

Genesis Care, Chelmsford

Quality Report

Springfield cancer centre,
Lawn Lane,
Chelmsford
CM1 7GU
Tel: 01245 371154

Website: www.genescare.co.uk/cancer-centre/chelmsford

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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

Genesis Care Chelmsford is operated by Genesis Cancer care UK Limited. The service has no inpatient or overnight beds. Facilities include one radiotherapy treatment rooms, a quiet room, waiting room and reception area.

The service provides radiotherapy treatment but not diagnostic treatment for only those patients that have private funding and a confirmed diagnosis of cancer and some benign conditions.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 13 August 2019, along with a further unannounced visit to the hospital on 23 August 2019.

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

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

The main service provided by this centre was radiotherapy.

Services we rate

We rated it as **Good** overall.

We found good practice in relation to this cancer service:

- 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. The service managed safety incidents well although learned lessons from them needs to be shared with all staff. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and referred them for pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided 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.

Heidi Smoult

Deputy Chief Inspector of Hospitals (on behalf of the Chief Inspector of Hospitals)

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

The service provided cancer radiotherapy treatment. We rated this service as good overall because it was safe, effective, caring and responsive, and well led.

Summary of findings

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Good 

Genesis Care Chelmsford

Services we looked at

Medical care

Summary of this inspection

Background to Genesis Care, Chelmsford

Genesis Care Chelmsford is operated by Genesis Cancer care UK Limited. The service opened in July 2016. It is a healthcare facility in Chelmsford, Essex. The hospital primarily serves the communities of the Essex area. It also accepts patient referrals from outside this area.

The hospital has had a registered manager in post since 13 July 2016. At the time of the inspection, the registered manager was the deputy centre leader and registered with the Care Quality Commission from 15 July 2019.

Genesis Care Chelmsford is a cancer treatment and wellbeing centre which offers outpatient radiotherapy treatment and assesses the patient's response to their treatment. The radiotherapy service delivers pinpoint, external beam radiotherapy treatments to accurately treat many types of cancers including but not limited to; prostate, breast, colorectal, head and neck, cancers. The service also provides care for non-cancer conditions such as Dupuytren's disease (one or more fingers permanently bent towards the palm).

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in diagnostic radiography. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about Genesis Care, Chelmsford

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder and injury

During the inspection, we visited all areas of the centre, the two consultation rooms and the radiotherapy room. We spoke with eight members of staff including, reception staff, medical staff and senior managers. We spoke with six patients and two relatives. We also received 20 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed six sets of patient records.

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

Activity (2 July 2018 to 31 July 2019)

- In the reporting period 2 July 2018 to 31 July 2019. There were 245 day case episodes of care recorded all were privately funded.

Consultant physicians worked at the hospital under practising privileges. The resident medical officer (RMO) on duty worked as part of a central rota. Genesis care Chelmsford employed radiographers, a dosimetrist, (a medical professional who is certified to develop radiotherapy treatment plans and calculate and deliver doses of radiation to cancer patients and those with benign conditions), patient administration officers, registered nurses and bank staff. Charitable monies funded a wellbeing consultant.

There was no accountable officer for controlled drugs (CDs) as the service did not store or administer controlled drugs.

Track record on safety

- There were zero reported Never events
- There were 43 reported clinical incidents from August 2018 to July 2019 all no harm or low harm.

Summary of this inspection

- Zero serious injuries

Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

Zero incidences of hospital acquired Clostridium difficile (c.diff)

Zero incidences of hospital acquired E-Coli

There was one complaint raised at this location in 2017.

Another provider offered alternative therapies to patients within the service, for example reflexology.

Services accredited by a national body:

- The service held the 'International Standards Organisation' accreditation (an international

independent standard-setting body composed of representatives from various national standards organisations). The next review was expected in September 2019.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision

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 

Mandatory training

- **The service provided mandatory training in key skills including the highest level of life support training 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 July 2019 showed a compliance rate of 82%. At the time of our inspection data we received showed that 38% of staff that had completed practical basic life support training this was discussed with the senior team who confirmed training was booked and was to be delivered by another service for the following week. On our unannounced visit further staff had attended basic life support training which increased compliance to 88% compliance. The service did not have a set training target to meet.
- 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.

Managers used a monthly balance scorecard to monitor training and support staff to attend training. They confirmed they allocated sessions for staff to maintain their mandatory training within their working hours.

- All staff we spoke with told us they felt they received the necessary mandatory training to make sure they could 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 the safeguarding adult at risk policy which both had been due for review in June 2019. Both policies had version control in place for monitoring. Senior staff confirmed the service did not treat patients under the age of 18 years. We raised this with the senior team at the time of our inspection, we were told and observed that the policies were on the agenda for the safety and quality meeting July 2019.
- 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 2 for this location up to July 2019. 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

Medical care (including older people's care)

agencies to protect them. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. 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.

- There were no safeguarding concerns reported to the Care Quality Commission (CQC) for the 12 months from August 2018 to August 2019.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, they did not always follow all control measures to prevent infection risks.**
- 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 and took pride in their work. Each consultation and treatment room had handwashing facilities with hand hygiene products and a paper towel dispenser. There were hand hygiene technique stages displayed on posters by the sinks to remind staff how to wash their hands. There was carpet flooring in the waiting area, which was deep cleaned in line with national and local infection prevention and control guidance.
- Cleaning records were up-to-date and demonstrated
- Staff did not follow all of the best
- Staff cleaned equipment after each patient contact and labelled equipment to show when it was last cleaned.
- The service carried out a six monthly infection prevention and control audit. We saw eight actions identified from the week before our inspection, when the last internal infection and prevention audit was completed. Each action had a sign off date for the end of the month.
- Staff disposed of clinical waste safely. We saw waste disposal facilities that managed clinical waste in line with waste management guidance.

- Each toilet had a daily checklist we reviewed them all and found they were all 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.**
- There was a security controlled entrance reception area with a high and low reception desk next to a waiting area. Staff used security fobs to access the location. This ensured only authorised staff, patients and their relatives were allowed to gain entry.
- 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 ground floor and had two consultation rooms, a quiet room, changing rooms and toilet facilities suitable for patients who required disability access. Patients could reach call bells and we saw that staff responded quickly.
- 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. The emergency resuscitation trolley was easily accessible and situated on the first floor of the chemotherapy suite which was managed by another service. The service shared the responsibility of checking the resuscitation trolley located on the first floor of the location. 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. Staff had completed emergency scenarios as part of the business continuity practice in June 2019.
- 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 Tuesday afternoon to ensure all equipment was working and to

Medical care (including older people's care)

check if any bespoke repairs or checks were required. We observed this attendance and staff directed them to any equipment concerns which were dealt with immediately.

- The centre had an annual fire audit and we reviewed the fire evacuation drill report which was completed on 24 June 2019. This featured a scenario where a patient was receiving radiotherapy treatment when the fire alarm sounded. The overall outcome from the scenario was described as good, there was some initial delay, in that no fire marshal was sent to the fire point and there was confusion with the correct assembly point. These areas had now been addressed with a named fire marshal nominated at the front reception desk and the main assembly point identified outside the cancer centre.
- 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 88% 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.
- All patients we spoke with described entering a peaceful, friendly, relaxing location.
- 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. Emergency services were contacted via 999 and staff provided basic life support. The daily patient safety huddle included the named individual responsible in the event of any emergency.

- 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.
- The service had access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health). Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide.
- 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, and gave bank, agency and locum staff a full induction.**
- Managers accurately calculated and reviewed the number of staff needed for the service in accordance with guidance within Genesis cancer care UK. There were 13.2 whole time equivalent members of staff, employed at this location. Staff consisted of radiographers, a senior dosimetrist, a wellbeing consultant, a physicist, administration staff and centre leaders.
- The centre used its own bank staff to cover leave or absences as identified. This involved staff moving between locations to ensure that areas were covered.

Medical care (including older people's care)

- The manager adjusted staffing levels daily according to the needs of patients.
- The service had low staff vacancy rates and low staff turnover rates. Managers told us that currently there were no staff vacancies within the service.
- 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.
- Managers limited their use of bank and agency staff and requested staff familiar with the service. Staff told us that time off in lieu was given in preference to paying staff overtime.
- Managers made sure all bank and agency 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 from avoidable harm. The service had a good skill mix of medical staff on each shift and reviewed this regularly.
- There were 11 clinical oncologists (cancer specialist medical consultants) who worked at this service and had practising privileges. Practising privileges are an authority granted to a physician by a hospital governing board to provide patient care. The Genesis care UK medical advisory committee monitored these clinicians. The centre raised any concerns, reported and monitored competencies through the resident medical officers at head office. All clinicians received mandatory training as part of their competency requirements.
- Managers could access locums when they needed additional medical staff and made sure locums had a full induction to the service before they started work. This included when staff moved across locations due to sickness cover or faulty equipment.

- The service always had a contactable consultant on call during the evenings and weekends when the location was closed.

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 six 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.
- 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 service team who produced a typed letter from the recording within 24 hours of the patient being seen.

Medicines

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

Medical care (including older people's care)

- 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.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents although staff spoken with did not recognise that shared lessons learned were shared all the time 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 reported a total of 43 clinical incidents in the reporting period from August 2018 to July 2019. All were rated as minor or insignificant harm and managers reviewed all incidents for any identified themes and actions required.
- Staff knew what incidents to report and how to report them. 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 all incidents that they should report. Although not all staff we spoke with were able to give us any examples when they had received feedback following an incident. For example, a patient who had difficulty during three cone beam computed tomography (CBCT) scans, staff reported this as an incident. However, some staff told us they had received no communication about any changes put in place following this incident. No procedures or official changes were made and staff told us they discussed learning points from the incident between themselves.
- 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 elsewhere. We reviewed the minutes of staff monthly meetings and saw this was a regular agenda item. However, some staff told us they had not received feedback from all investigations of incidents, both internal and external to the service. Staff were concerned that they were not able to tell us of changes implemented following an incident.
- 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.
- 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

Medical care (including older people's care)

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, from 3 June to 19 August 2019.

- The service completed a patient safety audit in February 2019 which demonstrated 100% compliance rate.
- 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 

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. Staff protected the rights of patients subject to the Mental Health Act 1983.**
- The service used a range of evidence based guidance, legislation, policies and procedures to deliver care, treatment and support patients. We saw care plans which followed nationally recognised recommendations such as National Institute for Health and Care Excellence (NICE) guidance. Policies were referenced to national changes, and although the service we were concerned about staff understanding of recent policy changes.
- 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. We saw care pathways followed the National Institute for Health and Care Excellence (NICE) guidance, for example, NG101: Early and locally advanced breast cancer: diagnosis and management (Evidence reviews for radiotherapy) July 2018.
- 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. Managers shared the balance score card which included, incidents, complaints and response rate trends. Managers shared the safety and quality presentations for July 2019 which showed this location's performance was in line with other locations.

- At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. This was included in the daily safety huddle, which staff discussed with us during our inspection.
- Staff knew about research available and trials in place across the service. These were offered to patients, if safe to their treatment, for example, protection gel used in the treatment of prostate (small gland found only in men) cancer.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**
- 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. Drinks were also available in transportable mugs to support patients during journeys home within or outside of the county.
- Specialist support from staff such as dieticians and speech and language therapists were available for patients who needed it. Staff could refer patients to the local trust.
- Patients were given a choice of food and drink to meet their cultural and religious preferences. Food was available for patients when they travelled to the location from outside the area; for example, if equipment had broken in another location. Staff told us they were able to obtain food which met the needs of the patients. 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.**

Medical care (including older people's care)

- 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.

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.
- 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 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.
- The service held the 'International Standards Organisation' accreditation (an international independent standard-setting body composed of representatives from various national standards organisations). The next review was expected in September 2019.

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 full 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.
- Managers supported staff to develop through six monthly, constructive 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. There were clinical educators and managers to support staff learning and development.
- Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Senior staff shared with us their records for staff one to one meetings and we saw that all staff had completed one to one manager meetings from January 2019 to July 2019.
- All doctors with practising privileges had completed their revalidation. 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.

Medical care (including older people's care)

- 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 11 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 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

- **Doctors, nurses and other healthcare professionals 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 six 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.

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.

Health promotion

- **Staff gave patients practical support to help them live well.**
- 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, 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.**

Medical care (including older people's care)

- 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.
- 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. Managers told us how they monitored how well staff followed the Mental Capacity Act and Deprivation of Liberty Safeguards with six monthly internal audits which were completed in January and July 2019, with both showing 100% compliance.
- 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.
- During our inspection we reviewed a patient's pathway, that demonstrated good multidisciplinary team working across services, and the patient feedback concluded that the patient was more than happy with their care. The multidisciplinary team available to oversee the radiotherapy, for example for a head and neck cancer patient include a dietician, a head and neck specialist nurse and a speech and language therapist.
- Patients said staff treated them well and with kindness. For example, patients wore specially designed breast flap gowns for their privacy, dignity and wellbeing for radiotherapy treatments. 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.
- One patient raised concerns; that they had not received reflexology sessions as part of the wellbeing programme currently offered. Staff explained this was due to one charity moving to the other side of the city. When we discussed this concern further with staff we were told that the patient had been offered further wellbeing sessions once the new service was able to provide relaxation techniques. All patients were offered a holistic needs assessment by the wellbeing consultant, weekly relaxation sessions were offered to this patient during her course of radiotherapy.
- 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.

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

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.
- Consultations took place in a single room with closed doors and signage that indicated that the room was occupied. Each room had a notice for patients to request chaperone support. 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

Medical care (including older people's care)

area. The service provided a free taxi service that included a school run for patients with young children. The taxi service will drop off children at school before going to the centre with the patient.

- 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% from May 2019 to July 2019, 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

- **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. For example, patients were no longer tattooed for breast cancers which had been identified as psychologically more supportive for patients and the patient feedback received was positive for this change.
- 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 maintained privacy with closed doors and clear signage that indicated when the room was not to be entered.
- 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. One patient told us, "The staff explained everything to me and gave me the opportunity to ask further questions during this difficult time at the beginning of my treatment".

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.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgemental 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 this difficult time.
- A patient told us how they were supported when they felt unable to cope with their initial treatment as they were still in shock. The staff gained the patient's trust as they made her feel safe and secure. Staff signposted patients to other services as needed.

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

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.**

Medical care (including older people's 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.
- 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.

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 partnered 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.
- Every patient on their fifth treatment received a feedback form to complete which was placed within their records. Patients could leave feedback that would help staff to address and action any concerns, for example, offering a blanket to keep the patient warm in the treatment room if they stated they were cold. 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 and we saw staff training being completed with the hearing loop.

- 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. 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.**
- 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.

Medical care (including older people's care)

- The service introduced a balanced score card in November 2018 which demonstrated the reduced actual patient time spent in the treatment rooms with 13 minutes achieved for July 2019 from an initial 17 minutes for January 2019. This was in response to patient feedback that patients spent too much time in the treatment room and would prefer to have more time in the centre speaking with staff about any issues they had. This centre introduced a patient changing area next to the treatment room which respected patient's privacy and dignity with patients changing into the breast flap gowns before entering the treatment room.
- 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 took action 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, 11 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.

Radiographers opened this centre after hours and on Saturday to treat those patients. Staff organised patients to be transferred by the free taxi service and who received sandwiches on arrival at this centre.

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.**
- We spoke with eight patients and relatives who told us that they knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.
- 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. We were told that there were no complaints for this location for the last two years.
- Although there were no complaints in the last two years, managers told us they investigated complaints and identified themes and share 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.
- The service used feedback to improve the service, for example, we saw patient feedback mentioned that 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.

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

Good 

Leadership

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the**

Medical care (including older people's care)

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 five weeks before our inspection. Staff we spoke with knew the senior team who visited the location when they were within the area. We spoke with the estate and facilities manager on our follow up unannounced to address who was asked to visit the service address an estates concern.
- The centre leader reported to the director of operations who was part of the Genesis Care UK leadership team. The centre had a dedicated deputy centre lead who was also the registered manager from July 2019, as the previous registered manager was promoted outside of this location within the organisation.
- The leaders at this location (deputy centre lead and service lead) held monthly meetings to discuss incidents, complaints, best practice and learning and operational information. We reviewed staff meeting minutes for June and July 2019 and saw that discussing incidents was a regular agenda item.
- 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.
- 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.

Vision and strategy

- **The organisation 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 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.
- 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 held frequent patient and staff events, we saw a poster which advertised an event held on 4 July 2019.
- 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.**
- Leaders discussed governance issues which included staffing, competencies, incidents and risks. We saw

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evidence put in place by managers to ensure staff were kept up-to-date with shared learning and any changes implemented. However, we received conflicting information as some staff said that not all learning from all incidents was shared.

- 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.
- 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 for July 2019.
- Senior staff told us monthly manager meetings and safety and quality operational meetings were held at headquarters. 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.
- Some staff told us that they did not receive continuing professional development (CPD) time to update themselves within worktime, although, managers we spoke with told us that time was given to staff within working hours for CPD.
- 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.

- 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.
- The organisation have four clinical reference groups which provides medical and clinical leadership to the GenesisCare UK board in the areas of clinical protocol standardisation, research and innovation, clinical governance and quality.

Managing risks, 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**
- There was a business continuity plan for this centre which was last reviewed in July 2017 and had 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. We attended the meeting held on 13 August 2019 and heard learning shared, for example, four incidents were discussed with actions.
- When we asked senior staff about the current risks on the register, we were informed about a recent issue when the first floor coffee machine flooded through the ceiling tiles of this service. We saw remedial work in place and the estates and facilities manager confirmed the tiles would be replaced. Another example from the risk register, was when another location's radiation equipment was broken, and patients were transported to this location. In response to the service requirements this location opened late on Friday and on a Saturday

Medical care (including older people's care)

morning and ensured that 17 patients did not have treatment delays. Managers told us there was an overarching risk register which included all location risks.

- Senior staff told us there were a number of service level agreements with other services to provide for example, 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. Managers told us that photographic badges were being considered.
- 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. We requested the radiation advisor's protection annual report which was submitted.
- 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 dependant 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 and staff.**
- 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.
 - Senior managers told us that there was a 2020 roadshow visit at this location by directors on 14 August 2019, which on our return visit staff confirmed they had attended. The presentation engaged staff in the development of services and the future strategy of the overall company.
 - 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.
 - Genesis 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 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.
 - The first “GROW” programme was delivered to staff in October 2018 and included the Chelmsford registered manager and lead radiographer. GROW was a week residential course designed to enable participants to be more effective with their role. The next programme is November 2019 when the newly appointed centre leader will attend.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should ensure all staff are bare below the elbow to comply with infection prevention standards.
- The service should ensure all incidents are shared with all staff.