

LOC @ The Christie LLP

# LOC @ The Christie

## Inspection report

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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?	Good 
Are services well-led?	Outstanding 

# Summary of findings


## Overall summary

We rated this location as outstanding because:

- Staff treated patients with exceptional compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided sensitive emotional support to patients, families and carers to minimise their anxiety. 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.
- Leaders had the skills and abilities to run the service to a high standard. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The service had an open, positive culture where patients, their families and staff could raise concerns without fear. The culture was evident in the environment, systems, processes and discussions with patients and staff. Leaders operated effective governance processes, throughout the service and with partner organisations. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. 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. 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. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. The service had been accredited under relevant clinical accreditation schemes. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Key services were available five days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment.
- 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. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with national standards. It was easy for people to give feedback and raise concerns about care received.

# 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 Outstanding. See the overall summary for details.

# Summary of findings

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# Summary of this inspection

## Background to LOC @ The Christie

LOC - Leaders in Oncology Care is part of HCA Healthcare UK and was set up with the goal of providing care and treatment in accordance with recognised best practice. Initially a single clinic, the service expanded its facilities and services to meet the needs of patients, consultants and evolving treatment options. At the time of the inspection, there were six separate locations registered with the Care Quality Commission.

LOC @ The Christie primarily serves private patients from the North-West of England, but also accepts patient referrals from outside this area, including international patients. This is a joint venture with The Christie NHS Foundation Trust and is based within the main hospital building in Manchester. The service has 12 treatment bays, two additional areas for shorter treatments and a pharmacy. This was the first inspection of the service under our current methodology. The main service provided by this clinic was chemotherapy. We used the medical care service framework to carry out this inspection and best reflect the specific nature of the treatments available.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 19 January 2022. We concluded the initial phase of the inspection with a video call to representatives of the senior management team on 24 January 2022.

During the inspection, we visited all areas including the treatment areas and the pharmacy. We spoke with 12 staff including registered nurses, health care assistants, administrative staff and senior managers. We spoke with eight patients and reviewed six sets of patient records.

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:

- Staff took time to develop exceptionally positive, professional relationships with patients which led directly to an improved patient experience. Patients and their carers were offered practical and emotional support before, during and after treatment. The service made good use of alternative therapies and innovative approaches to support patients and reduce their reliance on medicines.
- Treatment and care were adapted to meet the needs of individual patients and their families. Treatment plans and approaches were flexible to reflect the patient's physical and mental health. Staff regularly did more than would reasonably be expected to ensure patients received the best treatment and support.
- There was a positive, progressive culture within the service with a clear focus on improving patient experience and outcomes. The culture was evident in the way staff conducted themselves and in the way the service was managed.
- Senior managers were visible and approachable in the service for patients and staff. Organisational strategy was developed with input from front-line staff and reflected the needs of patients and the local healthcare economy.
- Governance systems were highly developed and effective in promoting best-practice while sensitively highlighting areas for improvement.

## Summary of this inspection

- The service and the wider organisation were actively involved in research and shared information on innovative practice for the benefit of patients.

# 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	<div>☆ Outstanding</div>	Good	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>
Overall	Good	Good	<div>☆ Outstanding</div>	Good	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>



## Medical care (Including older people's care)

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

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

Good



**We rated it 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. The mandatory training was comprehensive and met the needs of patients and staff. At the time of the inspection completion rate for mandatory training was 100% for all staff. Managers monitored mandatory training completion and alerted staff before they needed to update their training.

#### 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.**

Staff received training specific for their role on how to recognise and report abuse. At the time of our inspection all staff were up to date with their required safeguarding training at level 2 for children and level 3 for adults. The service also had a designated safeguarding lead who was trained to level 4. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding concerns were reviewed by senior managers to monitor the effectiveness of procedures and to share learning.

#### 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 outpatient service was clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact. Use of PPE and





# Medical care (Including older people's care)

cleaning schedules were reviewed at the start of the COVID-19 pandemic. Practice had changed to reduce the risk of infection. The service had an infection prevention and control (IPC) policy which reflected best practice guidelines. Staff understood the policy and adhered to safe-practice. This included regular testing of both patients and staff, social distancing within the service, and use of appropriate PPE.

## Environment and equipment

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

The service had enough suitable equipment to help them to safely care for patients. Disposable equipment was easily available, in date and appropriately stored. All portable equipment we checked had been recently serviced and labelled to indicate the next review date. We reviewed equipment logs and saw that equipment used was due to be serviced according to manufacturer's guidelines.

Resuscitation equipment was available on the unit. Emergency drugs were available and within use by date. The resuscitation equipment was checked every operational day.

Staff disposed of clinical waste safely. We observed all staff disposing of clinical waste in appropriate bins. The correct bins were readily available in all clinical areas. We saw that all sharps bins had been signed and dated in line with the relevant Health Technical Memorandum (HTM 07-01).

All staff were trained to ensure competency in cleaning of a cytotoxic spill. Cytotoxic drugs contain chemicals which are toxic to cells and require additional measures to ensure they do not pose a risk during disposal. The service had a policy for cytotoxic spills which detailed the process staff should follow in the event of a cytotoxic spill.

## 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 at the start of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. There was a defined set of information to be provided by the referrer without which treatment would not go ahead. This was audited and the most recent compliance score was 100%.

Staff used a nationally recognised tool to identify deteriorating patients and escalated concerns appropriately. The on-site resident medical officer (RMO) would review any patients of concern.

Staff received life support training appropriate to their role. All staff were compliant with their required training.

Staff knew about and dealt with any specific risk associated with the treatments provided. The service had a pathway in place for suspected sepsis. Patients suspected of neutropenic sepsis were assessed by using a specialised assessment checklist and staff were able to clearly outline the steps taken in the event sepsis was suspected.

Staff shared key information to keep patients safe when handing over their care to others. Patients were supported throughout their treatments by named staff. When staff had to be changed during the course of a treatment, they completed a handover and kept the patient fully informed.



# Medical care (Including older people's care)

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had ten clinical nurse specialists (CNS) supported by two healthcare assistants. Vacancy, absence and turnover rates for the service were generally low. However, in the previous 12 months two nurses had progressed to more senior roles within the organisation which increased the turnover rate to 25%. At the time of the inspection there was one nurse vacancy. Absence resulting from exposure to COVID-19 was covered by permanent and bank staff. All staff completed an extensive induction programme before joining the team.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had enough medical staff to keep patients safe. All patients were given treatment under the care of a named consultant, who managed the care of their patients and was responsible for prescribing any systemic anti-cancer therapy (SACT). The service worked with consultants through a practising privileges arrangement. Consultants were granted practising privileges after scrutiny by the medical advisory committee (MAC). The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. Consultants were invited to join the staff at the service following confirmation of suitability and discussion at the MAC. Their practising privileges were subject to regular review. For consultants working within the NHS, this was every two years. For those working privately, reviews were annual.

There were three resident medical officers (RMO) on site during opening times. They shared responsibilities with a sister organisation based on the same site. RMOs provided advice and support but did not routinely prescribe SACT.

## 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.**

The service used electronic and paper-based systems to keep patient records. Important information which required patient signatures was scanned onto the electronic records. However, two of the six electronic records we looked at did not include the latest consent forms. The completed forms were later found on the paper records.

The records were comprehensive and included information on diagnosis, treatment, allergies and personal needs and preferences. Records were stored securely. Only authorised staff were able to access them, using a password protected system.

## Medicines

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

Staff followed safe systems and processes to prescribe and administer medicines. Medicines were ordered, stored, administered and recorded using best-practice approaches which mirrored those of the NHS. This included systems for drugs requiring specific storage arrangements or additional controls.



## Medical care (Including older people's care)

The service had its own on-site pharmacy team which provided oversight and support. Chemotherapy treatments were prepared and delivered by an external specialist organisation. Once received by the pharmacy team, they were stored in accordance with the relevant guidance in designated fridges and a freezer until they were released to a named nurse for administration. Storage temperatures were regularly monitored to ensure medicines were stored safely.

The service ensured that Systemic Anti-Cancer Therapy (SACT) was not given via the wrong route. They did this by providing a training programme to ensure appropriate safety checks at all stages before the chemotherapy was delivered. Pharmacists completed the SACT clinical verification training. In the 12 months prior to our inspection there were no incidences of SACT being given via the wrong route. Staff used a specific electronic prescribing system for chemotherapy prescribing. The electronic prescribing system flagged when treatment was prescribed outside an agreed protocol, and this was picked up by senior team members to investigate. In the 12 months prior to our inspection, there had been no cases of a practitioner treating outside of agreed protocols.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. All staff were clear with patients and their carers about the potential side effects of the treatment and when to seek support.

### 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.**

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Between January 2021 and January 2022, 54 clinical and non-clinical incidents were reported in the service. These all resulted in 'no harm' or 'low harm'.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. For example, in response to a request for chemotherapy treatment at extremely short notice, a new protocol was developed to ensure the necessary resources were in place if the situation arose again.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

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

Good



**We rated it Good.**

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**



## Medical care (Including older people's care)

Staff routinely considered the psychological and emotional needs of patients, their relatives and carers. Following treatment, patients were monitored by clinical staff, provided with contact details and referred to the provider's cancer support services.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The cross-site protocols management team oversaw all aspects of the system anti-cancer therapy (SACT) protocols available for medical staff to prescribe on the electronic patient management system. The protocol management team ensured treatment protocols were added and updated in line with changing clinical guidance. Clinical staff were provided with a bulletin explaining the changes in treatment protocols with reasonings for the change.

In conjunction with similar services managed by the provider and the NHS, LOC @ The Christie sourced the latest evidence-based treatments which were not licensed in the UK or only available through early access schemes. Potential treatments were peer reviewed by specialist oncologists within the organisation before they were considered for patients and were only made available for patients where all other treatment options had been exhausted. Information on treatment options and their efficacy was made available for peer review and research purposes.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. They were provided with appropriate training and support to identify patients who had additional needs covered by the Act. Staff understood their responsibilities to provide support and report any concerns.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients had access to on-demand dining with a selection of food options catered for a wide range of dietary needs. Patients and staff provided examples of how individual needs and preferences were met by the service. All of the patients we spoke with were complementary about the food and drink options made available to them before, during and after their treatment.

Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it. We saw examples of referrals to these specialist services in patient records.

### Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately. We saw evidence of this in patient records we reviewed.

Complementary therapies were also available to patients to help manage symptoms and side effects. The complementary therapies team offered reflexology, massage and aromatherapy to patients as part of their treatment plan. Some therapies were provided at no additional cost. However, availability had been limited due to the restrictions imposed in response to COVID-19.



# Medical care (Including older people's care)

## 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.**

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and regularly exceeded expectations, such as national standards.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Information from the audits was shared and used to improve care and treatment.

The service had Macmillan accreditation which recognised services that went above and beyond to make the clinical environment welcoming and friendly for cancer patients. The service had accreditation by a nationally recognised organisation for ISO 9001:2015 standards which recognised the service's ability to monitor, manage and improve the quality of their service.

We saw evidence which showed that staff working at the service had participated in research projects and submitted papers to specialist journals.

## 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. Managers gave all new staff a full induction tailored to their role before they started work. They supported staff to develop through annual appraisals of their work. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Patients spoke positively about the professionalism of staff in all roles. Staff told us they were well-supported through supervision, appraisal and training. We saw examples where staff had progressed to more senior roles within the organisation after receiving support and training.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The minutes of meetings were made available to all staff electronically. Any significant concerns or changes were also displayed on staff notice boards.

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. Multidisciplinary working was evident in the patient records we saw. Specialists from the outpatient service regularly engaged with colleagues from within the organisation and the NHS to provide a holistic approach to patient treatment. Roles within the MDT were clearly defined and focussed on a shared understanding of the treatment options. In some cases, this led to patients accessing clinical trials where other treatment options had failed.



## Medical care (Including older people's care)

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. The service had a well-developed approach to mental health which included staff training and awareness sessions. Staff understood their responsibilities to monitor patients' mental health and make referrals to specialist services where appropriate.

### Seven-day services

**Key services were available five days a week to support timely patient care.**

The outpatient service operated between the hours of 7:30am and 8:00pm, Monday to Friday. Staff could call for support from consultants and other healthcare professionals, including mental health services, diagnostic tests and pharmacy, during opening hours. Patients also had access to out of hours telephone support if they needed it.

### Health promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.**

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff had up-to-date training at the time of inspection. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records and reviewed it when changes in treatment were under consideration.

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



**We rated it Outstanding.**

### Compassionate care

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

Staff developed, professional, positive and caring relationships with patients. Staff were discreet and responsive when providing care. They took time to interact with patients and those close to them in a respectful and considerate way. Staff knew patients well enough to adapt their approach depending on the person's physical and mental health. For most patients, staff adopted a positive, up-beat approach, but they were sensitive to those for whom this wasn't appropriate and adapted their behaviour accordingly. One patient commented, "They laugh and joke, but they're sensitive to your moods."



## Medical care (Including older people's care)

All patients in the service were cared for in individual bays or pods. There were posters promoting the availability of a chaperone if anyone required one. Each treatment area had curtains that could be pulled around for additional privacy. Some people told us they had developed relationships with other patients and preferred to sit and chat when they were receiving treatment. Staff ensured these patients were booked for treatment at the same time and facilitated their chats by using adjacent bays. Staff followed policy to keep patient care and treatment confidential.

The patients we spoke with were exceptionally positive about staff throughout the outpatient's service. They provided examples of how staff supported their health and wellbeing. Comments included, "I feel safe when I'm there. They show a huge amount of compassion and empathy", "I genuinely feel they care about me as person" and "They make you forget how difficult the treatment is. I don't think they could do anything better." We observed interactions between staff and patients prior to, during and following chemotherapy treatments. Interactions throughout the inspection were seen to be positive, caring and patient led.

The service completed a holistic needs assessment which assessed any additional physical and mental health needs for each new patient. At this assessment the cultural, social and religious needs of the patient were taken into consideration. For example, treatments derived from animal products were checked to ensure they were only administered in accordance with the patient's faith and culture and patients who were required to pray during their treatments were treated in private rooms. In another example, a patient expressed concern regarding childcare during their treatment. Staff supported the patient to identify suitable childcare and secure funding to pay for it.

The service emphasised the importance of patients' emotional and social needs. They set up patient groups and support networks and signposted patients to them accordingly. One initiative recognised the need for support after treatment was completed. Staff told us this was because patients became used to having extensive support systems in place during their treatment and some found the transition difficult.

In the most recent patient survey from December 2021, the average score for patient satisfaction across a number of questions was 99.2%.

### Emotional support

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

Staff took time to give patients and those close to them help, emotional support and advice when they needed it. Staff clearly 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 received training in emotional support and advanced communication. We were given multiple examples of staff doing more than would be expected to support patients. In one example, a member of staff who was not on duty was contacted and provided support and re-assurance to an anxious patient. A patient commented, "Patients are scared and need re-assurance, but they always have time for you even when they're very busy."

Patients were provided with psychological support throughout their treatment. They could access psychologists, specialist nurses and a range of informal support services. This included complementary therapies, mindfulness and relaxation sessions. The emotional needs of patients and their carers were routinely re-assessed as treatment progressed to ensure they had access to the right support at the right time. One patient said, "We always talk about family and stuff like that. They understand your needs."





## Medical care (Including older people's care)

Staff were aware of the importance of finding out about the spiritual needs of patients and their families and knew how to refer them to the chaplaincy service. Multi-faith chaplains provided a 24-hour, seven days a week service and could visit outpatient sites by request to speak with patients or perform religious rites.

### 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 and supported them to make informed decisions about their care. Patients told us they felt fully involved in planning their care, and in making choices and informed decisions about their future treatment. They said staff explained things in plain English to help them understand and gave them enough information about different treatment options. All patients told us they felt able to ask questions of those caring for them and felt listened to by their doctors and nurses. One patient told us, "They always talk things through with me."

The pharmacy team were included in the patient pathway to review all patient medicines and offer direct advice to patients. Pharmacy staff conducted consultations with patients before dispensing their chemotherapy in order to go over the side-effects of the treatment and answer any patient queries, this was repeated by nursing staff again before commencing the treatment.

The service had produced a range of videos with patients and clinicians for other patients to learn about different aspects of treatment at the service. These were available on their own website and social media channels.

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

Good



**We rated it Good.**

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

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

Managers planned and organised services, so they met the changing needs of the patient population. The service had systems to help care for patients in need of additional support or specialist intervention. For example, people living with dementia or those with disabilities. Facilities and premises were appropriate for the services being delivered. For example, patients could opt to lie down or sit while receiving treatment. Patients were also able to make use of scalp cooling equipment. Scalp cooling can sometimes reduce or prevent hair loss associated with chemotherapy treatment. The staff at the service were specially trained in the use of the machines and were able to assist patients as well as train them in how to effectively use the machines.

Managers monitored and took action to minimise missed appointments and ensured that patients who did not attend appointments were contacted.





# Medical care (Including older people's care)

The service relieved pressure on partner organisations because they could accept referrals at short notice and provide treatment quickly. They worked across a network of organisations and had representation on national cancer nursing boards. The service worked closely with other locations managed by the provider and an NHS Trust to relieve system pressures and ensure patients received treatment in a timely manner.

## 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.**

Initial assessments were holistic and person-centred. Reference was made to physical health, mental health, communication needs and personal preferences. Information was added to the electronic record and used by staff to develop an individual treatment plan. Staff were aware of the additional communication needs of some patients who used their services and explained how they were addressed. For example, through the provision of information in different written languages, or via an interpreter. Staff understood and applied organisational policy to meet the communication needs of patients with a disability or sensory loss. The service also had a dementia champion who was able to provide support and guidance to both staff and patients.

Patients were given a choice of food and drink to meet their cultural and religious needs and preferences. Patients had access to chaplaincy services that catered for a wide range of faiths. There was a multi-faith space available on-site for patients to pray or meditate in.

Patients and their relatives had access to a wide array of complementary therapies that they could book whilst the patient was having treatment including reiki, massage, aromatherapy. Hair and image consultations were available for all patients who attended the service. The service had long established links with wig makers and specialist makeup artists. These services also provided workshops to both men and women.

## Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service performed well in this regard and reported only one significant delay in the provision of treatment in the previous 12 months. This was due to a medicine not being delivered on time by an external organisation.

Managers worked to keep the number of cancelled appointments to a minimum. Appointments were only cancelled under exceptional circumstances and were re-arranged as soon as possible. Two appointments had been re-scheduled at short notice in the 12 months before our inspection.

Staff supported patients when they were referred or transferred between services. Staff were able to refer patients for other services such as physiotherapy, speech and language therapy, dietetics, complimentary therapies and psychological support. Appointments were usually available at a time to suit the patient, and most services accommodated same-day requests. One patient shared an example where they discussed a concerning symptom with staff. They had a consultation on the same day as their appointment and had a scan completed within 48 hours.



## 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. The service clearly displayed information about how to raise a concern in patient areas. The service subscribed to The Independent Sector Complaints Adjudication Service (ISCAS). ISCAS is the recognised independent adjudicator of complaints for the private healthcare sector.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. The performance data around complaints was pooled together with the service's sister location. However, there had only been one formal complaint recorded for the service in 2021.

Managers shared feedback from complaints across the provider's other services with staff and learning was used to improve the service. Staff could give multiple examples of how they used patient feedback to improve daily practice. For example, a formal complaint relating to the use of medical terminology led to letters being checked by a non-clinician prior to sending.

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

Outstanding



### We rated it Outstanding.

#### Leadership

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

There was compassionate, inclusive and effective leadership at all levels of the organisation. Managers within the service and those operating at a more senior level were highly skilled, motivated and experienced. They provided services and support which were effective, responsive and person-centred. Patients and staff consistently expressed their satisfaction with the performance of the service.

Patients told us they felt valued and listened to by staff and managers at all levels of the organisation. Staff were equally positive and told us they were respected, appreciated and supported by the organisation to develop their knowledge, skills and competencies. We saw examples of staff development and promotion throughout the inspection. Leaders ensured patients and staff were reminded of what the service did well through their 'Reasons to be proud' initiative. As part of this initiative posters were displayed that summarised key achievements each month.

Leaders had responded positively to the challenges posed by COVID-19 which were heightened because of the additional vulnerabilities of the patients. Measures were developed and introduced with the involvement of staff and a partner NHS Trust which improved safety without causing undue disruption to patients or the provision of services. Staff told us senior managers remained visible and approachable within the guidelines and restrictions imposed.



# Medical care (Including older people's care)

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

Leaders within the service and the wider organisation spoke passionately about its achievements and ambition. Staff understood and consistently delivered the values expressed as part of 'Exceptional People, Exceptional Care'. This articulated a vision of a service where patients were treated as individuals with compassion, integrity and kindness. Patients and staff were reminded of the vision through the display of posters in the service. The positive interactions we witnessed and the conversations we had with patients and staff clearly indicated the vision was successfully applied at all levels of the organisation.

Organisational strategy was routinely communicated and discussed with staff. There was a persistent focus on the continuous improvement of safety and quality. There was also an additional focus on innovation and research through partnership working which shared learning nationally and internationally. Performance and progress were systematically monitored and reviewed through the use of well-developed, structured systems to ensure the service's safety and quality targets were met.

## 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.**

There was a clear, strong, positive culture in the service which was evident in the environment, systems, processes and discussions with patients and staff. The culture was deeply embedded and was focussed on improving the experience of patients. Staff were proud of the culture and their contribution to patient care. Their contributions were acknowledged by colleagues and the wider organisation through a range of recognition and reward systems.

Staff we met were welcoming, friendly and helpful. They expressed high levels of job satisfaction and highlighted the support provided for career development. One member of staff commented, "I've been very well supported. People have believed in me." It was evident from talking to staff and observing practice there was a good working relationship between them. Each of the staff we spoke with was highly motivated and passionate about their role. This had a positive impact and resulted in patients receiving care and treatment of the highest quality. Patients confirmed this was the case when we spoke with them and in their responses to satisfaction questionnaires.

The culture promoted support for equality and diversity in both the patient and staff groups. Information and learning were readily available to staff to improve their knowledge and understanding of the needs of people with protected characteristics. Staff shared recent examples where this had been put into practice in relation to pregnancy and faith.

Managers and staff spoke with honesty and candour about the challenges the service had recently faced but were proud of the way they had adapted to new systems of working. They were realistic and positive when considering how best to address any new challenges as a team.



# Medical care (Including older people's care)

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

There were extensive systems and processes in place to monitor safety, quality and performance. There was an executive board with committees that covered medical governance, clinical governance, information governance and patient safety, quality and risk. Staff had access to critical data and reports and were aware of their roles and responsibilities to escalate concerns. We saw minutes of meetings involving staff and managers at all levels where information of concern was discussed and action to improve practice was agreed and completed.

Each element of the governance structure was supportive of organisational strategy and service objectives. There were clear lines of responsibility and accountability throughout the structure. For example, the Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practising privileges.

Staff recognised the value and importance of effective governance processes and contributed accordingly. Managers used meetings and other methods to ensure there was regular feedback. Staff contributions and successes were routinely recognised and celebrated.

## 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.**

The service had systems and processes in place for reporting, assessing and managing risk. Risk was recorded on a register and subject to regular review by a senior management team. Each of the risks we saw on the register was supported by appropriate control measures (measures to reduce the risk of exposure to and/or impact of an identified risk). Managers continued to hold monthly meetings and safety huddles with staff to discuss ongoing and emerging risk. The service had a low number of risks identified at the time of the inspection.

There was an overall provider level risk register which included all risks to the service. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual and progress was regularly reviewed.

An extensive audit program ensured performance was monitored and managed effectively. Audits were managed by senior, specialist staff with direct input from clinical staff within the service. The resulting reports were shared and discussed to highlight risk and improve practice.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**



# Medical care (Including older people's care)

Systems for storing and sharing information were compliant with the Caldicott principles which meant sensitive, or personal information was stored securely. Authorised staff could access information in accordance with their roles and responsibilities. Staff told us they had all the information needed to provide safe care and treatment. Most of the information systems that the provider operated were computerised. There was a comprehensive information governance policy and framework in place which was aligned with relevant legislation.

Data was collected and used by the service to monitor and drive improvement. It was shared internally through secure systems. It was only shared externally as required by legislation. For example, when providing statutory CQC notifications. Personal data was redacted or coded to ensure confidentiality was maintained.

Information governance training was part of the annual mandatory training requirement for all staff working at the service. At the time of our inspection, 100% of staff had completed privacy and security training.

## Engagement

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

Managers and staff recognised the value of engagement in support of safety and quality improvement. They also recognised engagement as a key component of their vision and strategy. Patients and other key stakeholders from the local health community were actively encouraged to engage with the service and the wider organisation to provide feedback through a range of formal and informal mechanisms including surveys and questionnaires. There was clear evidence of these views being acted on to improve the service. For example, through the 'We listen, we learn, we improve' process which detailed organisational response to suggestions or concerns raised.

Staff were kept informed about engagement opportunities and provided with feedback through regular bulletins, posters and email circulars.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

The provider had a governance structure to oversee research and development, and any activity only took place with prior approval. There was robust oversight of any research activity through the MAC. All staff demonstrated a commitment to the process of continuous improvement. Systems, processes and organisational values provided an effective foundation for the review of practice. The provider used established methodologies to deliver quality improvement. Leaders and staff continued to participate in recognised accreditation schemes and projects to improve practice and the patient experience. For example, following a period of research, an application had been submitted to a major drugs company to trial the use of a specialist product for a different type of cancer.

The service regularly participated in clinical trials of new treatments and contributed to research in this area. For example, LOC @ The Christie was one of only three private services in the UK providing chemo-saturation therapy. This is a highly specialised therapy for the treatment of liver cancers.

Staff at all levels were supported and encouraged to access learning and development opportunities for their personal and professional development as well as that of the wider organisation.



## Medical care (Including older people's care)

Staff we spoke with were passionate about driving improvement and felt positive about working in an environment which promoted innovation. Staff said they were encouraged to present ways to work which improved the patient experience. For example, concerns regarding the safety and quality of a contract with an external provider led to discussions about bringing the service in-house. Staff explained the potential benefits of the change during the course of the inspection.