

Genesis Cancer Care UK Limited

Genesis Care, Nottingham

Inspection report

The Park Cancer Centre The Park 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This was the first rated inspection for Genesis Care Nottingham. At the time of our inspection the main service provided was radiotherapy.

Nottingham Genesis Care site is a purpose built, single storey facility shared between Genesis Care and the host independent hospital and opened in July 2012.

Radiotherapy is delivered by Genesis Care UK, working to the standards developed for the existing Genesis Care UK (GCUK) services. The host hospital provides chemotherapy services within their own management and control. The waiting areas, consulting rooms and staff facilities was shared between the two organisations.

Services and equipment provided at Nottingham site was:

The Radiotherapy service delivers external beam treatments including intensity modulated (IMRT) assisted by image guided (IGRT), surface guided (SGRT) and deep breath hold (DIBH) radiotherapy to accurately treat various types of cancers including prostate, breast and some benign conditions of the hands and feet. All patients were seen for out-patient treatments. Patients are referred from oncologists working in the surrounding hospitals and on site at the host hospital. The referring consultants use the consultation room to see new and follow up patients, and for treatment review clinics, both for chemotherapy and radiotherapy patients.

Genesis Care Nottingham has had a registered manager in post since 2012.

The centre was registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

Summary of findings

Our judgements about each of the main services

Service

Medical care (Including older people's care)

Rating

Good



Summary of each main service

We rated the service for the first time at Genesis Care Nottingham as good overall because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed them. Staff had training on how to recognise and report abuse. The service-controlled infection risk well. Staff completed and updated risk assessments for each patient and removed or minimised risks. The service had enough staff. Records were stored securely and were easily available to all staff providing care. The service used systems and processes to safely record and store medicines. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence-based practice. Patients had access to drinks. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Staff worked together as a team to benefit patients. Key services were available to support patient care. Staff gave patients practical support and advice around their radiotherapy treatment. Staff followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. People could access the service when they needed it and received the right care

Summary of findings

promptly. It was easy for people to give feedback and raise concerns. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. The service was focused on the needs of patients receiving care. Staff at all levels were clear about their roles and accountabilities. Leaders and teams used systems to manage performance effectively. The service identified and escalated relevant risks and issues and took actions to reduce their impact. Staff were committed to continually learning and improving services.
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Summary of findings

Contents

Summary of this inspection

Background to Genesis Care, Nottingham

Page

6

Information about Genesis Care, Nottingham

6

Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

Summary of this inspection

Background to Genesis Care, Nottingham

Genesis Care Nottingham is one of fourteen locations across the country.

We inspected this service on the 10 February 2021. This was Genesis Care Nottingham's first rated inspection.

During the inspection we visited the radiotherapy department. We spoke with seven staff including, radiotherapists (a radiotherapist is a person who treats diseases such as cancer by using radiation), senior managers, physicists, dosimetrist (a dosimetrist is health professional responsible for planning radiation treatment for oncology patients in collaboration with other members of the oncology team that oversee treatment implementation while also providing support with radiation equipment) and reception staff.

The main service provided by this hospital was cancer care. We have inspected and reported all cancer care services under the CQC Cancer Assessment Framework.

How we carried out this inspection

We carried out an unannounced, responsive, comprehensive inspection at this location following actions taken in response to concerns raised in 2020 at other locations within the provider.

We looked at the five key questions: is the service safe, effective, caring, responsive and well led.

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

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

The centre offered an advanced radiotherapy services and had installed a Surface Guided Radiotherapy Treatment (SGRT) system which used a system of cameras to check patient movement during treatment. A surface Guided Radiotherapy Treatment is a rapidly growing technology used to improve accuracy with radiation treatment.

This piece of equipment meant the service could provide tattoo-less treatment this was positive for many patients who viewed their tattoos as a constant reminder of their radiotherapy treatment. SGRT uses a three-dimensional imaging to help radiographers position patients, avoiding the need to use tattoo marks to mark position of the body. The SGRT also enabled the service to use 'faceless' shells or also known as a mask or mould for head and neck radiotherapy treatment. A mask or mould is used to ensure that treatment area of the body remains still to ensure treatment is accurate as possible. This was a more comfortable experience for patients as they no longer needed to wear full face masks and could open their eyes and feel less restricted.

Staff understood how demanding both emotionally and financially, daily treatment trips could be on patients and their relatives. The service provided a free taxi to ease this burden.

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that radiographers are trained in the basics of identifying sepsis.
- Routine inspection of radiotherapy accessory equipment such as breast boards should be checked and recorded.






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	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Medical care (Including older people's care)

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

Are Medical care (Including older people's care) safe?

Good 

We rated it as good because:

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff.

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

Staff accessed their mandatory training by a mixture of e-learning and practical sessions and received mandatory training in a variety of topics. All mandatory training was at 100% apart from basic life support (practical) 86%, and infection control level one (practical) 14%. The centre lead explained that the low compliance figures for practical training was because it had been difficult to get trainers on site during the pandemic. For all staff members who were not up to date with practical training there were dates booked in the near future. The service ensured staff who were not up to date with practical training had completed their online training.

Those staff with practicing privileges had to provide evidence of completion of their mandatory training from their substantive NHS trust employer. This information was held on a database. Practicing privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice or within the provision of community services.

Staff had read the local radiation protection rules (local rules) and understood their roles and responsibilities. Local rules were in-date, displayed and all appropriate staff had signed to say they had read them. Staff told us they had received relevant training on radiation risks.

Safeguarding

Medical care (Including older people's care)

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received and completed their safeguarding training specific to their role on how to recognise and report abuse. The service provided yearly safeguarding training as an online training package. Qualified staff received safeguarding adults and children up to level two. Non-clinical staff received level one safeguarding training in both adult and children. All non-clinical staff had completed both elements of the required training.

The site leader had been trained up to safeguarding level three in both adults and children. Staff we spoke with knew the escalation process should they need to report a safeguarding concern and would contact the safeguarding lead who had completed level four safeguarding. This met the intercollegiate guidance for safeguarding.

Staff knew where to access the service safeguarding policies and had easy access to electronic versions on the provider's internal intranet. The policies were in date, version controlled and reflected national guidance.

Cleanliness, infection control and hygiene

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

The service had in-date, version-controlled policies about effective infection control and cleaning processes. Staff knew how to access these via the service electronic system; for ease of use, links to other policies were embedded into the overall infection control policy which was in-date and version controlled.

Staff took extra precautions to keep all persons in the department safe during COVID-19 pandemic. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff received e-learning and practical mandatory training in infection prevention and control. Staff carried out twice weekly lateral COVID-19 flow test. A rapid **lateral flow test** is a coronavirus test you do yourself. It shows you the result on a handheld device that comes with the test.

All patients were called by the department to complete a COVID-19 risk assessment up to 48hrs prior to attending their appointment. All patients, staff and visitors were required to have temperature check upon arrival, all staff and patients were required to wear a face mask.

Staff, patients and visitors had access to wall mounted and portable hand sanitiser gel dispensers at the entrance to the centre, and throughout the department with relevant points throughout. We observed all staff used these.

We saw hand hygiene reminder posters throughout the department to ensure all persons in the department were following COVID -19 and Infection control guidance.

Hand hygiene audits were completed monthly, the results for January 2021 and February 2021 were at 100%, this showed us that all staff were bare below the elbows and complied with good hand hygiene practice.

All areas were clean and had suitable furnishings which were clean and well-maintained. We saw staff followed daily cleaning scheduling. There was a service level agreement with the host hospital for cleaning schedules, and maintenance of waste collection. The service had a radiographer champion for health and safety and infection prevention and control.

Medical care (Including older people's care)

Environment and Equipment

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

All radiographer staff were required to sign in electronically before any treatment delivery. We saw signs to remind both radiographers on duty to sign in. We saw clear signage about who was in control of the area.

We inspected this service during the COVID-19 pandemic. Staff told us they had enough personal protective equipment (PPE) to feel safe and were able to follow Public Health England (PHE) guidelines. We saw staff wearing PPE and was appropriate for their role throughout the inspection.

The service had a shared open-plan reception and waiting area on the ground floor, with reception staff present. Prior to COVID -19 pandemic, patients waited in this area prior to be called into the restricted areas.

The resuscitation trolley was the host hospital's responsibility and was regularly checked by the host hospital chemotherapy staff. Resuscitation trollies hold equipment and medicines in one place in case a patient rapidly deteriorates.

Radiotherapy equipment was a subject to a strict maintenance and quality assurance programme including scheduled daily checks before any patient was treated. Linear accelerator maintenance was carried out by an in-house engineer. Network of engineers across the UK provide cover by phone with one engineer located nearby if needed to resolve any issues such as replace parts. Flow charts for contacting engineers were seen in the department.

Routine inspection of radiotherapy accessory equipment such as breast boards were not always checked and recorded of any faults, we raised this with senior team who informed us, that if any accessory were not suitable for use the service would replace them immediately.

Engineers carried out training for radiographers for morning run up of linear accelerator as part of their induction and familiarisation of equipment. Radiographers perform daily warm up of linac and perform/record daily quality checks, overseen by the principal physicist. Linac servicing were often planned either late evening or weekend to ensure there was no impact on patient care.

There were fire exit signs and fire extinguishers throughout the department. All fire exits, and doors were kept clear and free from obstructions. The service tested fire alarms and emergency alarms on a weekly basis.

All staff had completed their two yearly mandatory practical fire safety training and yearly e-learning fire safety.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient, Staff requested support from host hospital if patients was to deteriorate. However, not all staff had completed sepsis awareness training.

All staff in the department attended a daily huddle led by the manager. The huddle included an overview of all Genesis departments to discuss and identify a variety of quality and safety issues.

Medical care (Including older people's care)

As required by the Health and Safety Executive (HSE) who regulate the Ionising Radiations Regulations 2017 (IRR99), all areas where medical radiation was used were required to have written and displayed local rules which set out a framework of work instructions for staff. These local rules were displayed.

The service had the support of an external radiation protection advisor (RPA) and an onsite radiation protection supervisor (RPS). There was an on-site lead physicist who helped develop protocols and check the quality assurance processes on all the equipment.

Staff completed risk assessments for each patient on admission or arrival, using a recognised tool, and reviewed this regularly. Staff dealt with any specific risk issues. Posters were displayed in the department to ask patients to inform staff if they thought they might be or were pregnant.

The service had a service level agreement (SLA) with the host private hospital to care for any deteriorating patients. We asked staff about their understanding of deteriorating patients and around sepsis awareness. Staff told us sepsis was not included as part of their mandatory training. The service level agreement included support from their on-site Residential Medical Officer (RMO), if there were any concerns that the patient was unwell on attendance, Genesis staff would request a medical review.

The host hospital was not able to take any acutely unwell patients who were deteriorating. If a patient was to rapidly deteriorate, the host hospital crash team would attend, and the ambulance would be called to transfer patient to a local NHS hospital, this was part of the SLA. A service level agreement is an agreement between two services to agree pathways of care between them or services they provide. Staff we spoke with knew how to ask for support if a patient was to deteriorate, however staff were not always aware of the sepsis pathway/awareness.

The service was open from 8am to 5pm Monday to Friday, however patients had access to a telephone hotline, which operated 24-hour day, seven days a week. Nottingham site introduced a radiotherapy 'Contact Card' for patients to ensure they always had a point of contact during their treatment pathway, to improve safety and care, and this initiative was now operational across all of UK sites.

There were processes in place to ensure the right person received the right scan at the right time. Staff completed a six-point check of name, date of birth, address, body part, clinical information and previous imaging checks. In addition, the service carried out daily ID checks, checks of the area being treated and this was completed daily before every treatment. This was in line with the legal requirements of IR(ME)R to safeguard patients against experiencing the wrong investigations.

Staff had access to risk assessments online specifically for the service they provided. For example, the breakdown of the Linac machine.

Staffing

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

Genesis care Nottingham consisted of three whole time equivalent radiotherapists, two patient administrators and two medical secretaries with support from onsite dosimetry and a physicist.

Medical care (Including older people's care)

The service had access to a resident medical officer (RMO) through a service level agreement with the host hospital. The host hospital made sure RMOs had the skills and competencies to perform their role such as mandatory training. The service had consultants working under practising privileges. This included clinical and medical oncologists, dermatologists, haematologists. Practising privileges was an authority granted to a physician by a hospital/ services governing board to provide patient care. The medical advisory committee (MAC) monitored all staff with practicing privileges. The centre raised and reported any concerns, including competencies, about consultants through the MAC.

The service was managed by a service leader who was supported by their deputy.

The service used a co-created tool for radiotherapy teams called Rad-calc, which incorporated staffing resource as well as patient dependency, and additional tasks required to allow for a safe team environment. The service held three times a week calls with the director of operations, senior leaders and function leads to support any additional requirements or changes within the planned activity.

The service had enough staff to keep patients safe. Managers told us they do not use bank or agency staff at the Nottingham site. The service had a good skill mix of staff on each shift and reviewed this regularly.

The service had a daily morning meeting to assess staffing levels. Staff told us if member of the team was unwell and a service would be left short staff then other sites would offer support.

Records

Records were stored securely and easily available to all staff providing care.

When patients transferred to a new team, there were no delays in staff accessing records.

Records were clear and included all necessary information and were stored securely. The service used electronic records; only authorised staff had access to records. Any paper documents were scanned into patient electronic record. As part of their mandatory training, staff completed information governance sessions. The service carried out information governance audit to ensure all staff were following Genesis Care UK policies and keeping patient records secure.

Radiotherapy treatment would not be possible in the event of network outage as the record-and-verify system would not operate under those conditions. The service would refer to the local in-date business continuity plan should an incident occur. A network outage is the loss of network resources, including routers, switches, and transport facilities, because of a complete or partial failure of hardware and software components.

Since the COVID -19 pandemic, more staff had remote access to the electronic system and home working arrangements were made.

Medicine

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

The service had pharmacy support, if needed, from other Genesis Care UK locations. Genesis Care, Nottingham kept only skin ointments, which were stored in a locked cupboard and checked daily. Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Medical care (Including older people's care)

Staff stored documents in line with the provider's policy. Staff could access a version-controlled medicines management policy. This policy explained the roles of the medicines management committee, classification of medicines and that no Genesis Care UK sites were registered to hold controlled drugs.

The latest medicine management audits showed 100% compliance.

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.

Genesis Care Nottingham reported no deaths or major incidences, serious injuries or never events in the last 12 months of the reporting period. Staff raised concerns and reported incidents and near misses in line with the service policy. Genesis Care UK had an in-date, version-controlled incident, accident and near miss policy which staff accessed electronically. All staff we spoke with knew how to report incidents using the service electronic reporting system. Staff received feedback from investigation of incidents, both internal and external to the service.

We saw examples of staff monthly team meeting minutes, and discussion of incidents were included on the agenda.

Staff received regular rapid alert from senior management; rapid alerts were used to inform all staff that something may have happened, and they need to be aware of it. Any incidents that may have occurred during the week or had actions outstanding were also discussed during the daily morning huddle.

Staff understood the duty of candour. They were open and transparent, and said they gave patients and families a full explanation if things went wrong. Staff were able to explain how duty of candour relates to their role and clinical practice. The duty of candour is the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided.

Are Medical care (Including older people's care) effective?

We rated it as good because:

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff were able to show us how they accessed staff portal for latest policy/guidance. We found paper documents were also in date and were kept safely in a folder for easy access for staff.

Medical care (Including older people's care)

The service offered an advanced radiotherapy services and had installed a surface guided radiotherapy treatment system (SGRT) which used a system of cameras to monitor patient movement during treatment. This piece of equipment meant the centre could provide tattoo-less treatment; this was positive for many patients who viewed their tattoos as a constant reminder of their radiotherapy treatment. The SGRT also enabled the service to use 'faceless' shells also known as mask or shield for head and neck radiotherapy treatment. This was a more comfortable experience for patients as they no longer needed to wear full face masks and could open their eyes and feel less restricted.

Deep Inspiration Breath Hold (DIBH) was also available at the centre, this was a technique used to treat cancer in the breast or chest wall. It is precisely targeted so there is less chance of damage to the heart and lungs.

The service used image guided radiotherapy (IGRT) which is the use of imaging during radiation therapy to improve the precision and accuracy of treatment delivery. IGRT was used to treat tumours in areas of the body, such as the lungs. This technique enabled the area to be targeted and treated, accurately and reduced the risks of side-effects from radiotherapy.

Nutrition and hydration

Patients had access to drinks to meet their needs.

In the main waiting area, there was a vending machine with choice of drinks; Due to COVID-19 pandemic, no patients were able to sit in the waiting area, no snacks were available due to infection control guidance. If patients required some snacks, they could access the host hospital café.

Patients could request the dietitian at any point. Patients undergoing pelvic radiotherapy had regular review by the clinical team who recorded patient nutrition and weight status.

Pain relief

Staff assessed patients regularly during radiotherapy treatment to see if they were in pain.

Patients undergoing pelvic radiotherapy were regularly reviewed by the clinical team. All patients were reviewed by a radiographer, which include recordings of pain level and toxicities.

Staff asked patients on arrival if they were feeling well or in any discomfort during their treatment.

Radiographers were competent in performing daily reviews and liaised with the oncologist or GP if patients required medical attention for symptom control. In addition, radiographers were trained to assess needs and provide supportive treatments such as anti-diarrhoeal medications, mouthwashes and skin emollients for symptomatic control. Emergency radiotherapy patients underwent a detailed review of their pain control and if needed staff would involve the palliative care team.

Patient outcomes

Staff checked the effectiveness of care and treatment. They used the findings to make improvements.

Medical care (Including older people's care)

The radiotherapy unit contributed data from each patient episode to the National Radiotherapy Dataset (RTDS). The purpose of the standard was to collect data across providers of radiotherapy services in England. This would supply information for service planning, commissioning, clinical practice and the operational provision of radiotherapy services across England.

Peer review took place around clinical protocols of radiotherapy, based on the Ionising Radiation Medical Exposure Regulations (IRMER), Royal College of Radiologist (RCR) guidance. Cases that fell outside clinical protocols were referred to Clinical Advisory Teams who held virtual peer review meetings in collaboration with clinicians who discussed the evidence behind protocol deviations. The final decision was documented in patients' electronic medical records.

Senior managers told us they had incorporated Mortality (death) and Morbidity (disease) discussions in their clinical governance meeting. In addition, the service collects patient outcome data during radiotherapy through their patient electronic record using the Radiation Therapy Oncology Group (RTOG). Any toxicities scoring above grade two were flagged and recorded weekly to the consultant. The service reported no deaths directly related to treatment.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Genesis Care UK had its own performance database which collected quality and performance data. This enabled internal performance benchmarking across all other UK sites. Information included patient satisfaction, incidents, complaints, concerns and compliments.

Managers used information from the audits to improve care and treatment and shared information with staff. Staff we spoke with were aware of the audits that were carried out and of any changes to practice from the outcome.

All staff contributed to the regular audits and took turns to complete them. Improvement was checked and monitored; the service had regular audit committee meetings to ensure there was oversight of improvements by the wider Genesis UK team.

The service audited radiation exposure to staff this ensures staff exposures are within occupational limits. We saw evidence of this during our inspection.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All therapeutic radiographers were health care professions, council registered and worked through an extensive competency framework which ensured they were competent to carry out each type of treatment.

Staff had to be signed off by the lead therapeutic radiographer for each treatment technique before they could work unsupervised. We saw the service leader kept record of all the therapeutic radiographer's revalidation dates.

Managers gave all new staff a full induction tailored to their role before they started work. Staff undergo a 90-day induction process to ensure they were confident and competent in performing within their role. We spoke with one staff member who had been in post five weeks and was very complimentary of the support and the organisation of the induction plan.

Medical care (Including older people's care)

All staff had their competences defined at induction, checked and updated at their annual appraisal meetings. Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they received clinical supervision and one to ones on a regular basis from their manager. We saw that all staff had been appraised in the last 12 months.

We spoke with staff who had recently been seconded or promoted to senior level. Staff felt leaders encouraged them to develop and felt supported to apply for senior roles.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Patients had their care pathway reviewed by a relevant consultant oncologist. Multidisciplinary meetings (MDT) were carried out to plan the treatment pathways for individual patients. Consultants arranged for patients to be discussed at the consultants' own NHS trust MDT, which they accessed as part of their NHS practice.

Staff worked across health care disciplines and with other agencies, when required, to care for patients. Leaders told us it was a mandatory requirement for consultants to confirm that an MDT discussion had occurred at the point of referral to treatment. Patients who had been seen first in an NHS setting often already had a formal multidisciplinary team meeting to discuss treatment options. The records of these meetings, when applicable were included in patients' records.

Seven-day services

Key services were available to support patient care.

The service did not provide inpatient services and was open from Monday to Friday from 9am to 5pm. Outside these hours, the service provided a 24-hour hotline phone support.

Health Promotion

Staff gave patients practical support and advice around their radiotherapy treatment.

The service had relevant information promoting healthy lifestyles and support for those patients going through radiotherapy treatment. We saw leaflets on display in the waiting area.

The service offered wellbeing services to all patients.

There were advice leaflets and booklets for people living with cancer from well-known cancer charities.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain patients' consent.

Medical care (Including older people's care)

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. At the time of our inspection all staff had completed their mental capacity act training, and deprivation of liberty safeguard and their patient e-learning consent training.

Whilst staff had received training on mental capacity, they said they would not be likely to see patients with mental capacity issues in their service as they would be seen at the local NHS trust. However, should they have concerns about a patient's mental health or capacity to consent verbally to investigations they would discuss this with the service manager and the consultant.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a comprehensive consent policy and was regularly audited for compliance.

Are Medical care (Including older people's care) caring?

We rated it as good because:

Compassionate care

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

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients were offered a chaperone if they required one and we saw a poster on display informing patients about the availability.

Patients were offered a holistic needs assessment to understand their needs outside their cancer treatment. This enabled the service to tailor care to the patients' needs as a whole and not just to treat their diagnosis.

The service had a calm, relaxed and friendly atmosphere contributing to the overall feeling of wellbeing. There was a strong, visible person-centred culture. Staff were highly motivated to provide care that was kind and offered dignity and respect.

The service were able to provide breast gowns for their breast cancer patients. This meant that patients were able to get undressed and dressed in a private changing room. This was implemented through patient feedback questionnaire.

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. Patients we spoke with were complimentary about the way the staff treated them.

Interactions between staff, patients and visitors were respectful and considerate. We saw reception staff introduced themselves to their patients on arrival. Staff members told us they liked working for Genesis Care as they could build up relationships with patients and get to know them over time through their treatment journey.

Medical care (Including older people's care)

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were aware of the lifechanging impact of a cancer diagnosis and cared for patients in a supportive manner. Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

The service offered Surface Guided Radiotherapy Treatment (SGRT) system which provided tattoo-less treatment. Emotionally, this was positive for many patients who viewed their tattoos as a constant reminder of their radiotherapy treatment

Patients individual needs and preferences were always reflected in how their care was delivered. Patients physical and psychological needs were regularly assessed and addressed, including nutrition, hydration, pain relief and anxiety.

Staff understood how demanding both emotionally and financially, daily treatment trips could be on patients and their relatives. The service provided a free taxi service to ease this burden; Some patient told us how thoughtful and helpful this was.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

During COVID-19 pandemic patients were required to attend appointments on their own, to comply with government infection control guidelines. Genesis Care took a flexible approach to this and allowed family members or carers to attend appointments, if support was needed and if safe to do so.

We saw examples of improvements made following patient feedback. Patient parking was a problem at Genesis Care UK Nottingham site, and was highlighted on their patient satisfaction survey. Improvements were made through designated and marked parking bays for the service.

Are Medical care (Including older people's care) responsive?

We rated it as good because:

Service delivery to meet the needs of local people

Medical care (Including older people's care)

The service planned and provided care in a way that met the needs of local people and the communities served.

Facilities and premises were appropriate for the services being delivered. The service provided free parking spaces and was accessible for wheelchair users.

The service offered advanced radiotherapy services and had installed a Surface Guided Radiotherapy Treatment (SGRT) system (SGRT) which used a system of cameras to monitor patient movement during treatment. This piece of equipment meant the centre could provide tattoo-less treatment this was positive for many patients who viewed their tattoos as a constant reminder of their radiotherapy treatment.

All rooms were clearly named and had signs showing when a room was occupied. Toilets had clear signs, and each patient facilities had an alarm bell to call for staff aid.

Genesis Care UK launched a Patient Experience Playbook in February 2020, for all team members and local Patient Experience Champion to continue to focus on services on all their patients. The service ensured the clinic met patients' needs and captured patients' opinion through a variety of channels, informal verbal feedback, patient experience survey and patient complaints.

Meeting people's individual needs

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

Managers made sure staff, patients, loved ones and carers had access to interpreters or signers when needed. Large print, easy read or different languages materials could be obtained if or when required.

The service had an effective working relationship with the host hospital. Genesis Care and the host hospital worked closely together to provide a smooth treatment pathway for all patients.

Genesis Care and the host hospital booked appointments to suit the patient, combining appointments on same day to prevent multiple trips for patients.

Feedback from patients and carers were used to shape the services and provision of care and treatment. All patients were asked to complete a week one feedback questionnaire to address any issues as soon as possible. The service leader reviewed all patient feedback. Any concerns were actioned promptly by the most senior staff member on site. An end of treatment satisfaction survey was also provided, feedback and scoring were then discussed at staff meetings, with a view to plan actions to improve.

The service had a dedicated wellbeing support for patients undergoing treatment at the Nottingham facility. The provider recognised that this was a fundamental part of caring for their patients. Genesis Care UK had secured a accredited wellbeing consultant for the service. The vision was to offer every patient a wellbeing assessment and support, at prompt intervals during their care with Genesis UK.

Access and flow

Medical care (Including older people's care)

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

Managers checked waiting times and made sure patients had access to services when needed and received treatment within agreed timeframes within national targets. The service had a corporate dashboard, which showed trends, outliers, and benchmarking against internal key performance indicators (KPIs) as well as against national guidelines and individual doctors' performance. The dashboard also provided a breakdown of patient waiting times for different stages of their radiotherapy pathway.

All staff aimed to make sure patients did not stay longer than they needed to. Managers told us referral time to treatment was normally within five to seven days. The service did not have a waiting list or backlog and all patients referred were treated without delays.

When patients had their appointments for treatment cancelled at the last minute, managers made sure a taxi was arranged and paid for to transfer patient to another site.

Staff supported patients when they were referred or transferred between services. If a patient did not attend their clinic appointment, it was recorded electronically, and patient's consultant informed.

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.

Between September 2020 and February 2021, the service reported zero complaints. Patients, relatives and carers knew how to complain or raise concerns. Staff knew how to acknowledge complaints, and patients received feedback from managers after an investigation into their complaint.

The complaint policy stated that the aim was to acknowledge all complaints within two working days of receiving a complaint, with final response within 20 days of the complaint being raised.

Genesis Care UK had a three-stage complaint process. Stage one: the local resolution process, managed by the service leader and the operations director, complaints that have not been resolved by the local team are then escalated to Stage two. Complaints that reach stage two are reviewed by a team or individual that has not been involved in the original investigation. This individual/team will work directly with the chief medical officer (CMO) to ensure a full review of the initial response and a further investigation to be instigated. The stage two response would be provided to the patient with an offer of a meeting with the CMO and/or General Manager. If complainants remain unsatisfied with the response at stage two patients will be recommended to contact either the parliamentary and health service ombudsman (PHSO) or independent sector complaints adjudication service (ISCAS) who will independently review the complaint and responses.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff had access to the Genesis Care UK corporate concerns and complaints policy which was in date and version controlled. Staff told us they would try to resolve a complaint at local level before escalation. Complaints or concerns was a regular agenda at the monthly team meeting.

Managers shared feedback from complaints and concerns with staff and learning was used to improve the service.

Medical care (Including older people's care)

Staff could give examples of how they used patient feedback to improve service, one example was parking facilities the senior teams were able to improve this through by having allocated parking for the service.

Are Medical care (Including older people's care) well-led?

Good 

We rated it as good because:

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Managers at all levels had the right skills and abilities to run the service providing high-quality sustainable care. Staff told us that the senior leaders in Nottingham were highly visible and worked alongside staff to deliver safe and effective care. The service leader reported to the director of operations who sat within the Genesis Care UK Leadership Team.

The service leader held a daily morning huddle which was a structured and documented meeting aimed at resource and capacity planning. This included problem-solving any immediate issue, learning from incidents and complaints and key messages/ alerts for that day. We saw that leaders had oversight of the department. Genesis Care UK carried out quarterly service engagement meetings where the General Manager updated all staff.

Senior leaders worked effectively within the cancer alliance radiotherapy network. The chief medical officer was a member of a local radiotherapy and breast advisory group. This was used to shape the breast service of the future (SOF) strategy.

We spoke with staff who had recently been seconded or promoted to senior level. Staff felt leaders encouraged them to develop and felt supported to apply for senior roles. Staff told us they received regular learning sessions for their personal development.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

Senior staff told us, Genesis Care UK purpose was to create a “care experiences to get the best possible life outcomes for their patients”. To be able to provide “exceptional quality care where and when a patient needs it, allowing patients to continue getting on with life and doing the things that are important to them”.

Staff were aware of the corporate values of, “Empathy for all, partnership for all, innovation every day and bravery to have a go”.

Medical care (Including older people's care)

Service of the Future (SOF) strategy was co-created following staff engagement workshops across the whole business, led by a designated SOF lead whose responsibility was to drive the strategy and ensure engagement at all levels within the organisation. Eight SOF workstreams were found, each led by a member of the leadership team. All staff were encouraged to sign up for inclusion into a workstream depending on area of interest or ability.

Culture

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

Staff were proud of the organisation as a place to work and spoke highly of the culture and of their service leader. Staff we spoke with said Nottingham site were known as a “friendly team” to the rest of the Genesis Care UK locations.

Managers across all the sites promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that the working atmosphere was friendly and supportive. Many training opportunities were available, often paid for or part paid for by Genesis Care UK.

The service had an in-date whistle blowing policy and staff knew how to raise concerns with managers. There were no whistleblowing concerns raised to CQC in the past 12 months.

Governance

Leaders operated effective governance processes throughout the service. 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. All staff were clear about what their responsibilities and roles were.

Genesis Care UK aimed to have a clear and consistent governance process across all its sites. Monthly safety and quality committee meetings were held to cover corporate, clinical and information governance and benchmark against the other sites. Information was fed into these meetings from sub-committees, such as radiation protection service committee, radiotherapy and technical committee, health and safety committee and infection prevention control committee. Subcommittees met regularly with a list of attendees, which included a lead and representation from each Genesis Care UK site.

Information was fed up from the safety committee to Genesis Care UK leadership group, then up to the global executive leadership group. Different site leaders cascaded information to their teams by monthly team meetings. This forum gave leaders opportunities to update their local teams with latest issues and developments.

All incidents had a dedicated person responsible for investigation and completion of an action plan. Staff carry out daily safety huddles where a review of the previous day was carried out. Patient complaints, incidents and any lessons learned were regularly reviewed during staff monthly meetings. The Nottingham leader was a member of the Safety and Quality Committee which meet monthly to discuss serious incidents, root cause analysis and share lessons learned.

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. 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. The MAC reviewed doctors' competencies, experience and scope of practice to make decisions about whether to grant practising privileges or not.

The provider had made significant changes since the Ionising Radiation Medical Exposure (IR(ME)R) inspection at another Genesis Care UK site. The provider had implemented a large project called the cornerstone project; Cornerstone project was spoken about throughout our inspection with positiveness from all staff. We reviewed January 2021 cornerstone project matrix and found improvements projects were based around incident reporting, investigating incidents, root cause analysis of all incidents, staff competency framework and training, patient pathway and quality and safety assurance framework. 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 provider also created an E-learning module to ensure feedback to see if cornerstone was working.

If an incident was believed to be of high urgency level, then a "rapid alert" was sent out across all services via email. This meant all members of staff could be instantly informed of an incident and any immediate changes to practice required. Staff we spoke with were all aware of any recent rapid alerts and the changes to practice required.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Staff we spoke with understood their responsibilities under IR(ME)R and they followed the provider's procedures. Performance dashboards were used for staff to discuss, benchmark and monitor performance at monthly senior management team meetings.

Patient quality group meetings were held regularly, this meeting was to review any radiotherapy dose queries, to ensure the service followed The Royal College of Radiotherapy guidance for prescription or non-protocol doses, such as shorter fractionation for breast and prostate radiotherapy protocols. Any request was discussed with the Chief Medical Officer for eligibility.

Staff we spoke with told us this allowed an open and honest environment to discuss non-protocols requests. Since introducing the cornerstone project, the team reported that they were now reporting different incidents and staff we spoke with said they felt confident in reporting incidents. Staff were encouraged to be empowered to report incidents including near misses.

We reviewed the local risk register which had clinical, operational, environmental and moving and handling risks identified. Each risk was clearly named as being reviewed or approved and was rated as low or medium. Staff at all levels were encouraged to raise risks to the local risk register which was reviewed and updated by the senior leader. Risks found were raised at the safety and quality committee and added to the corporate risk register.

When we spoke with senior management team, they told us that the top risks at Nottingham site were:

Medical care (Including older people's care)

1. The challenges of COVID-19 pandemic. All staff had their first vaccination and continue to follow a twice weekly COVID-19 testing regime.
2. CT scanner shared with adjacent host hospital, it is aging and due for replacement and due to the pandemic, this was delayed. Genesis Care UK and the host hospital were currently working collaboratively to obtain, and ensure radiotherapy specific requirements were met, for example wide bore, image quality/requirements for planning systems and lasers. In case of CT failure, patients were transported to another site for planning CT scan to ensure uninterrupted treatment pathway.
3. Fire risk assessment was overdue and booked for March 2021; however, all staff had completed their E-learning.
4. Mandatory training of practical manual handling-staff was unable to complete due to the pandemic of COVID-19. Practical aspects were done regionally, plan already in place for staff to complete training in March 2021.

The service had business continuity plans and risk assessments to support sudden IT failures and power outages. As part of their annual audit procedure, an external ISO9001 inspection was carried out at the Nottingham site back in September 2019.

Information management

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.

Staff showed us how they accessed meetings and policies on the electronic portal. Staff had access to up-to-date, correct and comprehensive information on patients' care and treatment in line with their roles and responsibilities. Meeting minutes were made available to staff if they were not able to attend meetings, this allowed all staff to keep up to date with changes.

Staff followed information governance policy, all staff were careful to lock computers when they were leaving the area to make sure patient data was kept private and secure.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Patients completed satisfaction surveys and results were analysed, and actions taken. All patients were asked to complete questionnaires and the information was collated onto a dashboard. Senior leaders shared this information with staff during monthly staff meetings.

Senior staff informed us they encouraged their teams to raise concerns through the online system, so the service could check themes and improve the service.

Staff were encouraged to complete engagement feedback survey; this gave staff opportunity to anonymously comment on how they felt about the service. The latest survey was carried out back in November 2020 with 100% response rate, next survey was due in July 2021.

Learning, continuous improvement and innovation

Medical care (Including older people's care)

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.

Nottingham site was the first Genesis Care site to pilot and subsequently install a Surface Guided Radiotherapy Treatment (SGRT) system. The system was chosen for the demonstrated ability to improve both safety and quality of treatment delivery. The system is used to aid patient set up on the treatment couch and check any movement during treatment, allowing exact correction before and during delivery of the treatment plan. The linear accelerator is switched off if the patient moved out of the treatment position. This meant they could supply tattoo-less treatment. 'Faceless' shells for head and neck treatments were used with this system. This provided greater comfort and an improved experience for patients. The system also reduced the amount of manual handling during set up for both staff and the patient.