

Genesis Cancer Care UK Limited

Genesis Care, Oxford

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

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

Our rating of this location went down. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care including end of life care. They had access to good information. The implementation of new technology had been delivered well with excellent multidisciplinary input to ensure patient safety.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a holistic approach to patient care that focused not just on physical health but psychological support and support for well-being and this was part of an end-to-end pathway.
- The service planned care to meet the needs of its patients, it took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment. There was learning from complaints that was used to improve services.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

However:

- In the radiation control areas in Positron Emission Tomography/ Computed Tomography (PET/CT), the signs were not always turned on to show somebody was present in the room in line with guidance from the Health and Safety Executive.
- In PET/CT a radioactive dose was prepared but not labelled, it then needed to be transferred to a patient who was not in the same room. This meant the dose could possibly go to the wrong patient.

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Summary of each main service

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- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a holistic approach to patient care that focused not just on physical health but psychological support and support for well-being and this was part of an end-to-end pathway.
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Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

Out- patients is a small proportion of centre activity. The main service was cancer. Where arrangements were the same, we have reported findings in the cancer section. The same staff worked across cancer and non- cancer services.

We rated this service as good because it was safe, effective, caring and responsive and well-led.

Medical care (Including older people's care)

Good



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- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care including end of life care. Staff had access to good information.
- The implementation of new technology had been delivered well with excellent multidisciplinary support to ensure patient safety.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a holistic approach to patient care that focused not just on physical health but psychological support and support for well -being and this was part of an end to end pathway.
- The service planned care to meet the needs of its patients, it took account of patients' individual

Summary of findings

needs. People could access the service when they needed it and did not have to wait too long for treatment. There was learning from complaints that was used to improve services.

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's purpose and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

However:

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-

Summary of findings

Contents

Summary of this inspection

Background to Genesis Care, Oxford

Page

7

Information about Genesis Care, Oxford

7

Our findings from this inspection

Overview of ratings

10

Our findings by main service

11

Summary of this inspection

Background to Genesis Care, Oxford

GenesisCare Oxford is an independent provider of cancer services and a small number of out-patient services. They provide diagnostic imaging services, radiotherapy services, chemotherapy and nuclear medicine. There is a one stop breast clinic and a urology clinic. It provides services for anyone in the country and from abroad.

GenesisCare has a registered manager who has been in post for four years. They were inspected in 2019 and the report was published on 31/10/2019. There were no compliance actions following the report and the service was rated outstanding.

The regulated activities are

- Treatment of disease, disorder or injury.
- Family planning.
- Diagnostics and screening.

The main service provided by this centre was cancer care. We have inspected and reported all cancer care services under the CQC Cancer Assessment Framework. The service also provided some non-cancer care outpatient services which are rated in the Outpatients section of the report. Where our findings on cancer – for example, management arrangements – also apply to outpatient services, we do not repeat the information but cross-refer to the cancer services report.

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.

Before the inspection we reviewed evidence and information about the service. Whilst on site we reviewed policies and procedures, staff records including training records, competency assessments and standard operating procedures. We observed the care and treatment of patients and assessed the environment of the centre.

During the inspection we looked at chemotherapy services, radiotherapy services, radiology services, positron emission tomography/ computed tomography services (PET/CT) and out-patient services.

We spoke with the lead nurse for chemotherapy, the resident medical officer, a pharmacist and a pharmacy technician and an out-patient nurse. In PET/CT we spoke with the lead radiographer, two radiographers and the nuclear medicine physicist. In radiotherapy and radiology, we spoke with one physicist, one dosimetrist, two diagnostic radiographers and four therapeutic radiographers. We interviewed the centre manager, the head of quality for GenesisCare UK and the head of radiotherapy for GenesisCare UK. We spoke with three patients and looked at four patient records.

Summary of this inspection

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

Outstanding practice

We found the following outstanding practice:

- The implementation of the magnetic resonance linear accelerator was a very carefully planned project. This new technology was introduced, and processes were constantly being reviewed by the project team to ensure patient safety. The staff from the centre, including doctors, lead physicist, dosimetrist and the radiographer worked to identify any changes that might be needed. The pathways and protocols for patients were brand new and there was multidisciplinary input to ensure patient safety.
- The service had a compassionate access programme to offer NHS patients with localised pancreatic cancer treatment free of charge using their magnetic resonance imaging linear accelerator. Patients with localised pancreatic cancer have variable access to precision radiotherapy in the United Kingdom. The COVID 19 pandemic has further disadvantaged this patient group by reducing the availability and safety of surgery and chemotherapy. The GenesisCare Foundation Compassionate Access Programme has made available Magnetic Resonance Image guided stereotactic ablative radiotherapy (SABR), without cost, to NHS patients with localised pancreatic cancer. The programme is intended to produce preliminary clinical and patient-reported outcome data on a UK patient cohort to inform the design of future clinical trials.
- The service provided patients with surface guided radiotherapy treatment. Surface guided radiotherapy allows patients to receive tattoo-less treatment. It also enables the service to provide ‘faceless’ shells for head and neck radiotherapy treatment, which is more comfortable for patients.
- The provider had introduced “smart” infusion devices for the delivery of chemotherapy drugs which were integrated with a computer network. These types of system can reduce errors through the use of drug and protocol libraries and communication with electronic prescribing and electronic patient record systems.
- The service provided patients with taxi transfers from home to the centre, for their treatment so patients and those close to them did not have to worry about how they would get to the centre.

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 in the radiation control areas in PET/CT, the appropriate signs are always turned on to show somebody is present in the room.
- The service should ensure that in PET/CT a radioactive dose is labelled before it is transferred to patients who are not in the same room

Summary of this inspection

We had assurance from the provider immediately following the inspection that measures had been put in place to address the issues raised during the inspection.






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
Outpatients	Good	Inspected but not rated	Inspected but not rated	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 

Our rating of safe stayed the same. We rated it as good because:

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- There were new staff starting at the centre in different departments. They had completed the on-line element of the training but there was a delay with some of the face to face elements of the training due to COVID-19
- We saw that there was a dashboard of mandatory training completion for all staff. Staff had completed their training for basic life support skills (100%) and immediate life support skills (91%), moving and handling was at 76% completion as staff were waiting for face to face training.
- The centre had set a target of 95% completion for mandatory 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.
- There was a safeguarding policy which was in date and the registered manager had received level three safeguarding training and was the lead for the site. Staff we spoke with said there had not been any safeguarding incidents, but they gave examples of when they would make a safeguarding referral.
- Staff had completed appropriate training for their grade and we saw that this had been completed for safeguarding of adults and for children and young people. The centre had achieved the 95% training completion for safeguarding training.

Infection control

- 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.
- There was an up to date infection control policy which made reference to other relevant policies such as hand hygiene. There was a COVID-19 policy to support additional cleaning and staff risk assessments. There was ample personal protective equipment in all the departments in the centre and we saw that staff used it. There were sinks for hand washing for staff in clinical areas of the centre and sinks and hand gel for patient handwashing around the centre.

Medical care (Including older people's care)

- There was a local cleaning policy for all areas of the site. The policy included information for cleaning operatives working in restricted areas such as pharmacy, the magnetic resonance imaging (MRI) scanner and the MRI linear accelerator. We saw that cleaning schedules had been completed in non-clinical areas e.g. patient toilets.
- There were two spill kits in the chemotherapy unit and staff were trained in the management of blood spills. The fluid used in the spill kits was in date.
- There was a standard operating procedure for cleaning for any equipment that went into the body. This included cystoscopes and nasoendoscopes.
- Staff and patients were tested twice a week for COVID-19 using lateral flow tests. Staff who were at a greater risk from COVID-19 had a risk assessment and were supported by the centre.

Equipment and environment

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The centre had two adjacent buildings, one housed the positron emission tomography/ computed tomography (PET/ CT) service and the other the radiotherapy and chemotherapy services.
- The chemotherapy unit was on the first floor of the centre. There were four pods, three with a chair and one with a bed, for patients who were receiving chemotherapy. Each pod had its own air-conditioning and had a television. The radiotherapy suite which was located on the ground floor, had a comfortable sub waiting room for patients. There was a quiet room for patients which was located on the first floor.
- The chemotherapy unit had received the Macmillan Quality Environment Mark (MQEM). The MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer.
- There was a treatment room for surgical procedures e.g. biopsies and cystoscopies. The radiographers also used the room for making masks for patients with head and neck cancers and shields to protect areas from radiation. The out-patient department had two treatment rooms where the nurse and the consultants could see patients. These were spacious and well equipped.
- There was a linear accelerator (LINAC) and a magnetic resonance imaging guided linear accelerator. (MRI LINAC) for the delivery of radiotherapy. There was also a Magnetic Resonance Imaging (MRI) scanner for the scanning of cancer and non- cancer patients. All equipment in the area of the MRI scanners was labelled MRI safe due to the strong magnets in the scanners.
- There were facilities for the administration of radiation to patients and for the disposal of any radioactive substance including toilet facilities for patients who had received a radioactive dose for their treatment.
- Records showed that staff had received up to date training on various pieces of equipment and so were deemed competent to use them. Much of the training was undertaken by manufacturer's representatives. We saw records of equipment servicing with due dates for completion and completion dates recorded.
- There were three resuscitation trolleys one on each floor of the main building and one in the building that housed the PET CT scanner. The trolleys had suction and a defibrillator and there were contained appropriate guidelines from the British Resuscitation Council and had updated personal protective equipment following COVID-19 guidelines. The trolleys were checked daily and a full check was undertaken weekly. All checks were documented.
- There were systems in place for disposal of all waste including cytotoxic, clinical and radioactive. There was a waste audit for the different types of waste.
- Fridge temperatures across the site were checked and recorded and we saw that they were in range. All checks were documented and were carried out every day.
- Cleaning of cystoscopes was recorded on the electronic patient record so that there was traceability for each scope.
- There was a service level agreement for decontamination services.

However

Medical care (Including older people's care)

- In PET/CT we saw that a radioactive dose was prepared but not labelled, it then needed to be transferred to a patient who was not in the same room. This meant the dose could possibly go to the wrong patient.

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.
- There was an acute admissions pathway through the GenesisCare United Kingdom nurse triage service for patients with suspected neutropenic sepsis or metastatic cord compression. Patients had 24-hour access to the triage service and if necessary, patients were accepted at local NHS trusts on an acute oncology pathway. This was through a service level agreement with the trusts. If patients were admitted to an NHS trust there was a verbal handover from staff and a template was completed by staff and transferred securely to the NHS trust.
- At the pre-chemotherapy assessment, which was carried out two to three days before patients started treatment, patients were provided with contact details for the triage nurse and a red card outlining any symptoms that they might experience that would suggest sepsis.
- The lead cancer nurse said that this system had been in place since 2019 and was much better than the old system as there were conversations between staff from the site and oncology nurses and consultants in the NHS to manage patients without them having to go through the emergency department.
- Staff had completed their training for basic life support skills (100%) and immediate life support skills (91%) except for some of the practical aspects of the training which was due to COVID-19. Dates had been arranged for the practical training. Staff followed the sepsis 6 policy and sepsis training was included in the ILS training. They used the National Early Warning Score (NEWS) system to monitor for patients who were deteriorating to escalate care as appropriate.
- 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 throughout the department. We saw evidence that all relevant staff had read and signed the local rules policy, which applied to all persons who could be exposed to ionising radiations.
- Quality assurance systems were in place for the delivery of radiotherapy and were checked daily. The radiographers were supported by medical physicists and dosimetrists who worked at the centre.
- There were daily checks for quality assurance in PET/CT, these were recorded on a spread sheet and checked by the physicists. There was a more detailed quality assurance check every three months.
- There was swipe access for staff into the radiotherapy department. Doors had controlled locking so to prevent accidental exposure to radiation. These were tested daily. There was closed circuit television and intercom in the rooms where radiotherapy was being delivered so that staff could speak with patients during treatment.
- There were posters on the wall for pause and check to act as ready reminder of the checks that need to be made when referring or treating a patient. All the radiographers at the site used pause and check and we saw evidence of this during our inspection.
- There were strong processes to ensure that patients received the right dose of radiotherapy treatment to the right anatomical areas. Radiographers, dosimetrists and clinicians worked together with one member of the team acting as an independent checker. All scanning, imaging and dose information was recorded in the patient's electronic record.
- There were protocols and standard operating procedures in the event a patient had an adverse reaction to contrast media whilst in the MRI scanner or the MRI LINAC. Staff would be supported by the resident medical officer who would be in attendance when contrast media was given to the patient.
- There were systems to manage patients in the event of a machine breakdown which would involve discussions with the patient's clinician about how to manage and compensate for missed doses of radiotherapy. In a recent incident staff remained with the patient until the equipment was fixed and then the patient could receive treatment. In another incident staff worked at weekend to make up lost doses. The centre could transfer the patient to another GenesisCare site to prevent missed doses from the LINAC, however there was currently only one MR-LINAC for the organisation.

Medical care (Including older people's care)

- There was a metastatic cord compression workflow and management policy so that patients were seen by the radiographers on the same day or within 24 hours of symptom development. The policy had been updated with guidance from the National Institute of Health and Care Excellence in April 2020.
- Posters were displayed in the radiology department to ask patients to inform staff if they thought they might be or were pregnant. These posters had the information displayed in multiple languages.
- There were daily safety huddles so that managers could inform staff of any issues for the day and staff could discuss any issues that they had.
- We saw that medical device alerts from the Medicines and Healthcare products Regulatory Agency were displayed in the centre.
- Patients for MRI and CT scanning who required contrast and who had impaired renal function had their estimated glomerular filtration rate and creatinine levels checked. This was to help prevent side effects from the contrast. This was done through point of care testing.

However

- In the radiation control areas in Positron Emission Tomography/ Computed Tomography (PET/CT), the signs were not always turned on to show somebody was present in the room in line with guidance from the Health and Safety Executive.

Nurse/AHP staffing

- The service had enough staff including allied health professionals, nurses and medical physicists 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 centre could use staffing resource from other GenesisCare centres in the network to ensure safe staffing and there was a national operational meeting three times per week to review resource across the network to ensure safe staffing levels. Gaps in staffing could also be addressed by agency staffing to meet the establishment for the service.
- In chemotherapy services there was a lead nurse, three nurses who were full time and one who worked 30 hours, all were chemotherapy trained. Three of the nurses had recently joined the organisation and we saw the induction schedules and training that had been put in place.
- The nursing staff had completed their anti-cancer treatment (SACT) passport from the United Kingdom Oncology Nursing Society. Two new members of the nursing team were still in induction and were working towards SACT passport completion. It is a requirement of the GenesisCare induction for SACT passport competencies to be completed within three months of commencing their role.
- The establishment for staffing in radiotherapy was for nine therapy radiographers who worked on the MRI LINAC and the LINAC. The site was recruiting to a lead post but were using experienced staff from another centre to cover the vacancy. There were five diagnostic radiographers who worked in PET/CT and on the MRI scanner, who were supported by a full time and a part time health care assistant. A vacancy had been filled with a new member of staff starting in March 2021.
- In the out-patient department the site had appointed a lead nurse who was supported by a full time and a part time health care assistant.

Medical staffing

- The service had enough medical staff to keep patients safe.

Medical care (Including older people's care)

- The doctors at the site were working under practising privileges. This included clinical and medical oncologists, dermatologists and hematologists. Practicing privileges is 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.
- Practising privileges were monitored centrally and would inform doctors when requirements needed renewal such as checks from the disclosure and barring services and consultant appraisal information.
- There was a resident medical officer (RMO) who worked at the site. They had advanced life support skills training and could support staff, if necessary, with a deteriorating patient or in the event of a patient having an anaphylaxis event. When a patient was administered any contrast media the RMO was close by to monitor any adverse reactions.
- The RMO was available during the opening hours of the site and would contact the patient's consultant if they had concerns about any patients' and their treatment. Staff said that the RMO was a great resource to support their work and for patient safety.
- There were three radiologists who supported PET/CT services at the site and who worked on a rota. Staff told us that they were approachable, that they had good relationships with them and that they were always contactable. There were other radiologists who worked across MRI and CT services.

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 centre used an electronic care records system and only authorised staff could access these with a secure password through the centre's online system. There were some paper records and we were told that these were stored securely.
- There were protocols for sharing of information and different teams at the site could access patient information if they had appropriate access so that all the patients' information was stored together. This included referral information, the outcome of multi-disciplinary team meetings and an ongoing treatment record. The system produced discharge summaries for GP's. Surgery was performed at a different location and we saw that there were protocols in place for the transfer and storage of information from that provider.
- All consultants with practicing privileges had remote access to the electronic system and home working arrangements for reporting.
- The magnetic resonance imaging linear accelerator was not an integrated system with the electronic patient record. A daily plan of treatments was exported to the record and staff had to manually record who had delivered the treatment to the patient.
- For patients receiving an MRI scan, the scanner was integrated with the electronic patient record. Reporting of images was done through the picture archiving and communication system.

Medicines

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- There was a formulary of systemic anti-cancer treatments (SACT) that were used by the site with regimens which were tumour specific. These were reviewed every two years or more often if necessary. There was a process for off protocol treatments and off licence requests.
- The chemotherapy unit delivered vascular, injectable and oral SACT. There was a pharmacy team who screened prescriptions and checked and issued SACT products which were prescribed on an electronic prescribing platform and then supplied from an external supplier.
- Some of the medicines this service prescribed were unlicensed, however we were told that all unlicensed/off-protocol applications undergo a robust approval process and as such unlicensed/off-protocol medicines administered within GenesisCare were assessed for safety, quality and efficacy.

Medical care (Including older people's care)

- All medicines and SACT products were stored in appropriate, temperature controlled environments which were monitored and recorded.
- There was an extravasation management policy which was in date. The lead nurse for chemotherapy and the lead radiographer were responsible for the education of their staff in the prevention, identification and management of extravasation. Competencies were assessed every year. The lead nurse in the chemotherapy department told us that they had never had an extravasation incident in the department in the four years that they had worked there. If there was an incident that this would be reported through the electronic incident reporting system.
- The site had purchased some new infusion pumps that held information about chemotherapy drug regimens including the total dose of the drug and the duration of the delivery of the drug. There was a library of every chemotherapy medicine used by the site and the guidelines for the acceptable range limits for each drug. This helped to reduce any medicine errors. There was also a barcode functionality which provided an additional check in the verification process for the drug with a barcode for the patient, the prescription and the pump. This was not yet in use at the time of the inspection but was due to be implemented.
- In the treatment room there was a locked medicines cabinet containing antibiotics and local anaesthetic. We saw that this was managed by the out-patient department nurse who maintained records of any medicines used. The room was temperature controlled.
- If patients attending for radiotherapy needed any medicines, pharmacy staff would come down to meet the patient and explain the medicine and when it needed to be taken.

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.
- The service had an electronic incident reporting system and staff had received training on how to use it. Appropriate staff had also received incident management training to support the correct classification of incidents.
- The nurses and allied health professional's forum which met every three months reviewed any root cause analysis reports and disseminated any learning and this was a standing agenda item. There was also information about risk and incident management. Incidents and root cause analysis were also discussed at a weekly safety and risk committee and could be escalated to the safety and quality leadership forum for wider discussion if necessary.
- We saw that medical device alerts from the Medicines and Healthcare Products Regulatory Agency were displayed in the centre. Information from external safety alerts was disseminated from the provider through various committees and through safety huddles and staff meetings.
- Staff told us that they received rapid alerts for incidents that required a root cause analysis which would be shared at monthly staff meetings. We were given an example of an incident and how it was picked up, with shared learning and discussion and mitigation of the risk.
- Staff had been asked to report near misses and the service saw an increase in incident reporting which helped to support changes to practice.
- Staff received training in Duty of Candour as part of their mandatory training. (Duty of Candour is a statutory duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future).
- We saw that the service monitored and acted on radiation incidents through meeting minutes. Information about radiation incidents was disseminated through the committee and sub-committee structures.

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

Medical care (Including older people's care)

Good 

Our rating of effective stayed the same. We rated it as good because:

Evidence Based Care and Treatment

- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- There were three national committees of Genesis Care, radiation oncology, medical oncology and diagnostics and molecular imaging, whose role was to consider and implement best practice for the delivery of these services including workforce planning, competencies and development. They were also an escalation point for any risks associated with these services.
- The site used up to date guidance and standards from a range of sources including the National Institute for Health and Care Excellence, the United Kingdom Oncology Nursing Society, the British Pharmacists Associates and the Society of Radiographers. This was referenced in policies and procedures. Staff had access to policies and standard operating procedures (SOP) which they accessed through an online system. There was a database that staff signed to say that they had read the policy. There were also competency questions to check if staff have understood the policy with an electronic signature.
- The site had installed a magnetic resonance imaging guided linear accelerator (MRI LINAC), the machine combines two technologies, a magnetic resonance imaging scanner and a linear accelerator. This would precisely locate tumours, tailor the shape of X-ray beams in real time, and accurately deliver doses of radiation even to moving tumours. The system gives greater control over the delivery of radiation because the internal anatomy of the patient and the tumour can be seen allowing fine tuning of the radiation treatment plan which can be adapted at each treatment. This helps to reduce the effects of radiation on healthy tissue.
- The implementation of the magnetic resonance linear accelerator was a very carefully planned project. This new technology was introduced, and processes were constantly being reviewed by the project team to ensure patient safety. The staff from the centre, including the doctors, the lead physicist dosimetrist and the radiographer worked to identify any changes that might be needed. The pathways and protocols for patients were brand new and there was multidisciplinary input to ensure patient safety.
- All radiotherapy protocols for treatment were stored in the electronic patient record. The protocols for the magnetic resonance imaging guided linear accelerator (MR LINAC) were an end-to-end process and incorporated inclusion and exclusion criteria for patients. Protocols were version controlled and review dates. There was clear revision history.
- The site used evidence-based technology in other radiotherapy treatments to reduce the side effects to other areas of the body which could be damaged during radiotherapy treatments. Patients could access intensity-modulated radiation therapy (IMRT) which helped reduce long-term side-effects of radiotherapy. IMRT is an advanced type of radiation therapy used to treat cancer and non -cancerous tumours. Volumetric modulated arc therapy (VMAT) is a type of IMRT and provides a short, powerful but accurate burst of radiation to the tumour. The surrounding healthy tissue receives a much lower dose, reducing the risk of side-effects. VMAT can be used when the tumour is close to critical organs. It helps them avoid being damaged by radiation.
- 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 is used to treat tumours in areas of the body that move, such as the lungs. This technique enabled the area to be targeted and treated, accurately and reduced the risks of side-effects from radiotherapy.
- Stereotactic ablative radiotherapy treatment (SABR) was also offered as an alternative to surgery. This target tumours in the body with high doses of radiation therapy. It destroys cancer cells with minimum damage to surrounding healthy tissues.

Medical care (Including older people's care)

- The service provided stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) to treat cranial metastases using a Linac Based system. Eligible patients could access this service by first being reviewed the Neuro-Oncology MDT which evaluated and recommended the most appropriate neuro oncology management on a case-by-case basis.
- The service provided patients with surface guided radiotherapy treatment (SGRT). SGRT allowed patients to be positioned on the treatment couch without the need of using “traditional” tattoos as a means of moving the patient to the correct treatment position. SGRT enables the use of “faceless” shells for brain and head and neck radiotherapy which improves comfort and reduces anxiety for patients.
- 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 hydrogel spacers for prostate patients to prevent and reduce damage to the rectum during radiotherapy treatment.

Nutrition and Hydration

- Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it. Dietetic support was available to head and neck cancer patients.
- As part of the pre-assessment process before starting chemotherapy patients completed a nutritional assessment as part of their patient record. Patient nutrition was part of the audit calendar completed by the site.
- Patients could bring their own food into the site if they were going to be there all day. There was a patient kitchen on the first floor and refreshments were provided by the centre. There were drinks machines for patients in waiting areas across the centre.

Pain Relief

- The resident medical officer was available onsite to assess a patient’s pain management requirements. Prescriptions for short term pain relief were dispensed onsite if appropriate. There was a pharmacist onsite every day to provide pain management advice to patients. Ongoing pain management was managed by the patient’s GP or palliative care team to ensure continuity. Patients receiving systemic anti- cancer treatment (SCAT) were required to grade their pain prior to each cycle as part of the SACT Assessment.

Patient Outcomes

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- There was a comprehensive audit schedule including consent, correct patient identification, medicines management, disability awareness, radiotherapy pathway adherence and diagnostics. There was a COVID-19 audit that included additional cleaning requirements and staff risk assessments. There was an audit for diagnostics and nuclear medicine of the minimum required data set being present on all referral forms, this was at 98%.
- Staff monitored the side effects patients were experiencing. There was an annual audit carried out to ensure treatment doses were planned in such a way that side effects patients experienced were minimised.
- In radiotherapy there was an audit schedule that included annual dose monitoring, dose reference levels, equipment, risk assessments, local rules and identification audits. In PET/CT there was an audit schedule which included pregnancy checks and patient information. The services participated in national audits and there was an Ionising Radiations Regulations 2017 (IRMER) every year.
- There were patient pathway audits for chemotherapy and for pharmacy.
- Audit outcomes and actions were discussed at the monthly staff meetings to ensure all staff were aware of audit outcomes and any actions to address any areas for improvement.
- The service was using a patient reported outcomes tool to look at quality of life while on continuous treatment for certain cancers including haematological cancers.

Medical care (Including older people's care)

- The site had an electronic auditing tool so non-compliance that created an action which was logged and tracked by appropriate staff. Audits outcomes could be seen by everybody who had access to the system.
- The site was running two clinical trials for chemotherapy treatments and said that they had some good responses which had allowed some patients to return to the NHS for further treatment. The provider was the largest recruiter to the trials competing with numbers from the NHS.

Competent Staff

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- We saw that there was a competency framework for chemotherapy nurses and pharmacy staff with completion of training dates for some of the new nursing staff working in the chemotherapy department.
- The lead chemotherapy nurse had accessed external training at a specialist cancer hospital which supported their revalidation with the nursing and midwifery council. They had regular one to one meetings and appraisals with the site manager and had been on a management development course.
- The magnetic resonance imaging linear accelerator (MRI LINAC) was new technology to GenesisCare and the United Kingdom. The centre and the clinical team had put a huge amount of resource into the setting up of the MRI LINAC and the development of the protocols for the service. The clinical team had attended a training camp in the USA and visited sites in Europe to view the technology in a working environment. The team for the LINAC were recruited well before the installation of the equipment so that team building could take place. There were project managers for the whole process of the installation, training and staff development.
- Support for this lead radiographer was challenging due to the new specialism and they were supported by three other members of staff.
- There was a competency framework for staff working on the positron emission tomography/ computed tomography (PET/ CT). The lead radiographer was experienced, and we saw that competencies for staff had been completed and signed off. Training records for the physics team were also checked during the inspection and were complete.
- The competency frameworks allowed staff to see who could do what and when in the organisation and staff could be brought in from other teams if necessary.
- New staff told us that they had received a thorough induction which was well structured. They were supported by a buddy and said that they would ask for help and support if necessary.

Multidisciplinary working

- The staff at the site demonstrated multi-disciplinary working across all modalities delivered at the site for maximum patient benefit.
- The provider had introduced terms of reference for multi-disciplinary team (MDT) meetings for patient care and treatment.
- All outcomes of MDTs were recorded in the patient record. As part of the referral process for systemic anti-cancer therapy treatment there needed to be an outcome from an MDT recorded in the patient record.
- There was a breast clinical nurse specialist to support the breast clinics and breast care patients on treatment and a specialist nurse to support neurology patients.
- The site worked closely with staff at a nearby GenesisCare site and their scanners were integrated so that if a scanner broke down patients could travel to another site. The out-patient nurse worked with out-patient nurses at other sites as they were the only member of staff in the role.
- Surgery was performed at a different independent provider's hospital and managers told us that there was a good relationship with this hospital.
- There were no reporting radiographers or practitioners undertaking advanced practice though there was a training budget available for staff for post -graduate qualifications.

Seven-day services

Medical care (Including older people's care)

- The services operated from Monday to Friday though the on-call system for patients who had symptoms of sepsis and metastatic cord compression was available 24 hours a day, seven days a week.

Health promotion

- There was advice and support for patients on all elements of health promotion including eating well during cancer and eating when eating becomes difficult. There was support for patient's health and well-being and their self-care. Some of this support was available from the charity that worked with Genesis Care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff gained consent from patients for their care and treatment in line with legislation and guidance.
- The consent audit was at 100% for appropriate completion of consent forms. The consent process was two stage. Patients were given information about their treatment and any side effects before consenting at the second stage. This was audited so that the service knew that patients had been given appropriate information to make a decision and was at 100% for January 2021. Patients were asked three competency questions so that staff knew that they understood what treatment they were consenting for. Patients relatives were involved in the consent process so they understood what treatment the patient was consenting for.
- The provider accepted adult mentally competent patients who had been given sufficient information to give valid consent. In the event of a patient losing capacity during treatment or through treatment side effects e.g. patient with brain metastases this was subject to a full multi-disciplinary team review.
- If patients wanted to withdraw their consent during treatment this would have to be documented on the electronic patient record.
- The provider was reviewing existing consent processes with information about side effects from treatment included in the consent process and one consent for each tumour site.
- There was mandatory training for the application of the Mental Capacity Act and Deprivation of Liberty Safeguards. Completion rates were at 87% and staff were waiting for the face to face element of the training to achieve 100% completion.

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

Our rating of caring went down. 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. There was a holistic approach to patient care that focused not just on physical health but psychological support and support for well-being and this was part of an end to end pathway.
- The site provided holistic care and treatment for patients who were having cancer treatment. There was a focus on the individual patient's mental health and well-being and the provider worked with a charity to provide this support. Counselling services were provided to support patients on their cancer journey though these were currently accessed on-line due to the pandemic. Other sessions included relaxation and mindfulness.
- Patients received a holistic needs assessment as part of their treatment so that staff could understand their needs during their treatment. Staff told us that patients had personalised management of their treatment from the beginning to the end of their pathway.

Medical care (Including older people's care)

- There was a patient survey and in January 2021 the response rate was 86.9% with a total of 18 responses recording an excellency score. Respect and dignity scored 100% and patients and their relatives involved in their decision making scored 71%. For service experience the score was 94%. Response rates to the patient survey fluctuated with a response rate of 50% in December 2020, 100% in January 2021 and 100% in February 2021.
- We spoke with two patients who were receiving radiotherapy treatment, one of them said that they were impressed with the service and felt able to ask questions about their treatment. The other said that accessing care and treatment had been an easy process to manage and that the care was good.

Emotional support

- 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 could describe how they supported patients who had exhausted treatment options and were moving onto a palliative pathway. They would have the conversations with the patients and their relatives and provide appropriate support. Some patients had been attending for treatment for a long time.
- The neuro-oncology nurse had weekly contact with patients who had complex neurological cancers to support them and their families
- We spoke with a patient who was having chemotherapy treatment, they said that the treatment at the site was really good and they liked having the continuity of the same staff looking after them and that the environment of the site was calm and supportive.

Understanding and involvement of patients and those close to them

- Staff made sure patients and those close to them understood their care and treatment.
- The site had been successful in obtaining the MacMillan Environment Mark (MQEM) and had scored four out of five at the last inspection. This score had increased to five at this inspection. The MQEM includes assessment of the patient experience and the level at which users are involved in the development of services and how important people's views are taken into account.
- When a patient attended the site for their pre-assessment visit, staff would try to involve relatives in some of the discussions with patients so that they were aware of the issues for patients who had taken systemic anti-cancer treatment.
- There was support for patients and their relatives from the site staff to understand the costs of the treatment and to support their communications with medical insurance companies.

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

Our rating of responsive stayed the same. We rated it as good because:

Service delivery to meet the needs of local people

- The service planned and provided care in a way that met the needs of the people who used the service. Facilities and premises were appropriate for the services being delivered.
- The site received patients who were self-funded or had medical insurance to fund their treatment privately. They also took patients from abroad.

Medical care (Including older people's care)

- The site was spread over two sites with radiotherapy and chemotherapy in one building and positron emission tomography/ computed tomography(PET /CT) in an adjacent building. Patient areas were comfortable and there was social distancing of staff and patients. Patients were quickly moved from the main waiting room to sub waiting areas so they could begin their treatment. Refreshments and water were available through the site for patients.
- A lift was available to access the first floor and could accommodate a wheelchair.
- The service had a compassionate access programme to offer NHS patients with localised pancreatic cancer treatment free of charge using their magnetic resonance imaging linear accelerator. Patients with localised pancreatic cancer have variable access to precision radiotherapy in the United Kingdom.

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.
- The provider worked with a national charity and provided funding for complementary therapies during their chemotherapy or radiotherapy treatment. There was a therapy room on the first floor of the centre to provide acupuncture, reflexology and relaxation. Due to the pandemic some of these services had been moved on-line.
- There was clear signage throughout the centre, and we saw that staff came to collect patients from the waiting areas. There was an induction loop for patients with impaired hearing or hearing loss. There was disabled parking and wheelchair access and lifts to all floors.
- Staff at the centre recognised considered the needs of patients' when they were accepted for treatment. A comprehensive needs assessment was completed for every patient before they started treatment.
- There was a free taxi service available for those patients undergoing daily treatment or feeling too unwell to drive and to take the pressure off family members and if patients lived some distance from the centre, hotels would be provided during episodes of treatment.
- Translation services were available, and the centre had a wide variety of written patient and carer information. Interpreters could be booked by staff if the first language of patients was not English. Large print and easy read materials could be obtained when required.
- There was a wide range of patient information available to patients including information about wigs and the side effects of the cancer treatments. There was information available from the charity that was supported by GenesisCare for patient health and well-being.
- The lead chemotherapy nurse had a background in end of life care. They supported patients as they moved on to a palliative pathway by liaising with their GP's, district nurses and end of life teams.
- Patients receiving radiotherapy treatment had headphones to listen to music during treatment.
- There were signs up around the centre if patients required a chaperone for their treatment.

Access and flow

- People could access the service when they needed it and received the right care promptly.
- There was a clear system for tracking every patient referred into the centre. Staff received a weekly list of doctors with practising privileges and what they could refer for what treatment.
- Patients had scored 100% for waiting times in the patient survey.
- There was a focus in the organisational strategy for minimum wait times for services. As part of the strategy for the site there was a target of 24- hour referral for diagnostic services and access to computed tomography services of five to seven days for patients ready for cancer treatment.

Learning from complaints and concerns

Medical care (Including older people's care)

- Managers shared feedback from complaints with staff and learning was used to improve the service. The centre manager took responsibility to take any remedial actions in relation to any complaints and any learning from the complaint that would prevent any recurrence.
- There was a complaints policy with a review date, issue date, next review date, version control number and document owner. The policy provided information on both NHS and independent health complaints and the roles and responsibilities of individuals dealing with complaints. Complaints were reviewed at the provider committee and sub committees so that learning could be disseminated in the different modalities.
- The service was a member of the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and followed the ISCAS code of practice.
- We were given an example of a patient complaint which was about information governance. The centre manager told us how they had addressed the complaint and the changes that they had put in place following the complaint.

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

Good 

Our rating of well-led went down. 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.
- There was a manager for the site and lead staff for each modality. The lead staff shared information through various committees and sub- committee structures.
- There was strong leadership from the lead clinical staff through the appraisal process.
- Following a review of governance structures and accountabilities it had been highlighted that there was a lack of clinical leadership, this had been addressed through the new governance structures.
- One of the nurses told us that they had been on a leadership course to develop their skills, they said it had been very useful.

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. Leaders and staff understood and knew how to apply them and monitor progress.
- There was a vision and strategy for the centre and the service had recently expanded with new services for patients. There had been significant investment in equipment so that the site could treat more complex cancers.
- Company values included empathy for all, innovation every day, partnership inside and out, bravery to have a go and integrity always. The vision for the site was around patient safety and quality, activity improvements, improved referrer engagement and improved times to treatment. Patients had been involved in the development of the goals for the centre through two focus groups on world class satisfaction. There was also an action for improved employee engagement.

Culture

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Medical care (Including older people's care)

- Staff we spoke with said they enjoyed working at the site and that they were not afraid to raise issues or concerns. They said that they were listened to and action was taken if appropriate
- We were told about a member of staff who had raised concerns. They were supported by managers and changes were made following their concerns.

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 was a new governance structure for the organisation which had only recently been implemented at the time of the inspection and the governance structure document highlighted some of the improvements that needed to be made. There was now better accountability for quality and safety management, more effective and efficient committees and improved clinical leadership in clinical governance. There was input from individual site locations into the provider governance from managers and clinicians.
- There was a document that laid out committee structures that were supported by governance structures from the board in the United Kingdom down to the centres. The document described the roles, responsibilities and accountabilities of these committees. Membership of the committees was set out as well as who the committee may need to consult and inform in order to fulfil its function. There were four technical support and oversight committees and four clinical support and oversight committees, and each site fed into these committees with attendance from some clinical leads. Dissemination of information was through meeting minutes to site staff meetings. The registered manager was a member of committees such as Safety and Quality Leadership Forum. All meeting agendas were well set out had the meeting objectives at the beginning of the agenda. There were action lists at the beginning of the agenda to help to identify issues from the previous meeting. The principles of the committee were documented as was the role of the committee chair.
- There was a medical advisory committee for the provider which met every month. This was a national committee. The function of the committee was to represent the professional duties, rights and views of all medical practitioners who practised at GenesisCare and provided final sign off of consultant and Resident Medical Officer practising privileges. Minutes of meetings showed that consultants applying for practising privileges had their applications reviewed and issues were raised such as appropriate references, indemnity cover, disclosure and barring service checks and the scope of practice to be covered by the applying consultant. We saw that applications were rejected if the correct documentation was not in place.

Managing risks, issues and performance

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- There was a site risk register. The highest scoring risks for the organisation were staffing issues; there were two vacancies for radiographers on the magnetic resonance imaging linear accelerator (MRI LINAC) and there was a gap in support for the linear accelerator. Site managers were aware of the risks and we saw that there were actions in place to mitigate the risks. Risks were updated and reviewed on a regular basis and meeting minutes from various disciplines showed that risks were discussed and action at appropriate meetings.
- There was a radiation protection advisor for the site, this is someone who is competent to advise employers on the safe and compliant use of Ionising Radiations. There were three radiation protection supervisors who were employed by the centre. The radiation protection supervisor is appointed by the employer to oversee the work and make sure local rules are followed. There was a medical physics expert whose role is to oversee matters relating to radiation protection concerning medical exposure. The site was developing a dashboard for radiation safety audits.

Medical care (Including older people's care)

- There were radiation safety committee meetings which covered all modalities including radiotherapy, theranostics and diagnostics. Minutes of meetings showed that radiation incidents was a standing agenda item as was radiation risk assessments.

Managing information

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- There was a national safety, quality and leadership forum that looked at performance across all centres and services. It looked at all audit data from each site and produced a quality dashboard that used the CQC key lines of enquiry. Any themes and trends could be identified.
- The provider was able to look at data nationally and at site level. This enabled them to look at any themes and trends from the data. Managers could see if information from root cause analysis recommendations and action plans was embedded in patient safety so that these were not tick box exercises.
- There were dashboards for the different modalities that the service delivered, managers and staff were able to view use and use the information to change and improve services.






Engagement

- Leaders and staff actively and openly engaged with patients and staff to plan and manage services.
- There was a focus in the strategy for the location to try to improve engagement with staff and there was an action plan in place to do this.
- The provider held a staff survey, there was a response rate of 54% or 20 out of 37 staff responded to the survey.
- Site managers told us how they had used feedback from patients to improve their services and gave examples of this.
- The Macmillan Quality Environment Mark used patient experience and how patient feedback was used to improve services. The site had improved their score to a maximum of five since the last inspection.
- The site worked closely with an independent provider that provided surgical services for patients who required them. They worked with local NHS trusts to provide safe services for patients. The vast majority of the consultants who worked at the site worked at the two main NHS trusts near to the site location.

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.
- There was a culture of improvement at the site and a great deal of resource and learning had come from the magnetic resonance imaging guided linear accelerator. The equipment delivered a new safe service for patients with fewer radiation side effects than some more conventional services. Other sites were also involved in this learning.
- The site was involved in clinical trials for new chemotherapy treatments and we saw how staff were supporting patient access to different treatments at different stages of trials.

Outpatients

Safe	Good 
Effective	Inspected but not rated 
Caring	Inspected but not rated 
Responsive	Good 
Well-led	Good 

Are Outpatients safe?

Good 

Our rating of safe stayed the same. We rated it as good because:

Mandatory training

- Mandatory training rates for staff in the out-patient department were included in the rates for staff including those involved in cancer care.
- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Safeguarding

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Infection Control

- 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.
- There was an up to date infection control policy which made reference to other relevant policies such as hand hygiene. There was a COVID-19 policy to support additional cleaning and staff risk assessments. There was ample personal, protective equipment in all the departments in the centre and we saw that staff used it. There were sinks for hand washing for staff in clinical areas of the centre and sinks and hand gel for patient handwashing around the centre site.
- There was a standard operating procedure for the decontamination of scopes used in the department, this was recorded in the electronic patient record so that there was traceability for each scope. We saw that there was a standard operating procedure for decontamination of the ultrasound probe.
- The COVID-19 policy provided information and guidance on aerosol generating procedures used in the OPD.
- Staff and patients were tested twice a week for COVID-19 using lateral flow tests. Staff who were at a greater risk from COVID-19 had a risk assessment and were supported by the centre. This was because they were at greater risk of COVID-19.

Outpatients

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Equipment and environment

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The facilities, environment and equipment in the outpatients' department were well maintained. All the areas we visited were spacious, light, airy and clutter free.
- There was a treatment room for minor surgical procedures e.g. biopsies and cystoscopies. The radiographers also used the room for making masks for patients with head and neck cancers and shields to protect areas from radiation. The out- patient department had five consulting rooms where the nurse and the consultants could see patients. These were spacious and well equipped. All but one had a couch for clinical examination.
- There were three resuscitation trolleys, one on each floor of the main building where the OPD was situated and one in the adjacent building. The trolleys contained suction and a defibrillator and there were contained appropriate guidelines from the British Resuscitation Council and had updated personal protective equipment following COVID-19 guidelines. The trolleys were checked daily and a full check was undertaken weekly. All checks were documented.
- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

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.
- There were comprehensive standard operating procedures for the department. The lead nurse had produced photographs for the different procedures so that each procedure was conducted in the same way, this reduced the risk of mistakes.
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Nurse staffing

- The service had enough staff including, nurses and health care assistants 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 recruited a lead nurse to oversee the department. The nurse was experienced and had come from a specialist cancer hospital. There was a full time and a part time health care assistant to support the nurse. The establishment had recently increased to deal with demand in the department and the staffing was now at the establishment planned by the hospital.
- A small proportion of the work of the centre is non- cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Medical Staffing

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Outpatients

Records

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Medicines

- In the treatment room there was a locked medicines cabinet containing medicines including antibiotics and local anaesthetic. We saw that this was managed by the out-patient department nurse who maintained records of any medicines used. We reviewed the records which were complete. The room was temperature controlled and this was recorded every day.
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Incidents

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Are Outpatients effective?

Inspected but not rated 

We do not rate the effective domain in out-patient services.

Evidence Based Care and Treatment

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Nutrition and Hydration

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Pain Relief

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Patient Outcomes

Outpatients

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Competent Staff

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Multidisciplinary working

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Seven-day services

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Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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Are Outpatients caring?

Inspected but not rated 

We did not have enough evidence to rate this service

Compassionate care

- There were no clinics running on the day of the inspection
- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Emotional support

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Understanding and involvement of patients and those close to them

Outpatients

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Are Outpatients responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

Service delivery to meet the needs of patients

- There were out-patient clinics that were run by the centre. These included urology clinics, gynaecological clinics and breast clinics. Patients who attended the clinics may have had symptoms of cancer, but some attended the clinics for reassurance. Biopsies were undertaken and patients could have procedures such as a colposcopy to rule out cancer as a diagnosis for their concerns. The breast clinics were a one stop shop for a possible cancer diagnosis with imaging, examination and a biopsy completed in the same day and a definitive diagnosis would be given.
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Meeting people's individual needs

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Access and flow

- The lead nurse said that appointments for the clinics could be arranged at short notice to meet the needs of the patient and the consultant.
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Learning from complaints and concerns

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Are Outpatients well-led?

Good 

Our rating of well-led went down. We rated it as good because:

Outpatients

Leadership

- There was a lead nurse for the out-patient department who deputised for the centre manager in their absence. This was a new role in the centre, the nurse had previously worked in a specialist NHS cancer trust
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Vision and strategy

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Culture

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Governance

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Managing risks, issues and performance

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Managing information

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Engagement

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.

Learning, continuous improvement and innovation

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work which is a separate report. There is some overlap with cancer and non -cancer work in the out-patient department and in diagnostic radiology services.