

Genesis Cancer Care UK Limited

GenesisCare Bristol

Inspection report

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Date of inspection visit: 9th May 2023
Date of publication: 22/06/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Outstanding 
Are services well-led?	Outstanding 

Summary of findings

Overall summary

This was the first time we had inspected this service. We rated it as outstanding because:

- 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 managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service had an effective system to manage safety incidents and learnt lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and provided pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were skilled and competent. Staff worked well together for the benefit of patients. They advised them on how to lead healthier lives, supported them to make decisions about care, and ensured they had access to good information.
- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. The service made it easy to give feedback.
- The leadership, governance and culture were used to drive and improve the delivery of person-centred care. There was compassionate and inclusive and effective leadership at all levels. Leaders had an inspiring shared purpose and worked to deliver and motivate staff to succeed. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. The service invested in innovative and best practice information systems and processes.

We rated this service as outstanding overall. With good ratings in safe and effective, and outstanding ratings in caring, responsive and well led.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Outpatients

Outstanding



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- Staff provided good care and treatment, gave patients enough to eat and drink, and provided pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were skilled and competent. Staff worked well together for the benefit of patients. They advised them on how to lead healthier lives, supported them to make decisions about care, and ensured they had access to good information.
- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. The service made it easy to give feedback.
- The leadership, governance and culture were used to drive and improve the delivery of person-centred care. There was compassionate and inclusive and effective leadership at all levels. Leaders had an inspiring shared purpose and worked to deliver and motivate staff to succeed. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. The service invested in innovative and best practice information systems and processes.

Summary of findings

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Summary of findings

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Summary of this inspection

Background to GenesisCare Bristol

Genesis Cancer Care Bristol is located in Aztec West business park and has dedicated parking available for all who visit the service. The centre has dedicated disabled parking spaces, level entrance access and electric automatic doors to assist patient access.

Facilities included a dedicated reception area with seating, a quiet room for pre-treatment discussions, breaking bad news or other needs. Alongside this there were changing rooms and toilets with disabled access. The service had a chemotherapy suite, including 4 chemotherapy pods. Other facilities available were a radiotherapy department, clinic room, pharmacy and dispensary.

The main service provided by this hospital is outpatient chemotherapy and radiotherapy.

How we carried out this inspection

We carried out a comprehensive unannounced inspection of the service under our regulatory duties. The inspection was carried out over one day. The inspection team comprised of a Care Quality Commission (CQC) inspector and a specialist advisor. A specialist advisor is someone who has up to date clinical and professional knowledge with experience of similar services. The inspection was overseen by an operations manager who was available for off-site support.

We spoke with 6 patients and 20 staff whilst on site and reviewed 10 sets of notes.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- The service provided cooling therapy via a medical device that delivers cooling therapy to patients' hands and feet, to reduce common and often debilitating side effects for patients.
- The service had trained and employed a non-medical prescriber in response to patient feedback. The priority was to reduce the challenges faced by patients when accessing medicines that could reduce or manage side effects.
- The service used 'spacers' (a gel used to reduce side effects) for patients requiring radiotherapy for prostate cancer.
- The service had implemented a bar code system to enable better oversight of medicine from prescribing to administering. This system was the first of its kind in the UK and ensured a closed loop on medicine safety. The service provided complimentary exercise medicine and wellbeing support to all patients throughout their treatment. Virtual sessions were provided for patients who did not wish to, or who could not travel to the service.
- The service used 'smart scales' that identified patients using bar codes on patient wrist bands. The bar codes were scanned when a patient was using the scales and the patients' height and weight recording and stored automatically on their electronic records.
- The service had introduced electronic blood ordering and results to improve data quality, safety and better efficiency of nurse time.

Summary of this inspection

- The service offered surface guided radiation treatment. A rapidly growing technology used to improve accuracy in radiation treatment.
- The service provided and encouraged deep inspiration breath hold techniques for breast cancer radiotherapy patients. This is a technique which had been identified as reducing the amount of radiation exposed to the heart.
- The service offered free of charge transport services to all patients to ensure they could access treatment and get home safely. This was especially important for patients who experienced fatigue following treatment.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding
Overall	Good	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding



Outpatients

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

Is the service safe?

Good



This was the first time we had rated this service. We rated it as good.

Mandatory training

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

All staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Examples of modules completed were infection prevention and control levels one and two; basic life support; intermediate life support; conflict resolution; radiation protection awareness and sepsis awareness training.

Staff understood their roles and responsibilities in line with local radiation protection rules. Local rules were displayed. All appropriate staff had read them and signed to show this. Staff told us the service provided training on radiation risks and all appropriate staff had completed this.

At the morning daily safety huddle, roles were allocated for the daily resuscitation team. Information was shared with the whole team after the meeting. Staff who were part of the resuscitation response wore a red badge throughout the day.

Managers monitored mandatory training and alerted staff when they needed to update their training. The electronic system sent email alerts to staff and managers when training was reaching refresher dates. Training compliance was a standing agenda item at the morning meeting attended by all staff on site each day.

Some clinical staff were employed under practising privileges (granting practising privileges is a well-established process within the independent hospital healthcare sector. It is where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice, or within the provision of community services). Managers monitored training records and renewals of training for these staff. The service had processes for training that was nearing expiry and requiring update. If training lapsed, the staff member would not be allowed to continue practising until training was brought back up to date.



Outpatients

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia. Further training had been sourced by the service to support staff with communication skills and tools.

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 staff received training specific for their role on how to recognise and report abuse. The service provided levels one and two safeguarding adults and safeguarding children and young people training for staff through the e-learning portal. The safeguarding lead had received Level 3 safeguarding training for adults and children. The service told us of plans for all staff to undertake Level 3 safeguarding training.

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. They were confident and knowledgeable of making safeguarding referrals and local safeguarding procedures. They knew who the safeguarding lead for the service was and gave examples of safeguarding concerns they had raised.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We were told of patients they had supported to ensure equality for all. They were committed to being inclusive and making sure every patient had the right support and right treatment every time.

Staff followed safe procedures for children visiting the service /department. The service had an up-to-date safeguarding policy for children and adults. All staff understood the safeguarding policy. The policy contained female genital mutilation (FGM) and child sexual exploitation (CSE).

Cleanliness, infection control and hygiene

The service managed 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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff completed checklists to show when an area had been cleaned.

The service performed well for cleanliness. The service completed monthly cleaning audits and scored 100% consistently.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service completed monthly and quarterly infection prevention and control audits, which were sent to the hospital manager and corporate Genesis Care leads. Hand hygiene audits were completed every month. The service consistently scored 100%. An external company completed an infection prevention and control audit yearly.

Staff wore gloves, masks and aprons when treating patients. There were posters throughout the service showing correct hand washing technique. The hospital manager told us there were processes for any missed opportunities for hand hygiene. We were told these were approached as learning opportunities in the daily safety huddle and escalated at team meetings if necessary. All clinical staff were bare below the elbow and there were hand sanitising stations in all clinical rooms. There were hand sanitiser dispensers throughout the centre, accessible to all staff, patients, and visitors.



Outpatients

The service had an up-to-date infection prevention and control policy that was reviewed annually in line with the corporate requirements. There was an infection prevention control lead for the service.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed staff cleaning equipment after patient use. Staff understood how important this was for patients who had compromised immune response due to their treatment.

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.

Patients could reach call bells and staff responded quickly when called. Patients we spoke with told us that when they had needed to use the call bells staff had responded immediately and were reassuring at all times. The service had emergency pull cords or buttons in all clinical rooms waiting areas and toilets.

The design of the environment followed national guidance. The service had a large open plan waiting area which was always overseen by reception staff. There were separate clinical areas for chemotherapy and radiotherapy. Radiotherapy patients waited in the main waiting room at reception until 5 minutes before their treatment. At this point radiotherapy patients waited in a separate area within the radiotherapy department. This area was adjacent to the restricted treatment area but was in constant observation of radiotherapy staff through use of video technology. The video was installed following review of wait time once arriving at the service or waiting for an appointment. It was installed to enable the radiotherapy team to assess who is waiting, improve patient wait times and ensure the safety of patients in the area.

The service also had an onsite gym facility staffed by a personal trainer and a specialist physiotherapist. There were separate rooms to provide holistic therapies and wellbeing services.

The service had replaced most carpeted areas with appropriate flooring to mitigate against risk of infection. However, we observed carpet in some patient waiting areas which could have increased risk of infection if a patient became unwell in that area.

Staff carried out daily safety checks of specialist equipment. There were no gaps in daily checks. However, we saw safety razors were kept on top of resuscitation trolleys. Some resus trolleys were in patient areas where there was limited oversight from staff and a potential risk of harm. We raised this with them during the inspection and the service immediately reviewed their corporate policy and the resus council UK guidelines.

The service followed Ionising radiation regulations 2017 (IRR17) radiotherapy guidance regarding maintenance and quality assurance of radiotherapy equipment. There was an in-house engineer who completed specialist radiotherapy equipment maintenance. The service had access to telephone support and a local engineer for any issues where equipment had broken down. The service had contingency plans to ensure patients could receive their treatment in the event of breakdown. For example, patients may be transferred to another centre if appropriate.

The service had suitable facilities to meet the needs of patients' families. There were waiting areas at reception for patients and their families. Refreshments were available as were reading materials. The service also had created a quiet room for patients and their families to use as required.



Outpatients

The service had enough suitable equipment to help them to safely care for patients. There was a servicing schedule for all equipment they used. Annual maintenance was complete for all equipment.

The service was part of a Southwest audit group where additional checks took place. For example, machine outputs were checked and compared to make sure machine dosages were within tolerance range.

Staff disposed of clinical waste safely. We observed 5 clinical waste bins and 4 sharps bins during the inspection. All were signed, closed and dated. Clinical waste was stored in an area with controlled keypad lock. There were arrangements with an external company for the collection of clinical and non-clinical waste.

The service completed weekly fire safety checks. There was fire safety equipment in all areas of the building and in all departments. All fire safety equipment we saw was serviced and in date at the time of our inspection. The designated fire responders were well identified at morning daily safety huddle and recorded on whiteboards in each department.

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 responded promptly to any sudden deterioration in a patient's health. At the morning huddle the resuscitation team were identified. The allocated person for each role was recorded on whiteboards in each department every morning. Minutes from the daily huddle and the presentation slides were shared with all staff before and after the meeting to ensure everyone was up to date on the patients' attending that day and any risks. Staff who were unable to join in person were able to join via conference call.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff used national early warning score (NEWS2) to identify patients who may become acutely ill.

Staff knew about and dealt with any specific risk issues. Staff told us they used the ABCDE approach recognised by the resuscitation council UK to assess and treat critically ill or deteriorating patients. The service had 3 resuscitation trolleys on site. Staff at reception, had access to a panic button which called and alerted staff to the area for support.

There were posters throughout clinical areas asking patients to alert staff if they thought they may be pregnant. Risk assessments were complete and highlighted specific risks such as possible pregnancy or infection risk.

Staff completed training on sepsis identification and management. All staff knew the service had a sepsis policy and knew the process to follow if they had concerns. The service stocked first line antibiotics to provide immediate treatment to any patient who presented with sepsis. They could complete blood cultures on site to confirm a diagnosis. Staff were knowledgeable about neutropenic sepsis (a potentially life-threatening complication of anti-cancer treatment) and told us they regularly discussed symptoms to look out for and provided alert cards to help patients in identifying sepsis for themselves.

We saw examples of falls assessments and renal function assessments which staff told us were completed where an identified need presented.



Outpatients

The service completed quarterly monitoring of levels of occupational exposure to radiation for staff. The radiation protection supervisor (RPS) for the site reviewed and analysed the reports and ensured exposure levels were within specified limits. We spoke with the radiation protection supervisor who told us no team members had ever exceeded quarterly or annual dose limits. Appropriate staff wore personal radiation monitors to record their level of exposure to radiation.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. In addition to the daily safety huddle, each department completed their own huddle. Departmental huddles highlighted all referred patients, incidents, potential risks and any other safety information that needed to be shared with staff.

The radiotherapy department staff completed a six-point check to ensure the right person receive the right scan and treatment at the right time. Staff showed us the situation background assessment recommendation tool (SBAR) which they used to hand over any information to each other and other professionals.

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, and gave bank, and locum staff a full induction.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. The service had low vacancy, turnover and sickness rates.

Managers limited their use of bank staff. They had access to the wider staffing pool within the corporate Genesis Care structure and requested staff familiar with the service when needed. The service did not use agency staff. Managers made sure all bank staff had a full induction and understood the service.

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.

The service had enough medical staff to keep patients safe. The medical staff matched the planned number. For all consultants looking to work at the service under practising privileges, the medical advisory committee would review relevant credentials, insurance and required information before practising privileges were granted. There was a corporate role within Genesis Care UK which monitored and oversaw all consultants employed by Genesis care services. Regular communication was shared with the hospital manager regarding DBS renewal, training expiry dates and other relevant information which needed updating.

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.



Outpatients

Patient notes were comprehensive, and all staff could access them easily. Patient notes were stored electronically, and any additional paper documents were scanned and saved to the appropriate patient record. Any risks or additional needs were present as an alert when staff entered a patient record.

We reviewed 10 sets of patients notes and records were clear and legible. All were signed or initialled by the practitioner who made the recording.

When patients transferred to a new team, there were no delays in staff accessing their records. The service had reviewed feedback from patients about the transition between chemotherapy and radiotherapy departments. To ensure all staff had up to date information about patients transferring to their care, a multidisciplinary monthly meeting was introduced.

Records were stored securely. There were no delays in patient records being updated and all letters we reviewed were signed and complete. All computers were locked when staff left the workstation.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

We observed staff explaining to patients what their medicines were for. Medicines were reviewed regularly, and chemotherapy patients monitored throughout all treatment for any allergic reactions.

Following feedback from patients about the delays caused by having to have their own GP prescribe medicines and then collect this in another location, the service trained and introduced a non-medical prescriber to the site. This was supported by a non-medical prescribing policy. A forum was also set up across Genesis Care UK services to allow peer auditing of all non-medical prescribers. Staff told us these audits were a good way to ensure good prescribing practice was taking place.

Staff completed medicines records accurately and kept them up to date. We reviewed 4 medicines charts and found all had been signed and dated and allergies recorded.

Staff stored and managed all medicines and prescribing documents safely. All medicines were stored in lockable storage areas that were accessible to authorised staff only. Air temperatures in the department were maintained by air conditioning and the air temperatures in the dispensary were also electronically monitored to ensure they remained cool. Contrast in radiology was stored in line with guidance.

Staff followed national practice to check patients had the correct medicines. The service had introduced QR codes for dispensing medicines. These were scanned along with QR codes on patient wrist bands to enable the pharmacy team to track and trace medicine journey from prescription to patient administration.

Staff learned from safety alerts and incidents to improve practice. Staff told us about incidents both at the service and with other Genesis Care UK services. They explained how learning from incidents was shared at safety huddles and team meetings. Staff said minutes from meetings were easy to access and any urgent changes in practice / policy, or actions needed were highlighted in staff areas too.



Outpatients

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.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. We were told incidents were a standing agenda item at monthly leadership and quality meetings. We found consistent and comprehensive recording of risk in meeting minutes.

We reviewed the service's incident reporting system and data for the 12 months before the inspection. The incidents reported were reviewed using Situation, background, assessment, recommendation (SBAR) tool. Investigations and actions were clearly documented for every entry and lessons learnt were recorded and shared with staff through email and discussion at daily safety huddle.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Managers shared learning with their staff about never events that happened elsewhere. Learning from incidents in the wider health and social care arena, and from other UK and global Genesis Care services was discussed and shared with the hospital managers at corporate safety and quality leadership forum.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The hospital manager told us all incidents were reported and responded to in line with the corporate incident management policy.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service used an electronic incident reporting system. Incident reporting was approached as an opportunity for learning. Staff told us the hospital manager was invested in driving the service forward and making sure every experience is exceptional. Any incidents which caused moderate or severe harm were discussed at a Genesis Care, UK wide, weekly risk and safety committee. Key messages were shared at the daily safety huddle. Managers debriefed and supported staff after any serious incident.

Is the service effective?

Good



This was the first time we had rated this service. We rated it 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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service followed corporate guidance for reviewing and updating policies. All policies we reviewed were updated and in line with relevant and current legislation, best practice guidance and codes of practice.



Outpatients

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. Including those with specialist nutrition and hydration needs. The service had reviewed feedback from patients and ensured snacks included low fibre alternatives. All areas had access to snacks, hot drinks machine and water.

The service provided an exercise medicine service. This team also supported patients to live a healthier life through providing education about healthy food choices, the clinical benefits of exercise and the importance of staying hydrated.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff regularly reviewed if patients were comfortable during their treatments. We observed staff discussing pain levels with patients during this inspection. They offered advice and guidance on medicines that could be prescribed, and techniques patients could use to help alleviate their pain and other symptoms they were experiencing. Patients could access some medicines through the onsite non-medical prescriber. If this was not suitable, patients were referred to their GP for pain relief options. Patients received pain relief soon after requesting it.

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.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes.

Outcome data was recorded on patient electronic records during radiotherapy treatment. Findings were reviewed at monthly radiotherapy meeting. The radiotherapy lead and team worked together to discuss delays, incidents, feedback and outcomes, and consider alternative practice options that could improve the outcomes identified.

The hospital manager told us the service was committed to ensuring the more effective treatment options to patients, whilst maintaining wellbeing and preventing or reducing side effects.

We saw examples of this approach in practice through the provision of wellbeing services to support holistic wellbeing of patients and the collaborative approach through the national charity who provided 'the living well with cancer programme'.

The service also used 'spacers' for patients requiring radiotherapy for prostate cancer. Spacers were used to reduce side effects of prostate radiotherapy. The service used surface guided radiotherapy treatment (SGRT) and image guided radiotherapy (IGRT). These techniques can improve patient quality of life and patient experience of treatment.



Outpatients

Managers and staff carried out a comprehensive programme of audits to check improvement over time. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

The audit programme included scheduled monthly and weekly audits across all departments. This included, but was not limited to, a patient pathway audit, dose badge wearing audit, patient identification audit and pregnancy audit. These audits were completed to ensure the department was compliant with Ionising radiation (medical exposure) regulations (IRMER) 2017, employers procedures for radiotherapy.

We reviewed the monthly audits completed within the chemotherapy department. This audit included pre-treatment and end to end treatment pathway as well as patient identification audit. However, the pre-treatment audit demonstrated that it did not have 100% compliance. This was relating to consent forms detailing treatment side effects. However, actions had been recorded to address this with consultants.

The service completed patient centred care audits. They used the information from these audits to ensure all opportunities to individualise care were being explored and acted upon. The audit reviewed areas such as consent, dignity and respect and patient safety. The results of the audit evidenced consistent approaches to reviewing patient outcomes and evidenced any further system or support that contributed to improving outcomes for patients.

The Genesis Care UK provider collected quality and performance data from all services. This enabled the performance data for this service to be benchmarked across all services the provider owned.

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. We reviewed 4 staff and found all appropriate information was available including references, Disclosure and Barring service (DBS) certificate and identity check documents. We reviewed competency files for 2 further staff and found these to be up to date and in line with the requirements of their roles.

Managers gave all new staff a full induction tailored to their role before they started work. There were 2 parts to the induction. The first was a corporate induction used by all genesis Care UK services, it was based on genesis cares values. The second part was a service specific induction more focused on specific job roles and site safety. The hospital manager monitored induction completion and insured all staff had completed the induction. All staff files we reviewed showed complete induction documentation.

Managers supported staff to develop through yearly, constructive appraisals of their work. The service provided 6 monthly and annual appraisals for all staff. The appraisal process was focused on the values of the organisation and linked directly to behaviours expected of each job role.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Additional aspects of clinical supervision had been explored for staff. This was following staff discussion and feedback around the experience of vicarious trauma due to the impact of building relationships with and working alongside patients who did not always recover. Staff told us this aspect of clinical supervision significantly improved their sense of well-being and they felt Genesis Care really looked after their staff.



Outpatients

Managers made sure staff attended team meetings or had access to full notes when they could not attend. All team meetings were minuted, and documents shared with staff via e-mail.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We saw examples of continuing professional development (CPD) and opportunities for staff to further their skills. The hospital manager kept a CPD log which evidenced examples of further training staff had undertaken. Staff felt supported to access additional training and spoke highly of how the hospital manager facilitated and encouraged learning and development.

Managers had processes to identify poor staff performance promptly and supported staff to improve. The centre had not had any performance related issues with staff since opening. We were told there was escalation policy and procedures to follow if staff performance was in question.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The aim of this meeting was to ensure the entire team at the service were aware of all patient needs, especially patients who were transferring from one pathway to another. All staff were passionate about the benefits of approaching cancer treatment in a complete way. They spoke about treating the patient as a whole instead of just treating the condition.

Staff also attended MDT meetings with other Genesis Care services to share learning.

Patients could see all the health professionals involved in their care in one visit. The service prioritised getting appointments for each patient on the same day where appropriate. For example, if a patient had a consultation appointment to schedule but also needed a counselling appointment and exercise medicine appointment, the team would work to make sure this could be done in one visit.

Seven-day services

Key services supported effective patient care.

Normal opening hours for the service were Monday to Friday 8am to 5pm. The service opened on bank holidays and worked flexibly in the evenings to facilitate patient needs. Out of hours patients had access to 24/7 support lines.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. There were information leaflets in waiting areas and in the quiet room which patients could read at the site and take home with them.

Staff consistently assessed each patient's health at every appointment. They provided support for any individual needs to enable patients to live a healthier lifestyle. The holistic approach of the service method team worked together to ensure patients could access well-being support and exercise support throughout their treatment journey. Patients had access to a physiotherapist and personal trainer who led them through a personalised 12-week exercise programme at times that suited the patient. This was complimentary and offered to all patients throughout their treatment journey.



Outpatients

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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 or were experiencing mental ill health. They used agreed personalised measures which limited patients' liberty.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. They clearly recorded consent in the patients' records. The service audited consent through several streams.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. We were told of an example when a patient was not able to consent to treatment and the steps taken, involving the patient, professionals and family members, to be able to proceed with treatment. This meant the best outcome could be achieved with the patient.

All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Staff we spoke with were knowledgeable and clear about their duties under the legislation. They knew where to gain advice from and were able to show how policy was accessed if needed. Staff told us about assessment tools and communication skills they drew upon when assessing a person's ability to make decisions. Staff could make internal referrals for counselling for patients and could access psychology services locally through NHS and other provision.

Is the service caring?



This was the first time we inspected this service. We rated it as outstanding.

Compassionate care

Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Privacy and dignity is consistently embedded in everything staff do including awareness of any specific needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed patient care during this inspection and saw staff supporting patients through difficult conversations, showing empathy and interest in what was happening in their lives, and supporting patients with distraction skills when they were anxious and nervous about their treatment. Patients said staff treated them well and with kindness.



Outpatients

Staff followed policy to keep patient care and treatment confidential. 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. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care which was kind and promoted people's dignity. We observed the daily huddle and saw the sensitive, genuine, empathetic approach from staff.

Staff spoke of patients as individuals, as a person, and knew areas of the patient's lives that were most important to them and causing them challenges. Staff used inclusive and non-discriminatory language and advocated for patient choice, prioritising the patients' views and wishes.

Staff demonstrated a person-centred approach whilst discussing best ways of communicating with each patient, and their family members, especially those who required support for their mental health.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff took time to know additional needs of patient family members, they explored ways of providing support to family whilst the patient received treatment. The service arranged wellbeing events to promote the importance of self-care and networks in maintaining dignity and individuality during cancer treatment.

Emotional support

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 supported patients who became distressed and helped them maintain their privacy and dignity. The service had created a 'quiet room' for patients and their carers or family to access. It was a calm and comfortable space with seating and soft lighting.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff empowered people who use the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered through recording in care records, approaches to patients' and engagement with family members where appropriate.

Staff recognised people needed access to, and links with, their advocacy and support networks in the community and they supported people to do this.

The service had identified the challenges of travelling long distances for treatment. The service managed this by offering a complimentary taxi service to all its patients, regardless of how far away they live. The service arranged and booked all taxis when scheduling appointments with patients. We were told this practice had been challenged at a financial planning meeting, but it was kept because it was a vital service for patients with significant fatigue following treatments and it was something this service did that differed from its competitors.

Understanding and involvement of patients and those close to them

People who use the service and those close to them are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person. Staff empower patients to have a voice and to realise their potential.



Outpatients

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. We heard from patients who felt staff built personal rapport with them and gave extra ideas for what they can do or try to relieve any symptoms. Patients told us staff explained treatment to family members and provide additional support to family who are struggling to come to terms with diagnosis and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service had concerns, comments and complaints forms for people using the service to complete.

The service sought feedback on patient experience from all patients. This feedback opportunity was given to all patients at the start of the care and treatment, after 1 week of treatment and at the end of their treatment. The average patient experience score for the 12 months leading up to our inspection was 97%, which was better than the services target of 95%. The service reviewed the completion rate of the patient experience feedback form. The response rate was 63%, which was better than that of similar organisations both within and external to Genesis Care.

In the 12 months prior to the inspection, 100% of patients rated respect and dignity as excellent, 97% of patients rated the explanation for delays as excellent, 97% of patients said that they were told about what side effects to watch for when they went home, and 97% of patients said they would be extremely likely to recommend Genesis Care Bristol to family and friends. We reviewed thankyou cards, emails and feedback forms that were consistent with the patient survey results.

Any improvements were identified, and actions taken to embed these into practice at the service. Improvements included the introduction of the centre's multidisciplinary meeting due to the chemotherapy and radiotherapy pathways feeling disjointed for patients. There was also implementation of a courtesy call to patients upon receipt of a referral to ensure the patients feel supported and updated on next steps.

Staff supported patients to make advanced decisions about their care. They supported patients to make informed decisions about their care. Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible. The wellbeing service, and the wellbeing clinics provided additional focus on self-care and enabled patients to have counselling support throughout their treatment. Patients were supported through the wellbeing service to 'live well with cancer'. Staff and patients told us what a positive difference these conversations made on treatment planning and life decisions after treatment.

The team worked as a creative and supportive multidisciplinary team, drawing on each other's knowledge and to ensure the best outcomes for patients. People felt really cared for and that they mattered. Staff were exceptional in enabling people to remain independent. Additional equipment was purchased to support reading independence at the service, alongside the installation of handrails in patients' areas to support patients' to be able to stand and sit without support. The whole service worked alongside the patient in a holistic way.

People's emotional and social needs were seen as being as important as their physical needs. The team had regular conversations with each patient to ensure they best understood what was important to them, how to support their physical needs, develop exercise therapy and provide complimentary therapies to support emotional wellbeing.

Patients gave positive feedback about the service. We spoke with 6 patients during the inspection. All gave consistently positive feedback. They talked about the service being 'unbelievably brilliant and a 'safe haven'. They told us about the difference the service had made to their lives. We were told about the calm and reassuring staff who make the whole experience about the person not just the illness.



Outpatients

People valued their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support. We were told that all staff knew patients by their name and remembered details about the names of their family members and checked in on progress of sports teams they followed. Patients told us staff went over and above to make you feel ok. They spoke about the journey living with cancer being scary but the service making them feel supported.

We reviewed other feedback sent to the service which also showed a supportive and encouraging culture. Feedback we saw included statements such as 'feeling very grateful' and 'you are all fantastic people'.

Is the service responsive?

Outstanding



This was the first time we had inspected this service. We rated it as outstanding.

Service delivery to meet the needs of local people.

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

Managers planned and organised services, so they met the changing needs of the local population. The service worked closely with other independent health providers and NHS trusts to ensure patients experienced an integrated care pathway.

The service had systems to help care for patients in need of additional support or specialist intervention. All staff received training to be a chaperone. There were signs throughout the service, and in all consultation and clinical rooms, reminding patients to ask for a chaperone if they required one. Staff asked patients if they would like a chaperone before an intimate examination.

Staff at the service had reflected on how well information was shared between the teams following patient's death. The feedback showed that not everyone had known the patient and had not known to be sensitive around each other when discussing the patient. As a result, the team adapted their morning daily safety huddle to make sure all staff know what is happening for all patients to prevent any insensitive conversations and to ensure the approach of the team is joined up. The huddle ensured that patient feelings were identified, and their wellbeing was shared with everyone every day. We observed this daily safety huddle and saw the genuine care and consideration staff showed when talking about each patient and how they were prioritising supporting their wellbeing.

The service worked closely with local NHS trusts, independent hospitals and hospices to ensure the patients in the area were receiving the right support at the right time. Managers attended monthly meetings with the independent hospitals to ensure patients' needs were being met through provision in the area. The manager also worked with hospices through fund raising for the charities and completing regular onsite visits to maintain current knowledge of the services provided. The service had a service level agreement with a local trust for acutely ill patients which included strict criteria that nursing staff followed when assessing and referring patients through this route.

Meeting people's individual needs

People's needs and preferences are central to the delivery of tailored services. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.



Outpatients

Staff made sure people living with mental health problems and dementia, received the necessary care to meet all their needs. Staff supported people living with dementia by using 'This is me' documents and patient passports (these are records that show important aspects of a person's life, including what is important to them, who is important to them, their likes and dislikes). Staff gave an example of a patient whose family member had dementia and the actions taken to ensure support, reassurance and time could be provided to the family member whilst the patient had their treatment. This included completion of a 'this is me' form for the family member with support from the patient.

Staff shared with the inspection team the feedback from the patient regarding how much of a difference their time and adaptations had made to the patient's life, as they had been worried about leaving their family member whilst they received treatment.

This was an example of how the service invested in every aspect of a patient's life during their treatment at the service. Staff went over and above to make reasonable adjustments and ensure patients wellbeing was always of primary importance. They were creative as a team and thought outside the box to meet people's individual needs.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service also had access to translation services to support patients whose first language was not English.

The service had information leaflets available in languages spoken by the patients and local community. Staff showed us they could access leaflets in many different languages and in large font if needed. They told us about feedback from a patient who found it difficult to see information when completing patient registration form. The service responded by purchasing an A4 magnification sheet to support all patients with vision challenges in the future. All signs throughout the service were in writing and in braille.

Patients were given a choice of snacks and drinks. The service had received feedback about there being no access to main meals whilst having chemotherapy treatment. They were in the process of exploring options to address this during our inspection.

Staff told us the snack selection had been adapted following feedback from patients that there were limited snacks for patients on low fibre diets. There was also feedback around broadening the selection of drinks available. The service responded and now offer a wide selection of herbal teas in addition to coffee and standard tea.

Access and flow

People could access the services and appointments in a way and at a time that suits them. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients significantly exceeded national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service's referral to treatment times for radiotherapy were 8 days or less. This was significantly lower than similar services whose waits were consistently 30 days or more. The service did not have any waiting lists and had introduced an MRI co-ordinator to ensure timely image and handover of patients. The service advised that this had significantly improved patient journey and had reduced the chances of delays to treatment.



Outpatients

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. Patients could access a telephone support service 24 days per week.

Managers worked to keep the number of cancelled appointments and treatments to a minimum. Patients were not left waiting for their appointments. The service prioritised seeing patients within 5 minutes of their scheduled treatments time. There had been no cancelled appointments within 6 months of the inspection.

Patients could access the service in a way and at a time that suited them within the Monday to Friday hours. The service was frequently open on bank holidays and extended its hours through the week to accommodate patient need and flexibility. Outside of these times patients had access to 24/7 support services. The administration team prioritised patient availability and needs when arranging appointments and treatments.

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.

Most patients, relatives and carers knew how to complain or raise concerns. Two patients we spoke with were not sure how to raise a concern or complaint but advised they would feel comfortable asking staff or the reception team if they needed to.

The service clearly displayed information about how to raise a concern in patient areas. We observed leaflets in all patient areas. Staff told us these leaflets were also sent out to patients once their referral has been received.

Staff understood the policy on complaints and knew how to handle them. All comments and concerns were added to the service's incident reporting system and action plans created to address the challenges or improve practice. For example, the service had received feedback from a patient that some seating was difficult to use independently. The service responded by working with the patient to identify the area and installing a handrail to make this easier for others who may have similar challenges.

Managers investigated complaints and identified themes. The hospital manager reviewed feedback every month and used the information to identify themes and discuss these with staff. Staff gave an example that patients had fed back they were often having to wait for their appointment if attending for blood appointments. The teams in chemotherapy and radiotherapy met to discuss how things could be improved. An action of introducing scheduling meetings for each department was identified. Staff said these meetings were very positive, and there have been no patient complaints raised since the change in practice.

All feedback and patient satisfaction surveys were discussed at monthly staff meeting and monthly leadership and quality meeting.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The hospital manager reviewed all complaints and responded promptly and in line with the complaints policy.



Outpatients

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw examples such as chairs being replaced with new chairs with arms to help patients maintain independence in changing areas. The service introduced a sign in the radiotherapy waiting area to encourage patients to return to reception if they were waiting for more than 10 minutes.

Staff could give examples of how they used patient feedback to improve daily practice. Staff told us how the service had introduced an ultrasound gel warmer following patient feedback about the gel being very cold. We were patients had raised that it was difficult to request medicines from their GP at times, which caused additional trips and often time delays in getting access to medication. The service reviewed this feedback and introduced an independent prescriber in radiotherapy who can now prescribe medicines, which could be dispensed on site, to help manage radiotherapy side effects.

The exercise medicine provision at the service, alongside the holistic approach of wellbeing services; ensured that all patients received a truly individualised approach to their treatment. For example, all patients were offered an initial assessment with the onsite physiotherapist and were able to have an exercise programme written for them to use in the on-site gym. Staff were skilled at communicating the benefits of exercise when living with cancer to patients and feedback from all patients who accessed the service was positive.

Changes to practice were shared at corporate leadership meetings and safety and quality forum. Staff told us they were encouraged to report incidents and felt confidence that a learning culture was present when reviewing incidents.

Is the service well-led?

Outstanding



This was the first time we rated this service. We rated it as outstanding.

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.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. The service had a corporate freedom to speak up (FTSU) guardian and FTSU champions at each centre. All staff we spoke with were familiar with the FTSU guardian and their local champion.

Staff and patients knew who the department leaders were. They all knew who the hospital manager was and spoke favourably of the support and visibility they offered every day. Staff felt supported to develop their own skills and were encouraged to live the values of Genesis Care in their work.

We saw examples of acknowledgment systems to identify others they were working with and highlight how they were meeting the services values. The hospital manager had introduced calendars, in the staff areas, to remind everyone when staff birthdays were.



Outpatients

The hospital manager had also introduced a notice board by the staff coffee machine that showed each member of staff by picture and detailed what they liked to drink. This was to encourage staff to support each other and develop relationships in their breaks.

Staff told us they were able to develop and were supported to access additional training if they wanted to. For example, there was a pharmacy technician in a clinical trials role 1 day weekly to give opportunity to learn how this might be implemented in the service.

There was strong collaboration, team-working and support across all areas of the service and a common focus on improving the quality and sustainability of care.

Vision and Strategy

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.

The service had five key values; empathy, integrity, bravery, partnership and innovation, which were embedded in all aspects of service delivery. The values were fundamental aspects of annual and midyear appraisals of performance and achievement for staff. Before their appraisal individuals completed a form and were required to give examples of how they demonstrated the organisational values.

The service's recognition scheme linked directly to the values. Staff told us they felt supported by the services focus on values. They said the values were integrated in their approach to patient care, staff performance and staff wellbeing. We saw a values board in the staff room and throughout the site. Staff told us it helped them 'live' the values, being able to see them and consider them in their daily roles at work.

The service also had a values to behaviours document. This was given to everyone at induction and was available at any point on the service's electronic data sharing system. The document broke down the behaviours into how each role or level within the organisation could live the values. It showed the expectations of the organisation for each role and was used for benchmarking at annual appraisal.

Values were also fundamental when looking at strategy or setting goals at the service. All goals or actions for the service were considered as themes and were incorporated under one of the value headings: improving patient access, service of the future (operational excellence and clinical excellence, new sites and services, replacements, cellular therapies and partnerships with NHS trusts, transformation and integration, governance and risk.

Each year, performance in the service was reviewed and an action plan devised. This was aligned to the global strategy for Genesis Care, tailored to a UK strategy and then local strategy. Senior leaders delivered a meeting to share ideas from global and local strategy and gave opportunities for staff at the service to feed ideas into this at local level. The service set goals, aligned with the strategy, and progress against these goals was reviewed by a corporate manager for Genesis Care. The leadership and quality meeting agenda also included a review of progress around the strategy.

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.



Outpatients

The registered manager maintained a continuing professional development log which monitored all learning, additional to mandatory training complete by staff at the service. Examples of activities undertaken by staff were reading articles, completing wound care training and steroid reduction training. These were logged and discussed as part of staff appraisals, there was opportunity to share learning at monthly team meetings.

The service was looking at introducing diversity champions. There was a corporate working group looking at how to evolve the equality, diversity and inclusion offering from the service. Staff gave an example of the service's adapted approach to medical history forms which now ask for patients' gender at birth, instead of gender. Staff explained this was to ensure appropriate treatment is offered and provided to all patients.

Staff at the service spoke openly about the vicarious impact of patient trauma on staff. They told us the service had mental health first aiders on site and conversations were encouraged between staff for support and reassurance.

The service completed a staff survey every year. The last employee engagement survey was completed in November 2022. We reviewed the results from this survey and found that all staff had responded. The results were very positive and showed that 93% of staff felt they had the resources they needed for their job, 96% felt cared for at work, and 88% felt that people in the organisation took the time to learn from any mistakes. There were areas identified for improvement through the survey and we reviewed the action plan document showing what the improvements could be and how this could be achieved. These actions were allocated to a manager, and all had review timeframes and updates recorded against them.

All patients and staff we spoke with were confident they could raise concerns. Patients told us they felt able to approach any of the staff at any time, many of them knew the hospital manager by name and told us they would speak to her if they were concerned about anything too.

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.

Governance arrangements were proactively reviewed and reflected best practice.

The centre held a monthly all centre meeting, which was chaired by the hospital manager. Key messages were shared and an opportunity to celebrate successes of the team.

A further monthly meeting was held for each department within the organisation (radiotherapy, administration, pharmacy and chemotherapy). The outcomes and actions from these departmental meetings fed directly into a monthly leadership and quality meeting. The meeting gave an update on mandatory training compliance, incidents, good news, areas of learning and any staffing issues. Access to the meeting minutes were shared with all staff by email and a paper copy was also made available in the staff room.

Issues identified at the leadership and quality meeting were escalated weekly to the Genesis Care UK safety and risk committee. The meeting looked at all incidents that had taken place across the Genesis Care UK services. Attendees discussed investigations, root cause analysis and set actions and owners for following through on actions. The meeting also identified and initiated any rapid alerts if something needs sharing to services immediately. Key findings from this meeting were shared at corporate safety and quality leadership forum whose purpose was to benchmark services against similar services and ensure learning was disseminated and embedded across all services run by Genesis Care.



Outpatients

Corporately, there were 4 clinical support and oversight committees and 4 clinical support and oversight subcommittees; and 4 technical support and oversight committees and 5 technical support and oversight subcommittees. These all met monthly and shared monthly findings and learnings at safety and quality leadership forum.

The service played an active role in corporate medical advisory group committee (MAC). The MAC was chaired by Genesis Care corporate UK chief medical officer. The MAC chair visited the centre along with other members of the corporate senior leadership team approximately every 3 months and all staff we spoke with knew who this was. The MAC chair and other members of the senior leadership team (SLT) also completed 'walk in my shoe's days' in 2 centres every year. The purpose of these visits was for the SLT to visit the service and spends a day with the staff exploring ways of working and discussing any successes or challenges of the roles.

The registered manager for the service submitted all statutory notifications. Department leaders were identified to complete these tasks if the registered manager was unavailable.

Management of risk, issues and performance

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.

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how the systems functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

The service kept and maintained a comprehensive risk register. Risks were assigned to a responsible lead who then monitored and updated the risk with any actions. The hospital manager also kept risk expiry dates in her calendar to ensure progress against actions was complete and reviewed in appropriate time frames.

Risks, including the risk register, were discussed at monthly leadership and quality monthly meetings and at safety and quality meetings. The hospital manager gave an example from the services risk register where it had been identified that pre-filled syringes of adrenaline, for use in cardiac arrest, were filled to double the dose required. This meant a patient in cardiac arrest could be administered too much adrenaline, which could have fatal consequences. The services responded by alerting all staff to this issue and ensuring it was regularly considered in at resuscitation scenarios and as part of safety huddle and risk meetings. They were not able to reduce the adrenaline syringe quantity as these were determined by the manufacturer. All staff we spoke with were aware of this risk and knew to only administer half a syringe.

Information Management

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 submitted to external organisations as required.

The service collected data on the quality of the service from a variety of sources and used this to improve performance. A monthly quality report for each centre included incident rates. Notifications were submitted to external organisations as required. The daily safety huddle gave a snapshot of daily risks.



Outpatients

The hospital manager had easy access to information, which was shared regularly with department leads and the staff team. The audit process was comprehensive and patient experience and safety performance could be reviewed and benchmarked against similar organisations. Actions were recorded and owned by department leads who consistently updated progress and ensured changes were embedded.

There were clear expectations and policies to enable staff to ensure confidentiality of records and data. Data management systems were secure, and all computers required staff to access via log in details and passwords.

Information governance formed part of the yearly mandatory training for all staff. At the time of this inspection completion rates for this training module was 100%.

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.

The registered manager and other department leads for the service also attended regular meetings with local NHS trusts, Integrated Care Boards and other local service providers to ensure and facilitate a joined-up approach to care. These were valuable to ensure the service could support the wider system during the pandemic and ensure patients could access treatment quickly. They also ensured the service were up to date with any wider system risk issues and were able to share knowledge and learning with multidisciplinary, integrated colleagues.

The hospital manager told us about support the service had provided to local NHS trusts regarding short term use of equipment at Genesis Care Bristol. This enabled patients to continue to receive treatment whilst facilities were being expanded. The service had supported other local NHS trusts during the pandemic to ensure radiotherapy patients could be treated as the trust had been impacted by staff illness.

The hospital manager also told us about a further cancer centre they had supported in the previous year. The other service was no longer able to provide the service to its patients, Genesis care Bristol were able to work quickly and grant practising privileges to one of the consultants so that patients could be referred quickly, and treatment continued without delay.

The service had clinical reference groups (CRG's) which included staff from multiple Genesis Care services. The CRG's were made up of different doctors and leads from service development teams who were clinical experts. The CRG role was to look at what was happening with services within their area and create actions to progress and innovate the service; ensuring the optimum treatments were available to patients.

In addition to the CRG's, the service was part of and had access to the Genesis Care global clinical leaders forum. This included doctors from across the globe, who are working for Genesis Care, and was an opportunity to share information about innovative treatments and approaches to best practice.

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.



Outpatients

The registered manager maintained a continuing professional development log which monitored all learning, additional to mandatory training complete by staff at the service. Examples of activities undertaken by staff were reading articles, completing wound care training and steroid reduction training. These were logged and discussed as part of staff appraisals, there was opportunity to share learning at monthly team meetings.

Staff told us they all worked together to ensure the patients had the best treatment whilst maintaining their self-worth and wellbeing.

The service provided cooling therapy to reduce common and often debilitating side effects for patients.

The service trained and employed a non-medical prescriber in response to patient feedback. The priority was to reduce the challenges faced by patients when accessing medicines that could reduce or manage side effects.

The service used 'spacers' for patients requiring radiotherapy for prostate cancer.

The service had implemented bar code system to enable better oversight of medicine journey from prescribing to administering. This system was the first of its kind in the UK and ensured a closed loop on medicine safety.

We were told of complimentary exercise medicine and wellbeing support available to all patients throughout their treatment journey. Virtual sessions were provided regularly for patients who did not wish to, or who could not travel to the service.

The service used 'smart scales' that identified patients using bar codes. Patients' height and weight recording and stored automatically on their electronic records.

The service had introduced electronic blood ordering and electronic results to improve data quality, safety and better efficiency of nurse time.

The service offered surface guided radiation treatment. A rapidly growing technology used to improve accuracy in radiation treatment.

The service provided and encouraged deep inspiration breath hold techniques for breast cancer radiotherapy patients. This is a technique that had been identified as reduced the amount of radiation the heart is exposed to.