Genesis Cancer Care UK Limited

Genesis Care, Portsmouth

Inspection report

Spire Portsmouth Hospital
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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

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

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

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

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

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

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

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

The leadership team was compassionate and transparent at all levels.

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

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (Including older people's care)	Outstanding ☆	We rated it as outstanding because: • The centre had a comprehensive safety system that always protected people. It was focused on being open, transparent, and learning when things went wrong. • Patients continually received effective care and treatment that met their personal needs. People accessed the service when they needed it and did not have to wait too long for treatment. • The services truly respected patients and valued them as individuals. Patients felt empowered as partners in their care. Patients emotional and social needs were seen as being as important as their physical needs. They provided exceptional emotional support to patients, families and carers. • Services were consistently tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice, and continuity of care. • The centre leadership, governance and culture promoted the delivery of high-quality person-centred care. Managers supported staff to implement improvement projects that delivered clear quality improvement at both location and provider level. • Staff in all areas spoke passionately about delivering high quality patient centred care. Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. • There were consistently high levels of engagement with staff and people who used services. Staff were clear about their roles and accountabilities. Staff were committed to improve services continually.

Summary of findings

Contents

Summary of this inspection

Background to Genesis Care, Portsmouth

Genesis Cancer Care Portsmouth is operated by Genesis Cancer Care UK Limited. It is an independent radiotherapy service in Portsmouth, Hampshire.

They provide a service to self-paying or insurance paying adults over the age of 18 and NHS patients from the local area. The hospital primarily serves the communities of the Southampton area and the Channel Islands. It also accepts patient referrals from outside this area.

Genesis Cancer Care Portsmouth delivers targeted 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 benign conditions such as Dupuytren's disease (one or more fingers permanently bent towards the palm).

The service registered with CQC in 2010. They are registered to carry out the regulated activities: treatment of disease, disorder, or injury and diagnostic and screening procedures.

The service has a centre leader who was in the process of applying to be the registered manager. The centre leader is the registered manager of two other locations for this organisation.

How we carried out this inspection

We carried out this unannounced inspection using our comprehensive inspection methodology on 14 March 2023. The inspection team consisted of 3 CQC inspectors and one Specialist advisor with advanced knowledge in radiotherapy practice and development.

We spoke with two patients, and seven staff. We reviewed 10 patient records. We reviewed patient feedback from the previous 12 months.

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 patients with surface guided radiotherapy treatment. Surface guided radiotherapy allows patients to receive tattoo-less treatment.
- All patients and their families could benefit from wellbeing support services such as reflexology, counselling, relaxation techniques and cognitive behavioural therapy (CBT).
- The service continually made sure patients received highly individualised care to support their treatment.
- The culture across the services was exceptional. All staff were proud of the organisation they worked for. There was a high level of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring staff were listened to. Staff felt valued and enjoyed working at the centre.

Summary of this inspection

- A member of staff developed a monitoring process which ensured the whole provider maintained compliance with radiation quality assurance reports after identifying that compliance was not always achieved due to human error. This benefitted the whole organisation.

Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that all staff have completed training in caring for patients with a learning disability.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (Including older people's care)	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

Outstanding

Medical care (Including older people's care)

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training; we saw that there was 95% compliance with mandatory e-Learning for all staff, which was the provider's target for mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. A wide range of topics included equality and respect, manual handling, and sepsis management. The majority of this was online with practical sessions in subjects such as basic life support, mental capacity act and moving and handling.

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia and on the management of neutropenic sepsis. Sepsis is a life-threatening condition when the immune system overreacts to an infection and starts to damage your body's own tissues and organs; patients receiving cancer treatment can be vulnerable to sepsis.

Compliance was monitored and leaders alerted staff when they needed to update their training. Mandatory training was also discussed with staff during monthly one-to-one performance meetings with their manager. Time to complete training was planned into the working day.

Staff told us they received emails in advance when training was due to be updated. Staff were informed their training was going to expire 60 days prior to the expiry date.

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.

Clinical and administrative staff received training specific for their role on how to recognise and report abuse. Safeguarding training formed a part of mandatory training with clinical staff trained to level two.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an up-to-date safeguarding policy and staff showed us how they accessed it easily. The policy detailed types of abuse and the role of staff when raising a safeguarding concern.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a designated safeguarding lead at provider level. Staff told us they would contact them if they had concerns and also make their designated line manager aware.

There were leaflets in the reception area, which gave patients and relatives details of who they could contact if they had concerns.

There were no safeguarding concerns reported to CQC within the last twelve months.

Cleanliness, infection control and hygiene

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

Waiting areas were clean with suitable furnishings. Environmental cleaning was performed by housekeeping staff from the independent hospital on the same site. There was a service level agreement in place for this. Staff used a communications log to communicate any concerns. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Cleaning staff could be contacted during the shift if ad-hoc cleaning was needed.

Each consultation room and treatment room had a clinical sink with hand hygiene products and paper towel dispensers. There were hand hygiene posters displayed above each sink in line with World Health Organisation's "Five moments for hand hygiene" to remind staff of hand hygiene in line with best practice. There was no carpet flooring in the consultation and treatment rooms. This was in line with national infection and prevention control (IPC) guidelines.

Treatment areas were clean and had suitable furnishings which were clean and well-maintained. There was a policy that detailed responsibility for cleaning equipment and identified the products that should be used. We saw staff cleaning equipment immediately after each patient.

Staff followed IPC principles including the use of personal protective equipment (PPE). Staff wore PPE in line with provider policy. Staff wore gloves and gowns for all patient contact, these were changed between patient contact. Staff washed their hands between patients and audits showed compliance with hand hygiene had 100% compliance such as bare below the elbows and handwash in line with World Health Organisation's "Five moments for hand hygiene".

The service performed well for cleanliness. We saw audits records that monitored environmental cleaning had recorded 100% compliance for the six months prior to inspection. Equipment that had been cleaned was denoted by an 'I am clean' sticker which included the date and time it had been cleaned.

In the last 12 months, the service had reported zero incidences of hospital acquired infections such as MRSA, Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c. diff) or Escherichia coli (E-Coli).

Outstanding ☆

Medical care (Including older people's care)

Environment

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

The design of the environment followed national guidance. The treatment area was accessed through a secure door. Patients waited for staff to call them into the radiation controlled treatment area. There were radiation-controlled area lights and interlocked gates in place to restrict access when the machine was being used. These interlocks were checked daily to ensure they functioned correctly.

The service completed annual fire risk assessments and additional ones if required. We saw the centre kept these on the internal electronic system for easy access, including oversight. The centre had dedicated fire wardens and staff knew them.

There was a Control of Substances Hazardous to Health (COSHH) policy. Staff stored COSHH items securely in a locked cupboard. Within the cupboard there were posters detailing hazardous chemicals and the control measures that should be used when handled by authorised staff.

The centre used external suppliers to check the safety and maintenance of the other equipment used. We saw completed checks and maintenance recorded on the electronic system and these included copies of equipment certificates for the last 12 months. Our observations of ten pieces of medical equipment during inspection matched those records. We also reviewed maintenance records of treatment machines and saw this has been completed in line with policy.

The service had an organised system for recording faulty equipment. They recorded all fault/error messages to monitor trends. The centre shared, reviewed, and discussed equipment issues with service engineers and manufacturers.

Staff told us they had access to all the equipment they needed to do their jobs and repairs were completed in a timely way. There were service level agreements for the maintenance and repair of equipment.

Radiotherapy uses high-energy radiation from a machine called a linear accelerator. It is recommended that these machines are replaced after ten years to maintain reliability and to improve patient outcomes. This provider's machines had been replaced in 2021.

Staff carried out daily safety checks of specialist equipment at the beginning of the day before patients attended and these were recorded on the treatment system. Radiotherapy machines had servicing schedules and we saw these had been completed in full for the year preceding inspection. The centre used the manufacturers' engineering staff to perform safety and maintenance of treatment machines. These staff came in out of hours for planned servicing of the radiotherapy machines, so patient treatments appointment did not have to be changed. The accuracy of treatment machines is critical to treat the tumour and destroy the diseased tissue, while minimising the amount of exposure to surrounding healthy tissue.

We found safe signage displayed outside all clinical areas to indicate rooms were in use and should not be entered.

The service had enough suitable equipment to help them to safely care for patients. Due to the precise targeting required for accurate radiotherapy, patients must remain as still as possible, for this, radiographers use immobilisation equipment.

Immobilisation equipment is medical equipment that keeps a body part in a fixed position for an extended period. There were two pieces of every immobilisation equipment to ensure that if damage occurred these could be replaced immediately. Staff told us they contacted another provider location who would supply spare equipment until repairs could be made.

Staff completed weekly immobilisation equipment checks to monitor for damage and anticipate potential risks. We saw these had been completed for the full month prior to inspection.

Staff disposed of clinical waste safely. There were designated bins for clinical and general waste, and these were labelled. Staff had signed and dated sharps bins and managed clinical waste in line with the Health Technical Memorandum (HTM) 07-01. Waste was collected and stored prior to disposal in lockable bins at the nearby independent health hospital.

The service had a machine handover and maintenance policy for staff to follow when handing over radiotherapy ionising radiation equipment to both internal and external service providers. The policy detailed the actions designated staff should take in the event of a machine being taken out of clinical use for servicing or repair to prevent radiation errors.

There were call bells for patients and staff responded quickly when called. In treatment areas, call bells were located appropriately so staff could call for support. Records showed call bells for all areas were checked daily.

Records of emergency resuscitation equipment in all areas indicated that it had been checked daily. The service used tamper evident tags to secure all emergency resuscitation trolleys to make sure items could not easily be removed. Each tamper proof tag has a serial number and records showed these were in the correct order.

Records showed staff completed daily checks on the blood glucose box.

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 completed risk assessments for each patient on admission. Patient risk assessments were completed by clinical consultants when patients were referred to the service. Staff also reviewed this information when patients attended.

Staff knew about and dealt with any specific risk issues. Staff had training in sepsis awareness to support patients. There was a sepsis policy and staff knew how to access this. The sepsis policy had been developed following best practice guidance from National Institute of Clinical Excellence (NICE) and the United Kingdom Oncology Nursing Society (UKONS).

Radiographers followed a standard operating policy to record radiation-induced skin reaction (RISR) on a weekly basis. The policy had been developed following best practice guidance. In addition to this, they visually checked skin in treatment areas during patient positioning daily. RISR is a common side effect that affects most cancer patients receiving radiation treatment. RISR is often characterised by swelling, redness, pigmentation, fibrosis, and ulceration, pain, warmth, burning, and itching of the skin. There was a standard operating policy in place for staff to supply patients with a specialist moisturising gel to reduce RISR and maintain skin integrity.

The department used a three-point identification check with patients before undertaking each radiotherapy session. In radiation-controlled areas there were ‘Pause and Check’ posters, these prompted staff to verify information and dose details before exposing patients to radiation. With each patient, staff went through a ‘pause and check’ list to confirm the

patient's name, date of birth, address, body part, clinical information, and previous imaging checks. This was in line with legal requirements of Ionising Radiation (Medical Exposure) Regulations IR(ME)R, to prevent radiation exposure to the wrong patient. The service carried out a patient identification audit every three months and records showed 100% compliance.

Staff checked with patients that they were not pregnant or did not intend to become pregnant before planning treatment and on the first day of treatment delivery. We saw this was recorded in patient notes. If as patients' treatment schedule meant they were attending for more than a month, the service would re check the pregnancy status, although this was rare as most patients attended the service for less than 3 weeks.

The service had a named radiation protection supervisor (RPS) and a named radiation protection advisor (RPA). Illuminated signs identified when radiation was being delivered in controlled areas, this warned people not to enter.

Staff used a provider-wide standardised approach to identify deteriorating patients and escalated them appropriately. The service had a current service level agreement with the adjacent independent hospital to provide immediate medical support. Staff could contact the resident medical officer (RMO) who was based in the attached independent hospital as required, to review clinically unwell patients or if they had concerns.

Staff used 'prompt' cards based on the SBAR 'situation, background, assessment and recommendation' tool. They used this to communicate information in a way that informs the recipient of the urgency of a situation, if a patient becomes unwell at the premises. The tool allowed effective and timely communication between individuals from different clinical backgrounds.

Staff handovers included all necessary key information to keep patients safe. There were daily morning safety huddles to discuss the upcoming working day, this was attended by both clinical and administrative staff. The notes from these huddles were recorded electronically and accessible by all staff in the service. We reviewed notes from the previous ten huddles and saw they contained areas to record risks and provide staff with an oversight of the day's tasks. There were details regarding patient advice, any new rapid alerts or incident reporting.

The service had access to a full resuscitation trolley in case of patient collapse, this contained a defibrillator, and suction equipment. We saw this had been checked on every clinical day for the past month. In the case of a patient collapse, there was a current service level agreement for the crash team from the independent hospital to attend the emergency. The service completed yearly resuscitation scenarios as part of mandatory training, and we saw this was last performed in October 2022 and records showed appropriate improvements were identified and implemented.

The service had a provider level policy for medical transfer of patients to the local NHS Trust. Patients who required non-urgent medical care were admitted to the independent hospital on the same site. However, there was no service level agreement in place for patients requiring urgent medical treatment, if this was required patients would be admitted through presentation at the emergency department.

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

Staffing

Outstanding ☆

Medical care (Including older people's care)

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. Bank staff had a full induction.

The service had enough staff to keep patients safe. Radiotherapy was delivered by therapeutic radiographers; these are allied health professionals who are trained in the planning and delivery of accurate radiotherapy treatments using a wide range of technical equipment. Therapeutic radiographers worked on a treatment machine as a pair, this was in line with IR(ME)R guidance.

The staff matched the planned number. No agency staff were used in the service at the time of inspection. Staff from nearby provider centres would cover shifts as needed. In addition, patients could be moved to a paired treatment machine if there were issues with staffing.

Managers made sure all visiting staff had a full induction and understood the service. We reviewed staff records and saw that new staff completed corporate and local inductions when joining the service.

All consultants worked under practising privileges granted by a panel at Genesis Care UK. Practising privileges are granted to doctors who are not directly employed by a service but allow them to work there to carry out certain, defined roles. All consultants had a scope of practice agreed based on their previous experience, they were always expected to work within this.

The service had no vacancies at the time of inspection.

The service had clinical nurse specialists available to support patients.

The service had a daily huddle in the morning to assess staffing levels. We were told that if sickness or absence impacted on staffing numbers, then other locations would provide members of staff to cover to allow for safe staffing levels. We saw how staff shortages had been discussed and agreements to support other locations had been made. While we were on site, we saw planned numbers of staff matched the actual numbers.

The service did not employ a resident medical officer (RMO), as medical support was provided by the independent hospital on the same site. This was provided under a current service level agreement. The RMO was always available, and staff told us they had not experienced difficulties in contacting them.

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 comprehensive, and all staff accessed them easily. The service stored all notes electronically on the patient management system. Only authorised staff were able to access these records, using a password protected system. The centre leader audited which member of staff had accessed a sample of two out of 20 patient records every month. The audit went back to their initial appointment to date. Records showed that on one occasion a potential unauthorised access of the patient record had occurred and this had been thoroughly investigated.

Outstanding ☆

Medical care (Including older people's care)

We reviewed five electronic patient records. All the records showed staff had fully completed them, were legible, up to date and stored securely. They showed the patient care plan had been discussed and agreed by the multidisciplinary team of health professionals involved in patients' care, in line with The National Institute for Care and Health Excellence QS15, statement 12 which states, 'coordinated care through the exchange of patient information'.

When records were created in paper, for example referral forms, these were signed and scanned into the electronic system to maintain a single complete record. Paper copies of records were then securely destroyed.

When patients transferred to a new team, there were no delays in staff accessing their records. Patient notes were accessed by all relevant provider staff by sending them through the management system.

Records were stored securely. We saw staff locked computers when leaving them to keep information secure. There was an information governance module as part of all staff mandatory training. As part of the audit programme, designated staff completed an information governance audit to check staff were following policies and keeping patient records secure, the two most recent audits had recorded compliance of 100%.

Medicines

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

Staff followed safe systems and processes when prescribing medicines. There were limited medicines stored at this service. A moisturiser was provided to prevent RISR during radiotherapy treatment, this was supplied by another service within the identified service level agreement. The service stored this in a secure cupboard and there was a record to show when this had been issued to a patient.

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

The service checked what medications patients were taking during the initial patient assessments.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff showed a thorough understanding of incident reporting. They demonstrated how they would raise all incidents using the electronic reporting system. All staff we spoke with confirmed the service encouraged staff to report all incidents. The governance team reviewed all incidents and fed back information to the relevant departments.

Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed the 5 most recent incidents and saw they had been reported correctly.

Staff reported serious incidents clearly. The records we reviewed showed staff provided detailed information to assist with effective incident investigation.

Outstanding ☆

Medical care (Including older people's care)

The centre leader was responsible for investigating incidents and completing root-cause-analysis (RCA) for incidents. Major incidents were escalated by the centre leader to the risk and safety committee held weekly at provider level. This ensured learning was shared more widely between other sites.

The service did not have any Never Events. Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Managers shared learning with their staff about never events that happened elsewhere. Staff told us there were 'flash updates" which informed them on any serious incidents or never events within the provider group.

All staff were familiar with the term 'duty of candour' (the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided) and described their responsibility related to it, and understood it well.

Managers investigated incidents thoroughly. Patients and their families were involved in investigations. When things went wrong, staff apologised and gave patients honest information. We reviewed information from an incident where a secure storage cupboard had the key left in over the weekend in error. Although this was a low harm incident, action was taken to install a keypad locking system to prevent future occurrences.

Staff told us they received detailed feedback from the incidents they reported, and staff regularly discussed these in their team meetings. We saw staff discussed incidents and learning at the staff daily huddle. In addition to "flash updates", staff told us learning from incident investigation was shared at the Radiation Safety Committee, Safety and Quality Leadership Forum.

In addition to this, incidents were also discussed at the morning huddle. This gave staff a chance to reflect and receive feedback from incidents. There was evidence that changes had been made because of feedback, for example changing from a key lock to a PIN pad lock mentioned above

Is the service effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

The service used a range of evidence-based guidance, legislation, policies, and procedures to plan, deliver treatment, care and support patients. Staff had access to all policies, and these were in date or under review.

Genesis Care UK had developed its own database to collect data from all 12 UK centres including this centre to allow internal performance benchmarking. Information included patient satisfaction, incidents, complaints, concerns, and compliments. They had plans to add information such as infection, falls and venous thromboembolism rates.

Outstanding ☆

Medical care (Including older people's care)

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw care pathways, for example neutropenic sepsis, prostate radiotherapy, and colorectal radiotherapy, followed the National Institute for Health and Care Excellence (NICE) guidance.

The service stored policies electronically and these were accessible for all clinical and administrative staff.

Staff told us the quality team worked at provider level to monitor policies, when a policy was approaching the review date, they contacted authors to alert them. The team also checked the sources used following a review were the most recent. Following a review, a policy was reissued and all staff were informed through the clinical escalation group. There were also footnotes in policies to advise staff where changes had been made.

The service offered advanced radiotherapy as standard to improve accuracy during radiotherapy treatments. These included: surface guided radiotherapy treatment (SGRT), image guided radiotherapy (IGRT) and volume modulated arc therapy (VMAT) as a type of intensity-modulated radiation therapy (IMRT). Patients came out of the area and abroad to benefit from the advanced technology at this centre.

SGRT uses cameras to monitor patient movement during treatment. This allows patients to receive treatment without needing to have a permanent tattoo. Patients had told staff they struggled with the tattoo as it was a permanent reminder of having had cancer.

IGRT uses imaging before treatment so therapeutic radiographers can accurately determine radiation is being given correctly.

IMRT ensures radiation is delivered to correct area whilst helping to protect surrounding tissues. IMRT treatment is in line with the 'gold standard' recommendations of the NHS commissioning clinical reference group.

The clinical nurse specialist completed a holistic needs assessment (HNA) for all patients. This helped to tailor the care and support that all patients received at the centre. The HNA covered six areas of need: practical, physical, emotional, spiritual, mental and social.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. All patients who attended the service were offered free drinks and snacks. The service had a hot and cold drinks dispenser where patients and relatives accessed complimentary drinks as required.

The food items on offer were specially chosen to ensure they did not create any digestive issues with patients that may affect their treatment.

Referrals for specialist support from staff such as dieticians and speech and language therapists were available for patients who needed it.

Pain relief

Outstanding ☆

Medical care (Including older people's care)

Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools.

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. Staff told us if a patient was experiencing pain, they contacted the RMO from the independent hospital at the same site to review the patient. Patients could also discuss any pain or discomfort during weekly reviews with specialist nurses, support and advice could then be provided. We were told if a patient required additional medicines, then staff could contact the named consultant, and this would be electronically prescribed and sent to the pharmacy.

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 and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audit results were compared with other services across the provider to learn from them. Regular audits included patient pathway, patient identification and dose optimisation. There was a clear provider level audit schedule in place that showed the audits the service should complete over a 12-month period. At the time of inspection, the service had completed 20 separate audits over the previous 12 months.

The service reported audit results at provider level. This allowed audit performance benchmarking against similar services within the provider group. There were also provider level clinical audits in radiation protection.

Audit outcomes were discussed at provider level in the safety quality and leadership forum. Centre leaders and lead radiographers attended this meeting. Staff told us if the service failed an audit, an action plan would be developed to monitor that improvement was occurring.

The service offered all eligible patients' rectal spacers to reduce both acute and long-term toxicity from prostate radiotherapy.

The service participated in relevant national clinical audits, such as the National Radiotherapy Dataset (RTDS). The purpose of the RTDS is to collect comparable data across all English providers of radiotherapy or private facilities where the NHS funds delivery, to produce a timely and definitive resource of radiotherapy services across England.

The service was accredited with the Macmillan Quality Environment Mark. The service also held ISO9001 quality management system accreditation.

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. Therapeutic radiographers delivered all radiation treatment and were qualified to degree level or equivalent.

The service also employed radiation physicists and dosimetrists, these staff were qualified to a degree level or higher. These staff also completed provider competency-based assessment to perform the complex tasks required of their role. We reviewed records for these staff and saw they had been completed in line with provider policy.

Dosimetrists are a medical professional who are certified to develop and calculate radiotherapy treatment plans to accurately deliver doses of radiation to cancer patients.

Radiation physicists ensure that radiation machines deliver the correct amount of radiation during a patient's treatment, they also monitor the procedures and consider the protection and safety of patients and others involved in the treatment process.

Managers made sure staff received any specialist training for their role. Radiographers were required to complete competency-based training in areas of their role such as administrative tasks, pre-treatment checking, treatment delivery, and managing immobilisation equipment. The lead radiographer planned the patient treatment diary in blocks so there was protected time during the shift for staff to access and complete training. Staff told us they were supported to study topics of interest to them and would benefit their colleagues and patients.

Managers gave all new staff a full induction tailored to their role before they started work. We saw there was an induction learning and competency policy that defined the induction process their role required.

Managers supported staff to develop through yearly constructive appraisals of their work. We reviewed records that showed all staff that had completed probationary periods had received an appraisal. Staff also told us they had monthly one to one catch ups and six-monthly reviews with their manager. These were recorded and stored electronically. Compliance with appraisals and performance meetings were monitored by the centre leader. NHS consultants were expected to share their appraisal with the centre leader. There was a mechanism to appraise their work within the provider if the appraisal was not shared. Practicing privileges were suspended if the consultant did not have a current appraisal.

The service appraisal period ran from June to July each year. In the reporting period from June 2021 to July 2022, 100% of medical staff, nursing staff and healthcare assistants had completed their appraisals.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. In some instances, these calls were also recorded, and staff could watch these later. We saw staff newsletters contained links to meeting notes and recordings.

We reviewed notes from a range of meetings such as the annual end of year meeting, the safety and quality leadership forum, and the radiation protection committee. The meeting notes reviewed contained detailed information in a clear and simple format.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they were assigned a development project which gave them the opportunities to develop their own knowledge and helped improve services for patients.

Staff told us they attended meetings and sat on committees at the centre which helped to promote shared learning.

Managers identified poor staff performance promptly and supported staff to improve. The service had a provider level performance management policy, but the lead radiographer and centre leader told us they had not had to use it.

Outstanding ☆

Medical care (Including older people's care)

Multidisciplinary working

Doctors, radiographers, 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 team (MDT) meetings to discuss patients and improve their care. Daily morning huddles were attended by all staff in the service including therapeutic radiographers, dosimetrists, patient administration officers, and physicists. These huddles included staff from across the whole service, both clinical and nonclinical. Staff were able to discuss their day and it was an opportunity to delegate tasks and discuss the patient list.

At provider level there were multidisciplinary group meetings in areas such as the safety and quality leadership forum, we reviewed minutes from these meetings and saw that a wide range of professionals attended.

As patients had often been seen in an NHS setting first, there had already been a formal MDT meeting where treatment options had been discussed. Records of these meetings were included in every patient's record to demonstrate the discussion had taken place. For patients who were not discussed in an NHS MDT meeting there was a central group at provider level where these patients were discussed before treatment was started. Evidence of MDT discussion formed part of the minimum dataset required before a patient's treatment was planned.

There was a specialist provider level pathway group for patients with Skin Cancer to ensure that competency in referrals and best practice was consistent as these patients were not as commonly treated as other cancer types.

Seven-day services

Key services were available to support timely patient care.

Staff called for support from doctors and other disciplines when needed, during 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.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support available. There were leaflets about stopping smoking and other support services on request. Staff were trained in health improvement which ensured they had the skills to advise and signpost patients who wanted to improve their health.

The centre held health support and improvement meetings with patients. The meetings were attended virtually by patients who were interested in the topic of the session.

Outstanding ☆

Medical care (Including older people's care)

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.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had an in-date consent policy which was comprehensive and referenced the best practice guidance at the time of review.

Staff made sure patients consented to treatment based on all the information available. There were standardised consent forms for common treatment areas such as breast and prostate. Standardised consent forms are considered best practice, this is because they ensure continuity in patient information regarding acute and possible long term side effects. Standardisation of consent forms also improves legibility of documents and enables staff to be able to view information for patient bookings more clearly.

Staff clearly recorded consent in the patients' records. Staff told us patient consent forms were often created electronically but some consultants still used paper copies. Where paper copies were used, these were scanned into the patient management system to form the electronic patient record.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Due to the daily need to attend for appointments, staff felt they developed close relationships with patients that enabled them to be alerted to changes in capacity.

Staff were clear if they had concerns about a patient's capacity, they contacted their doctor, or the RMO, for support. They also told us the patient notes could always be reviewed to understand if this was new or a previously known lack of capacity.

Staff described and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. There was a Mental Capacity Act and Deprivation of Liberty Safeguards policy, which was under review at time of inspection, but staff still accessed the current policy. The service had a designated mental capacity lead at provider level. Staff told us they would contact them in they had concerns and also make their designated line manager aware. Staff gave us an example of a patient who did not have capacity and consent was sought from a relative who had a lasting power of attorney for health.

Is the service caring?

Outstanding ☆

Compassionate care

Staff truly respected and cared for patients with compassion. Feedback from patients consistently confirmed that staff treated them well and with kindness. Patients told us they felt that they matter to the staff.

Outstanding ☆

Medical care (Including older people's care)

Patient care between people who used the service, those close to them and staff was extremely caring, respectful and supportive. 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 saw staff talking with patients about how their treatment was affecting them so they could monitor this. We saw staff taking time to discuss patient's lives holistically, taking time to find out about their values and things that were important to them as people. Patients told us this made them feel cared for and seen as individuals. Patients felt empowered as partners in their care and made decisions about treatment with the staff at the centre. These conversations were noted in care plans and available to all staff caring for the patient.

Patients said staff treated them very well and with kindness. We spoke with one patient who told us they felt staff 'could not do enough' and they had fully supported them through their treatment. Patients felt their care and support exceeded their expectations, patient feedback for areas of improvement often stated they felt nothing required improvement. During the day of inspection all staff interactions with patients and those important to them were consistently friendly, caring and showed staff had taken the time to develop meaningful relationships with the patients.

All staff showed awareness of the '6C's' of 'Compassion in Practice - Nursing, Midwifery and Care Staff - Our Vision and Strategy 2012: compassion, care, commitment, courage, competence, communication'.

Consultations took place in a dedicated room. All staff maintained privacy, with closed doors and clear signage indicating the room was occupied. There were also curtains within each room to provide extra dignity and privacy where required.

NICE QS15 Statement 1 states, "Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty." We found staff of all grades in all the services we visited adhered to these principles during their interactions with patients, families and their carers and visitors.

All patients were provided with door-to-door transport to appointments, and this was funded by the provider. Radiation fatigue is a well-known side effect for all radiotherapy treatment and this measure reduced the impact of fatigue of daily travelling to appointments and the financial burden of daily travel.

Staff followed policy to keep patient care and treatment confidential. Treatment information screens and CCTV monitoring were positioned in a way so they could not be viewed by unauthorised persons.

Patients were called by first name only or if requested surname and title. Conversations to confirm identify details such as date of birth and address were held only once in a private area. Patient reviews took place in consultation rooms and conversations in these rooms were not overheard.

Patients' individual preferences and needs were reflected in how care was delivered. There was music in treatment rooms and waiting areas, some patients brought their own music to be played during radiotherapy sessions. This helped patients feel relaxed during treatment and one patient commented thanking staff for the music.

We reviewed patient feedback for this group of patients and saw it was overwhelmingly positive and contained praise for staff and the support provided.

The service had been awarded the Macmillan Environment Quality Mark (MEQM). The MQEM award champions cancer environments that "go above and beyond to create welcoming and friendly spaces for patients". MQEM has been designed in collaboration with people living with cancer.

The centre carried out a friends and family survey which asks patients at the end of their planned treatment if they would recommend the services they have used. The centre's response rates were 100% in the six months before the inspection. All patients would likely or very likely recommend the services they used.

There were posters displayed in relevant areas informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having a chaperone. Chaperone training had been extended to include patient coordinators as patients had requested to have them as chaperones because they had a close relationship.

Emotional support

Staff considered the patients' emotional needs as important as their physical needs. They committed fully to understanding patients' personal, cultural, and religious needs.

Staff understood very well the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Provider level feedback stated that 98% of patients felt supportive services made a difference to them. Patients also fed back that over 80% had a reduction in cancer related concerns. In the six months before the inspection, 100% of patients had supplied feedback at the end of their treatment.

Staff provided safe and timely support and information to cope emotionally with their care, treatment and condition. This is in line with National Institute for Health and Care Excellence, QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene, and anxiety.

During the morning safety huddle meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Patients receiving wellbeing treatments on the day were discussed, and the wellbeing consultant attended meetings when they were based at the service.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patient emotional and social needs were seen as being as important as their physical needs. All patients receiving cancer treatment benefitted from wellbeing support services such as reflexology, counselling, relaxation techniques and cognitive behavioural therapy (CBT).

Radiotherapy treatment requires patients to maintain a stable position throughout, relaxation techniques help patients to maintain this and further supported their mental health post diagnosis. Staff gave an example of a patient with a body tremor was given a rubber ring to hold during treatment – the focus of holding the ring reduced their body tremor and improved the outcome of the treatment.

Patients' families were also entitled to supportive services such as mindfulness and relaxation, this helped further support the patient by ensuring their families were given tools to be mentally able to support them. Patients and families we spoke to on the day of the inspection told every interactions with centre staff exceeded their expectations. We were told that patients felt nothing was too small a concern to mention as it would be taken seriously, and efforts made to fix the concern.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Patients chose their appointment times based on their own personal, social, and religious commitments and were able to alter these if needed. The service had created a non-denominational prayer room where patients could

reflect and undertake personal prayer. The service supplied religious texts in a wide range of faiths including Muslim, Judaism and Buddhism. Buddhism was included after a Buddhist patient who wanted to meditate before their cancer treatment. There was also a prayer mat that could be used and compass to ensure patients whose faiths required prayer to be undertaken when facing a religious shrine. This space could also be used as a quiet room used if a patient became distressed and needed additional support.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. The service had designated wellbeing rooms for patients to use if they were distressed. There was clinical equipment in these rooms, but this was shielded by screens. This room was designed to be comfortable and soothing and to not feel clinical.

The treatment area was separated from the waiting area so any distress during treatment was kept confidential.

Staff demonstrated empathy when having difficult conversations. As part of mandatory training, staff completed patient experience training which supported difficult conversations.

Staff also provided all patients with a mobile contact number for outside of treatment sessions if any support was required. Staff told us this made patients feel supported.

The service supported patients at the end of their life and worked with a local hospice to provide individual care for patients.

Staff told us they regularly provided emotional support for patients and regularly made use of quiet areas of the department to support this.

All the patients we spoke with told us staff gave them support and time to discuss their treatment. Patients told us they looked forward to attending the centre for treatment because of the staff and the environment. Once treatment had finished patients and carers would come back to spend time with the staff who had looked after them.

Understanding and involvement of patients and those close to them

Patients, families, and carers were full partners in their care. Staff always made sure they understood their condition and had the information to make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients were provided with printed information leaflets at the appointment where radiotherapy treatment was discussed, and a referral was made. Staff told us they contacted the patient by telephone to inform them they had received the referral and to outline the patient pathway. Staff told us this also gave patients an opportunity to further request any additional support such as translation services. These conversations were noted in the patients care records so all staff knew how best to meet the patients needs.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. The service accessed printed information in an ‘easy read format’ and signers were available to attend patient appointments. Although patients were advised to attend appointments alone, staff told us patients who required carers could be accompanied by them to all appointments.

Outstanding ☆

Medical care (Including older people's care)

Patients and their families gave feedback on the service and their treatment and staff supported them to do this. Patients completed weekly feedback forms regarding aspects of their care such as their experience on being welcomed on arrival, cleanliness, and explanation of treatment. Staff told us these feedback forms often gave instant areas for improvement that benefited the patient. For example, if a patient disagreed with the statement the "temperature was comfortable during treatment" then staff could provide blankets or fans as appropriate. Patients were also contacted following treatment completion to provide feedback on action the service had taken. For example, a Buddhist patient requested to meditate before the treatment and the staff brought them in early and provided a private room for them to do this at each appointment.

We saw there was also a digital feedback computer in reception. We reviewed feedback given through this computer that rated the service at the highest level in friendliness, wait time, and cleanliness.

Patient feedback was overwhelmingly positive. Patients used terms such as kindness, compassion, and professionalism routinely when referring to the service.

We reviewed patient compliments for the six months prior to inspection and saw that patients praised staff and the support they gave. One patient's compliment stated, "Thank you for looking after me and being a friend in difficult times" and another "Thank you so much for everything you have done and all your support throughout". On the day of the inspection, patients and their families told us they felt safe and happy within the service and were treated like a member of the family.

Is the service responsive?

Outstanding ☆

Service planning and delivery to meet the needs of the local people

People's individual needs and preferences were central to the delivery of tailored services. 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.

Facilities and premises were appropriate for the services being delivered. The service offered free parking spaces if patient wished to drive themselves and the service was accessible to patients who used a wheelchair. A complimentary taxi service was offered to all patients attending for treatment. The centre leader had selected a taxi service without emblems on the cars to ensure patient privacy and checked the taxi customer service was of an exceptional standard. This included providing tissues and water during the journey, opening, and closing the car doors for the patient and lifting all patient belongings into the car. The centre leader would also check the quality of the taxi service by taking regular journeys with them.

The service treated NHS patients from the local hospital as well as self-funding patients. The clinical leadership team met weekly with NHS service managers to discuss concerns about NHS patients.

The service had systems to help care for patients in need of additional support or specialist intervention. Specialist nurses reviewed patients on a weekly basis. Staff told us they contacted the patient's clinical consultant if patients requested

specialist intervention not provided by the specialist nurses. Private patients who required specialist nutritional foods were supplied these items through the independent hospital that operated on the same site. If NHS patients who attended the hospital required nutritional supplements these were supplied through the Macmillan Radiographer based at the NHS trust.

Managers ensured patients who did not attend appointments were contacted.

Staff told us if they required additional support with administrative functions such as record checks this was requested from another service under the provider; they had also offered to support other services in this way.

The service provided patients with planned appointments for consultations and scans at their convenience through the choice of appointment days and times to suit their needs. The service also tailored the length of appointments to suit the patients' needs and offered same-day appointments if required.

The centre actively sought feedback from patients and relatives about the service and incorporated this into their improvement plans. We saw display boards showing friends and family test results and examples of feedback drawn from letters of appreciation and patient surveys. We saw how the centre had chosen the floor colouring in waiting areas following patients' feedback.

The centre provided a weekly dietetic service that provided patients with individual dietary advice if required. Patients could ask for snacks at any time to encourage them to eat. Biscuits and refreshments were available in reception.

The centre planned and delivered service in a way that reflected the needs of the population served. They gave flexibility, choice, and continuity of care to patients locally. Staff of all grades described the patient being at the centre of all decision making and service improvement as standard.

Meeting people's individual needs

The service was proactive in understanding the needs and preferences of different groups of people, including people with protected characteristics under the equality act and those with complex needs.

During this inspection, we observed the centre provided an extremely calm and patient-centred environment. There were comfortable waiting areas with sufficient seating, information leaflets, reading materials, television, drinks dispenser and toilet facilities for patients and visitors. The layout of the centre was well-designed, with wheelchair access throughout.

The centre had clear, visible, and easy to follow signs directing patients throughout. We also saw staff accompanied patients to the different areas throughout the centre, if required.

Staff booked patients in at the reception area where they carried out initial personal identity checks. Reception staff informed nurses of the patient's arrival and greeted them in the waiting area where they undertook a further identity check. Nurses escorted patients to the consultation rooms.

The business support staff helped patients to deal with processing their private medical insurance when they were referred for treatment. Staff said patients were often stressed and anxious and found it difficult to deal with the insurance companies. These staff contacted the insurers and made sure everything was in place for the patient. Staff told us the centre supported patients with any issues about their insurance cover during treatment if required.

Staff explained they would speak with a patient's carer to tailor the adjustments for the needs of a patient with learning disability and living with dementia when they attended the service. The service was developing a learning disability training package for staff. They offered patients and their carers a tour round of the department before starting treatment, if required, this was particular useful for anxious patients and those with a learning disability. The service signposted patients who required mental health support to an external agency. Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Staff gave an example of treating a patient with advanced dementia by developing the treatment plan with their nominated lasting power of attorney.

The service had access to information leaflets available in languages spoken by the patients and local community. In the waiting area, there was a sign in multiple languages regarding the risks of pregnancy and radiation.

Managers made sure staff, and patients, loved ones and carers got help from interpreters or signers when needed. The service used a telephone interpretation service and told us they did not use patient family members to translate as they recognised this was not best practice.

Patients were given a choice of snacks and drink to meet their cultural and religious preferences. The service considered the impact on digestion with snacks it offered, as patients were sometimes required to maintain a low fibre diet during treatment. Staff also told us if patients were delayed for a long period of time, they could order meals from the independent hospital restaurant on the same site, this catered for a wide range of dietary restrictions and allergies.

There was a corporate chaperone policy which was in date and had a review date. In addition, some consultants liked to have a chaperone in their clinics, and some liked to have a chaperone if they were going to deliver bad news. We saw posters displayed in the waiting area and patients could request a chaperone.

Waiting rooms and consulting room had signs to inform patients they could ask for a chaperone if they felt they required one.

Patients with hearing difficulties could access the use of a portable hearing loop. Staff gave multiple examples of when they had gone the extra mile for patients in need. Each patient had an individual plan to meet their needs. These included the temperature and music in the treatment room, the times of appointments, providing extra food and buying spare clothing for those in need.

The centre partnered a charity who provided on-site complementary therapy services. The complimentary therapy services were valued by all patients and received exclusively positive feedback from patients. Staff carried out holistic needs assessment to make sure patients received their preferred choice of therapy.

The centre worked with a local hospice to support patients requiring end of life care. They held monthly meetings with the hospice to make sure patients continually received a high-quality service and met their needs.

Patients whose first language was not English accessed interpreting services, and all information leaflets were as needed, produced in an alternate language. Arrangements were also made for patients who required signers to attend for British Sign Language (BSL) translation. The service also had a hearing aid loop available for those who wore a hearing aid.

Access and flow

People could access the service in a way and at a time which suited them and received the right care promptly. Waiting times for treatment were in line with national standards.

Outstanding ☆

Medical care (Including older people's care)

In the last 12 months, all patients were seen within 48 hours of referral except when due to factors outside the service's control, such as patients requesting specific dates for appointments, patient cancellations, patient holidays and patient availability. Staff told us that most patients were seen within 24 hours of referral. The centre set up additional clinics if required to make sure staff saw patients in a timely way.

There were very few appointments cancelled for non-clinical reasons in the last 12 months. Of the five, the service offered all of them another appointment within 28 days of the cancelled appointments.

The service contacted patients within an hour to discover the reason for non-attendance, if a patient failed to attend their clinic appointment.

Patients were allotted 45 to 60 minutes for new patient appointments and 15 to 30 minutes for follow up appointments. The reception staff knew how long appointment times needed to be for each individual consultant.

Staff completed treatment summary letters and sent these to the patient and their GP, this informed them of the treatment area and radiation dose received.

The service offered patients a rapid access for palliative radiotherapy and were seen in clinics, had CT planning, and were treated within 24 hours of the outpatient's appointment.

Managers monitored waiting times and made sure patients accessed services when needed and received treatment within national targets. The service did not however always meet internal provider timeframes.

There was a policy in place that set out timeframes for patient pathway. We reviewed referral to treatment data for the previous six months which showed the median referral to treatment time was below five days, this was in line with provider target. The service consistently met or exceeded the provider average time for the planning CT to treatment. This meant people received their treatment rapidly after the planning appointment.

Managers worked to keep the number of cancelled appointments to a minimum. When equipment failure occurred, staff contacted engineers and if necessary, manufacturers. Where possible, staff prioritised patients who were required to have full bladders for treatment following equipment repair.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

There was a policy in place for the management of treatment interruption that outlined the methods to account for this. These included:

- Extending the normal working day.
- Transfer to another service with a matched machine.
- Treat on the weekend.
- Where possible delivering two treatments on the same day with a minimum gap of six hours.
- Increasing the radiation dose for the remaining treatments whilst maintaining treatment over the same period.
- Consider additional treatment to compensate for any missed.

Staff told us if patients needed to be treated at another location, the service used their complimentary taxi service to transport patients to the alternative service.

Outstanding ☆

Medical care (Including older people's care)

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.

Patients, relatives, and carers knew how to complain or raise concerns. Patients we spoke with told us they knew how to raise a complaint and would be comfortable doing so. However, they also all told us they did not feel they needed to raise a complaint.

The service clearly displayed information about how to raise a concern in patient areas. There were leaflets for patients to take home which explained the complaints process clearly in the waiting area. The provider also gave guidance on making a complaint or raising concerns on their website.

The service had a clear, in date complaints policy which outlined the expected way complaints were to be investigated. Staff were all able to access this policy if they needed.

The policy referred to independent resolution of the complaint through the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) if a patient felt their complaint had not been investigated appropriately.

Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were clear about their responsibilities when patients complained. They told us they offered the patient advice on how to complain formally and made the centre leader aware.

The centre had an in date corporate complaint's' policy and it had a review date. The policy reflected best practice and staff could easily access it.

The provider had systems to make sure patients' comments and complaints were listened to and acted upon effectively. Patients could raise a concern, and have it investigated and responded within a realistic time frame set by the provider.

The centre leader and the corporate's operations director and quality manager had oversight of the management of complaints. The team worked together to review and investigate the complaints and made sure they informed patients at every stage of the process. They shared learned lessons with staff at monthly team meetings and the safety and quality committee. The safety and quality committee had corporate senior management representation from across the business. The centre reported all complaints to the corporate's chief medical officer who supported the complaint process. This was in line with the corporate complaints policy.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service had received no formal complaints in the 12-month reporting period. However, we saw patient feedback for improvement being discussed at the daily morning huddle.

Is the service well-led?

Outstanding ☆

Leadership

Outstanding ☆

Medical care (Including older people's care)

There was compassionate, inclusive, and effective leadership at all levels. There was a deeply imbedded system of leadership development and succession planning. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service had a clear reporting structure. Leaders at all levels demonstrated high levels of experience, capacity and capability that was needed to deliver excellent and sustainable care. Staff we spoke with knew them and could describe their roles. They reported the structure worked well.

The centre leader reported to the director of operations who formed part of the Genesis Care UK leadership team. The centre had dedicated leads for each clinical service. Staff told us this structure supported their access to a lead in their area to help resolve issues and provide daily operational leaders specific to their area. The treatment and physics planning area had a lead who in turn reported into the centre leader.

Clinical area leaders worked closely with staff and were accessible to support staff who had questions or concerns throughout the day. Staff told us they felt their clinical lead was approachable at any point if they wanted to discuss concerns or seek advice.

A member of the wider senior leadership team also supported the service. Staff told us this leader regularly came to the service and spoke with them to ensure they had access to senior leadership. Morning huddles were staggered across the three linked sites, and this ensured the centre leader was able to attend all morning huddles. This meant the centre leader had current information to support each centre as needed.

Succession planning at all levels and also within the leadership team was discussed monthly and the staff exploring leadership pathways were supported to attend training session to gain the knowledge and skills needed by a leader. Staff told of their goals and aspirations for personal and professional development within the company.

Staff told us that they could contact managers at any time for help or advice. They also told us that managers were visible in the organisation and would walk throughout the centre round during the day. They said they also had safe visibility of corporate staff at corporate events or at the centre.

Leaders strived to motivate staff to succeed. The leads encouraged staff to share ‘reasons to be proud’ and nominate employee of the month. Staff told us the centre leader always listened to any improvement ideas they raised and provided staff opportunities to implement those suggestions after successful trials. An example of this was the planned team building away day.

Vision and Strategy

The service had a vision for what it wanted to achieve that was stretching and challenging and an achievable strategy to turn it into action. The vision and strategy were focused on sustainability of services.

Staff told us they were happy working at the service and were a close team. Staff were passionate about providing high quality radiotherapy care and treatment.

All staff spoke of a sense of working together and towards a common goal. Staff were aware of the corporate values of the company, these were

- Empathy for all.
- Innovation every day.
- Partnership inside and out.
- Bravery to have a go.
- Integrity always.

There were provider values posters on display in staff areas. The service vision embedded these values with the goal of creating a 'service of the future'. The service had clear benchmarks for achieving the vision and staff had highlighted those they had achieved to celebrate their progress.

There were eight workstreams for implementing the vision, these had designated project leads. Centre leads were also allocated to workstreams. Each workstream had clear initiatives with performance indicators for meeting these. Staff were fully involved and committed to achieving the workstreams and personal and professional development goals were focused on achieving the strategy. The workstreams were discussed and progressed at staff meetings.

Staff we spoke with described how they embraced and worked in line with the corporate values of 'empathy for all, partnership for all, innovation every day and bravery to have a go'. We saw some examples of this during the inspection and described these throughout the report of how staff gave quality care and patients received excellent care experience.

The provider had recently published a strategy for the future of cancer care. The strategy described the current issues facing cancer care in the England and set the following three goals as a solution to improve cancer care both nationally and internationally.

- Utilising all available assets in the most effective way possible in the immediate term
- Prioritising investment and delivery of innovative diagnostic techniques that deliver the best possible treatment options and technology that reduces the burden of after-care.
- Integrating data sharing and international evidence

Leaders within the centre were committed to driving this strategy as part of the wider organisation.

Culture

Leaders had an inspiring shared purpose and worked continuously to deliver and motivate staff to succeed. 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.

There was an exceptional culture across the centre. All staff were proud of the organisation they worked for and staff at all levels were actively encouraged to speak up and raise concerns. There was a high level of staff satisfaction across all staff grades. There was a strong organisational commitment and effective action towards ensuring staff were listened to.

All staff we spoke with reported there was a positive and open culture at the centre. Staff said they worked in a friendly environment and felt part of a 'family'. One staff said, "we all looked after one another" and another said, "there was a no-blame culture". Numerous staff told us their workplace was harmonious, and staff of all grades were caring, respectful and supportive of each other.

The service had an in-date whistle blowing policy and staff knew how to raise concerns with managers. The policy outlined the responsibilities of staff and managers when concerns were raised. There was a provider level people and culture team who supported managers in discharging their responsibilities about whistleblowing and raising concerns. The service had no whistleblowing concerns that required to be reported to CQC in the reporting period. The national leadership team was developing a freedom to speak up guardian role to be implemented at all centres.

Patients told us they knew how to raise concerns and would feel comfortable complaining if they needed to. However, they all told us they had no reason to raise a concern.

Governance

Governance arrangements were proactively reviewed and reflected best practice. **Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service**.

The service had clear systems of governance, and this aligned with the global provider model. The clinical staff caring for patients reported into an area specific lead, these leads reported into the centre lead, the centre lead reported to the wider senior leadership team.

There were two oversight committees, and these were divided into technical and clinical support. The service fed into the professional leader's forum for clinical oversight. They also fed into the radiation oncology committee for technical oversight. There were also channels of communication from the area specific leads with other leads of the same area across the provider.

There was a radiation safety committee as part of technical oversight committee. The radiation safety committee oversaw radiation protection and monitored the requirements for the use of ionising radiation and the safety and quality performance of this. We reviewed meeting minutes from the last two committee meetings; we saw these followed a standard agenda and were a clear record of the discussion.

The nominated individual for the service had overall responsibility for governance and quality at provider level.

All staff told us they were clear about what their responsibilities and roles were. These channels of communication were the same for administrative staff.

There were clear communication processes to make staff aware of incidents both locally and across the whole provider. Locally staff were told either in person or over an email that there had been an incident and caution was required.

National incidents were discussed monthly and learning outcomes recognised and shared across all the provider services. If an incident was deemed to be of serious level, then a "fast alert" was sent out across all services via email. This meant all members of staff were instantly informed of an incident and any immediate changes and impact to practice.

There was a systematic programme for clinical and internal audit used to monitor quality and identify areas for improvement. The results of audits were discussed across the centre and subsequent action plans were implemented and reviewed. The centre shared learning across all Genesis Care sites where appropriate.

Staff were aware of recent rapid alerts and the changes to practice required. We reviewed the previous three rapid alerts and saw there were appropriate learning outcomes and changes had been made.

Outstanding ☆

Medical care (Including older people's care)

There was a central Medical Advisory Committee (MAC) which was run by a multidisciplinary team. The MAC had oversight of all consultants with practising privileges and reviewed all applications from doctors to apply for new practising privileges. We were told decisions made by the MAC were final and could not be overturned locally.

The scope of practice for doctors with practising privileges was available for other clinical staff to check to ensure they were not working outside of their area of expertise. Staff were able to show us where to find practicing privilege information.

Management of risk, issues, and performance

Leaders were committed to best practice performance, risk management systems and processes. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a local risk register. The risk register was reviewed on the day of the inspection. Each risk had a weighted risk score and actions to mitigate or resolve the risk was recorded. Risks were escalated via the provider as needed and discussed at monthly, minuted and well attended meetings. Leaders confidentially and knowledgably discussed the risks in their centre with the inspection team.

There was a clear approach to audit and performance management at the service. The audit programme was thorough and clearly laid out timescales for audits to be repeated to ensure compliance. The results of the audits were fed into the provider leadership team to allow for benchmarking across all sites. We were told there were plans for services to be paired up and to begin auditing each other, to ensure there was a fresh set of eyes carrying out the audit.

The service carried out environmental risk assessments. The health and safety representative carried out regular walkarounds to ensure there were no new environmental risks.

There were regular safety and quality meetings which covered a variety of topics and included appropriate members of the organisation.

The service reviewed the performance regularly. For example, they reviewed the time from referral to scan and referral to first treatment. This was also monitored at provider level and services benchmarked their waiting times.

There was a business continuity policy which highlighted key hazards and mitigations, contact details and relevant staff and an emergency response checklist. Staff could access ‘prompt cards’ which gave clear steps on what actions to take in the event of a failure such as electrical outage and information technology systems failure.

Information Management

The service had invested in innovative and best practice information systems and processes. Data or notifications were consistently submitted to external organisations as required. 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.

Performance data was continually collected and reviewed by the centre leadership team and was used regularly to bench-mark performance across the provider. We viewed the secure electronic data systems on the day of the inspection and saw how the information was collected, analysed, and used to support centre performance.

Outstanding ☆

Medical care (Including older people's care)

We were told the centre complied with General Data Protection Regulation (GDPR) and took into consideration Caldicott principles when making decisions on how data protection and sharing systems were designed and operated. The centre leader audited two complete new patient records a month to ensure no staff had accessed the record unless they had a need to as part of their role.

Staff could easily access relevant information such as policies and team meetings online to keep track of staff awareness. This demonstrated an effective communication system at the centre.

The centre leader submitted all statutory notifications to external bodies as needed. This was monitored electronically and could be audited and tracked easily.

Engagement

There were consistently high levels of constructive engagement with staff and people who used services which included all equality groups. They collaborated with partner organisations to help improve services for patients.

Leaders supported staff to be individual, professionals who had an important contribution to make in the success of the centre. Staff felt they could be themselves no matter what protected characteristics they identified with, and their strengths and contributions were valued.

The service actively asked patients for feedback while they were using the service. They were also clear about the complaints process if patients felt the need to complain. Patients were consulted on any centre changes that affected them. For example, patients chose the colour of the replacement flooring in the patient waiting areas.

There were staff surveys and these fed into the action plan for the service. Staff survey results for the service had been incorporated with those for another local provider site. Staff feedback had highlighted that communication could be better and managers said they were improving communication by sharing more feedback.

Staff had identified they needed a team building day to strengthen and deepen their working relationships. This had been organised by the provider and planned with the staff in mind. Staff had a mix of protected characteristics; during the inspection all staff told us how they were valued as individuals and their strengths contributed to the strong team working at this centre. Opinions were sought and valued by the senior leadership team.

Staff told us the centre leader gone the ‘extra mile’ in recognising staff contributions. An example of this is when they had provided free lunch to staff who had facilitated support groups at the weekends. The centre held patient forums and used patient feedback to improve the service they provided.

The services actively sought feedback from patients in writing or through conversations to improve the service they provided.

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.

Outstanding ☆

Medical care (Including older people's care)

Staff learning and continuous improvement was discussed and encouraged regularly in monthly one-to-one conversations with their manager. Staff identified areas they felt would improve services and if their manager agreed they requested this.

The centre awarded staff each month through an employee of the month initiative. All staff were encouraged to submit nominations for colleagues recognised to have practiced the center's values. All staff we spoke to said they felt recognised and valued through this initiative.

The service allocated individual service improvement projects to all staff. This deepened their own knowledge and helped to improve services for patients.

At provider level, there was a designated stereotactic ablative radiotherapy (SABR) lead and reference group to support the implementation of SABR across all sites. Stereotactic ablative radiotherapy (SABR) is a way of giving radiotherapy to precisely target certain cancers and is recognised as being gold standard treatment for some cancers. The SABR lead visited the site to complete staff training and told us they would provide guidance when the site began delivering SABR treatments.