awareness of their roles and responsibilities. All staff had password access for the service's webpages.

Each patient had an electronic record with labelled tabs for registration, treatment and follow up communications.

We saw detailed records for treatment given and discussions with patients. There was a clear process for screening patients and additional information about the patient, for example blood test results.

Patient discharge letters were sent electronically or by post to the patient's GP. The service kept a copy and a copy was given to the patient.

We were told the location was compliant to the 'General Data Protection Regulation' (GDPR) May 2018 which was confirmed by the twice-yearly records audit. Staff had completed information governance module on the electronic education system.

Caldicott principles were considered when decisions were made on data protection and sharing systems. The medical director held the position of the Caldicott guardian for all Genesis Care locations. A Caldicott guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

Technology introduced by the service has now allowed staff to message consultants when they have performed a task relating to a patient's treatment planning. The SMS system has reduced the chance of patients having treatment delays due to their plan not being signed.

Engagement

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

On day five of treatment patients were given a culture survey to complete which included feedback about staff and their patient experience. There were 15 questions for patients to complete through an electronic pad.

Medical care (including older people's care)

We saw that the friends and family survey had seven patient responses from 15 patients seen daily with all responses completed positively to the key question, “would you recommend this service”.

The service actively sought patient feedback through conversations and written feedback to improve the service they provided.

The organisation had also developed a corporate service improvement strategy Service of the Future (SoF). This is a quarterly presentation from two of the leadership team. The SoF presentation to the staff was in July 2019 and allowed feedback about developments across the organisation.

The patient experience playbook featured in the SoF presentation which is now being rolled out across the organisation and will be used by all staff to enhance the patient experience.

The centre used feedback from complementary sessions to further enhance the experience of the patients and those close to them.

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 service asked for patient feedback, in order to provide individualised care that met the needs of the patient and their family; for example, patients could now choose the music and mood lighting used during treatments.

The service offered credentialing programmes for clinicians and healthcare staff on stereotactic ablative radiotherapy. Stereotactic ablative radiotherapy is a highly focused radiation treatment that gives an intense dose of radiation concentrated on a tumour, while limiting the dose to the surrounding organs. Staff learnt how to treat patients on the UK's first MR linear accelerator which has been operational at the Genesis centre in Oxford since December 2019 and in clinical readiness for the new build facility at Guildford with MR linear accelerator, offering access to patients from all over UK and abroad.

Genesis Cancer Care UK led on clinical projects and clinical trials to meet the best outcomes for their patients. The

centre made sure any patients who signed up for clinical trials were followed up by clinical trial teams; for example, breast radiotherapy and deep inspiration breath hold. Deep inspiration breath hold is a treatment technique that reduces movement within the area being treated, it also moves the heart out of the area, so it receives no radiation and eliminates the risk of cardiac damage in the future.

The service had access to four clinical reference groups. The clinical reference groups 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 clinical reference groups supported four service lines: stereotactic radiotherapy, urology, breast and haematology.

The service offered educational programmes which developed the workforce of the future and included advanced breast radiotherapy and hypofractionated prostate radiotherapy techniques. In addition, the service was developing a research partnership agreement with a local university, and planned research activities focusing on exercise medicine; multidisciplinary team working and MR linear accelerator.

Genesis UK stated, “Our purpose is to ensure the best possible life outcomes for our patients, enabled by happy and empowered people”. To support their staff to achieve this, the first ‘GROW’ programme was delivered to 30 members of the UK team, this included staff from the Guildford centre. This week-long residential course was 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 6-month action plan and feedback sessions implemented thereafter.

A radiographer at Guildford GenesisCare had presented their research on patient recorded outcome measures at a national radiographer's conference. This showed that staff were engaged and supported in their development but also in sharing research within the oncology community for learning. This research was being used to inform the introduction of an electronic patient platform where patients can log on to share their side effects and feelings as a diary function which will form as a proactive way of enabling a rapid care plan to be put in place for patients. The research had been discussed within a patient focus group to ensure that patient engagement and stakeholder engagement was central as part of this project.

Medical care (including older people's care)

The service applied for a Macmillan Quality Environment Mark and had achieved it. The scheme gave patients reassurance that the unit was regularly checked and that they had maintained a high-quality environment for patients and their families.

The organisation has invested in training clinicians through the consultant leader course which underpins the mission to become the preferred UK oncology provider and employer.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure all datix incidents are closed when the investigation is completed.
- The provider should consider providing more visible information identifying how to complain, reminding patients to declare their pregnancy status and the process for staff to follow when a safeguarding concern is identified.