

Rutherford Cancer Care Limited

The Rutherford Cancer Centre North East

Inspection report

The Rutherford Cancer Centre North East
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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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We rated this service as good because:

- The patient's environments were safe, clean and well maintained.
- The service followed good practice with respect to safeguarding.
- Staff engaged in clinical audit to evaluate the quality of care they provided.
- 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 provided outstanding care and treatment, there was a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. This included meeting nutrition, hydration and pain relief needs. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by the service. There was a strong, visible person-centred culture. Staff were highly motivated to offer care that is kind and promoted people's dignity. Relationships between people who use the service, those close to them, and staff were strong, caring and respectful.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and at a time that suited them. Key services were available seven days a week.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The consent forms used should include capacity to consent and be the current version.

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)	Good 	See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to The Rutherford Cancer Centre North East

Page

5

Information about The Rutherford Cancer Centre North East

6

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to The Rutherford Cancer Centre North East

The Rutherford Cancer Centre North East is operated by Rutherford Cancer Care Limited.

The Rutherford Cancer Centre North East offers oncology services to both the planning and delivery of cancer treatments. The centre, which occupies a two-story building in private grounds, was custom built to meet the needs of cancer patients. Treatments available at the centre include proton beam therapy, radiotherapy, chemotherapy and immunotherapy. There is 24-hour access to the clinical team out of hours. As an independent provider, users attending the centre for treatment require private medical insurance or to pay for their treatment. The service does hold an NHS contract for chemotherapy services and diagnostic screenings. The service only treats adults over the age of 18.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The physical environment in the service includes:

- A main reception and waiting area
- A diagnostic reception and waiting area
- One medical proton therapy machine
- One medical linear accelerator
- A systemic anti-cancer therapy (SACT) suite
- One Magnetic Resonance Imaging (MRI) scanner for treatment planning
- One Computerised Tomography (CT) scanner for treatment planning
- A mammography suite
- A chemotherapy suite with an open treatment area with four chairs and four single treatment rooms
- Changing rooms
- Toilets
- Quiet rooms
- Three consulting rooms
- A child friendly area
- Staff facilities including offices, changing facilities, toilets and a staff room
- Gardens

This was the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 19 April 2022.

The current registered manager has been in post since 2021.

Summary of this inspection

How we carried out this inspection

During the inspection we visited all areas of Rutherford Cancer Care Centre North East. We spoke with 14 members of staff including the registered manager, clinical leads, nurses, technicians, radiographers and administrators. We observed the environment and care provided for patients and spoke with 10 patients. We reviewed five patient records. We also looked at a range of performance data and documents, including policies, meeting minutes, audits and action plans.

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

Outstanding practice

We found the following outstanding practice:

- The service provided free transport to patients if needed.
- The service provided 24 hours, seven days a week on call emergency contact to all private patients in case of feeling unwell or concerned about any part of their treatment.
- Feedback from people who used the service was continually positive about the way staff treated people.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to share best practice.

Areas for improvement


Action the service **SHOULD** take to improve:

- The service should ensure that the correct consent forms are always used, including a record that patients have capacity to consent to treatment.






Our findings

Overview of ratings

Our ratings for this location are:

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

Medical care (Including older people's care)

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

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

Good 

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The compliance rate for staff completion of mandatory training was high with 97% of staff up-to-date with all of the mandatory training requirements.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were provided with training specific and relevant to their job role. Training was delivered through a combination of e-learning and face to face training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. This meant staff ensured they had the knowledge and skills required to care for and meet the needs of all patient groups.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw the training tracker was automated and flagged when training was due for completion to both staff and managers.

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. Staff we spoke with could describe how they would recognise potential abuse and actions they would take. All staff that we spoke to were able to confirm their safeguarding training levels and the names of the safeguarding leads. Compliance for safeguarding adults and children training across the centre was at 100%.

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

Medical care (Including older people's care)

The service had safe recruitment procedures and employment checks in place. Staff had disclosure and barring service (DBS) checks before starting work. These checks support employers to prevent unsuitable people from working with vulnerable patients.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

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.

Staff had access to an up to date infection control policy to help control infection risk. Additional protocols were in place in response to the COVID-19 pandemic. There were visible adaptations for staff, patients and visitors at the centre to limit the risk of cross infection, for example temperature checks on arrival.

All areas were clean and had suitable furnishings which were clean and well-maintained. There were minimal furnishings and all spaces were clutter free, which meant it was easy for staff to maintain cleanliness.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw that cleaning records were up to date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff complied with 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance. We observed staff washed their hands and used hand sanitising gel between patient interactions. This was also confirmed by patients we spoke with. The latest hand hygiene audit was carried out in January 2022 and achieved 100% compliance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw staff cleaned equipment routinely after each patient in line with guidance.

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 centre was purpose built and opened in November 2018. The design of the environment followed national guidance. The environmental audit score for January 2022 at the latest audit undertaken was 97.5% overall compliance. We saw documented environmental and COVID-19 risk assessments.

All fire extinguisher appliances inspected had been serviced within an appropriate timescale. Exits and corridors were clear of obstructions. The latest fire drill was completed in October 2021.

Staff carried out daily safety checks of specialist equipment and these were completed as per the service's policy. For example, emergency resuscitation equipment trolleys were sealed with numbered, tamperproof tags which were checked daily and the contents of trolleys was checked weekly. This was also in line with national guidance and followed the resus guidelines.

Medical care (Including older people's care)

The service had enough suitable equipment to help them to safely care for patients. The annual planned maintenance schedule for 2022 was comprehensive and up to date. There were systems for recording the service and maintenance of equipment identified through a central log and equipment compliance stickers, which indicated the dates tests were due.

There was a specialist proton beam team on site in order to maintain and fix any issues with the proton beam therapy machine when needed. There were comprehensive plans in place in the event of a proton beam therapy machine breakdown, with access to other Rutherford Cancer Centre sites to access treatment.

Staff disposed of clinical waste safely. Waste was separated for general and clinical waste. Sharps bins were assembled correctly and not overfilled. These were disposed of in line with national guidance. The appropriate controls were in place for substances hazardous to health (COSHH). Cleaning equipment was stored securely in locked cupboards.

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 used a nationally recognised tool called the national early warning score (NEWS2) to identify deteriorating patients and escalated them appropriately.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff followed their policies on assessment of unwell patients, including for patients receiving systemic anti-cancer therapy (SACT) and patients becoming unwell on the premises. There was always an Immediate Life Support (ILS) trained staff member on site on the rota, and nurses went to other areas if a patient deteriorated to provide clinical care.

Staff knew about and dealt with any specific risk issues that were identified. A full medical history was taken at pre assessment including any allergies. There was a recognition and management of the deteriorating patient policy, which included sepsis. Staff we spoke with were clear about signs and symptoms of deteriorating patients and gave examples of when and how they would escalate a concern.

Staff shared key information to keep patients safe when handing over their care to others. All information was collated on the electronic patient record and discharge letters were produced when patients were discharged from screening or treatment back to NHS service and GP as appropriate.

Shift changes and handovers included all necessary key information to keep patients safe. Staff told us that handovers were comprehensive and ensured information essential to the safe care of patients.

Staffing

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

The service had enough staff to keep patients safe. Patients we spoke with told us staff were always available.

Medical care (Including older people's care)

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. There were daily meetings each morning to establish staffing numbers on the day were safe and met the requirements of patients attending for treatment and screening procedures.

The manager could adjust staffing levels daily according to the needs of patients. Centre managers liaised across sites to support with staffing whenever needed. At the time of inspection, there were no vacancies.

The number of actual nurses and healthcare assistants matched the planned numbers.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service.

The service was easily able to contact a consultant when needed if they were not on site, this meant patient decisions could be made and escalated in timely manner when required.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. The service used a mixture of electronic and paper-based notes. All scans could be viewed electronically.

The service conducted monthly clinical documentation audits. A full analysis of patient records audit took place in March 2022 and the centre scored 100% for compliance in this audit. We reviewed records for five patients and there were some gaps in records in relation to consent and NEWS scores.

Records were stored securely with individual staff password access. Screens were locked when unattended.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were stored securely in clinical areas and the appropriate temperature monitoring was taking place.

There was a medicines management policy in place with supporting procedures accessible by all staff.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were provided with the necessary information regarding their treatment and the potential side effects as well as information about any take home medicines; this was recorded in their paper and online records. Patients were also given information about how to access clinical advice out of hours.

Staff completed medicines records accurately and kept them up-to-date. During the inspection we reviewed six medicine administration records with accompanying documentation and could see that medicines were reviewed and discussed regularly.

Medical care (Including older people's care)

Staff stored and managed all medicines and prescribing documents safely.

There were online prescribing systems for both private and NHS patients and we saw evidence of a clinical pharmacy check before prescriptions could be ordered. The team had implemented an ordering system to ensure that if there was a problem with the supply it would not impact the patient's treatment.

Staff learned from safety alerts and incidents to improve practice.

Incidents

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

Staff we spoke with knew what incidents to report and how to report them on the electronic incident reporting system. They gave specific examples of learning from incidents and changes in practice, which improved patient safety.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff told us they were encouraged to report incidents and felt confident to do so.

Managers shared learning with their staff about never events that happened elsewhere. Immediate learning was shared at the daily staff huddle attended by staff at the beginning of each day.

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. Regulation 20, duty of candour, is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients and other 'relevant persons' of certain 'notifiable safety incidents' and provide reasonable support, truthful information and a written apology. The service had a duty of candour log, to monitor compliance with each of the stages of the process.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Themes and trends were reviewed with any learning shared through medical advisory (MAC) and health and safety committees.

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

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. There were policies and standard operating procedures in place to support practice on the organisation's intranet that was accessible to all staff.

Medical care (Including older people's care)

Compliance with relevant guidelines was monitored through governance processes. There were systems to ensure policies, standard operating procedures and clinical pathways were up to date and reflected up to date national guidance.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. The patient reported outcome assessments (PROMs) were carried out regularly on patients and at set points in their treatment and care at the centre. This ensured effective monitoring of emotional and psychological needs and appropriate action in a timely way. Clinical staff reviewed the PROMs assessments, contacted patients if needed and results were saved on patient's file as well as being shared with the GP.

Patient dose audits for national diagnostic reference levels had been carried out in line with The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). The last audit was carried out between November 2020 and November 2021 and showed that appropriate dose levels were being used.

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.

Water dispensers were available in waiting areas that patients could use.

Hot drinks were available from a machine. Staff offered patients a drink whilst they were waiting for their appointment where appropriate. Light meals were provided for patients where required. A dietician was available as part of the services to all patients.

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.

Staff prescribed, administered and recorded pain relief accurately. Patients pain relief was self-managed whilst on the unit, and records were made of any self-administration. Staff informed us they were able to make referrals to the appropriate healthcare professionals should pain management be an issue.

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 met expectations, such as national standards.

Managers and staff used the results to improve patients' outcomes.

Medical care (Including older people's care)

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. We saw examples of this in the Annual Audit plan 2022 for the service.

Improvement was checked and monitored.

The service was accredited by Macmillan Environmental Quality Mark. At the time of inspection, the diagnostic imaging service was working towards accreditation to the Quality Standard for Imaging (QSI) standard in 2022.

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. For example, staff were all fully trained for all aspects of CT and MRI equipment in the diagnostic competency testing for 2022. 83% of staff had completed the radiation training programme at the time of inspection. This was in addition to their mandatory training for their role.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. We saw the current compliance rate was 100%.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they felt valued in their roles and that they had good learning and development opportunities.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. For example, several staff we spoke with described how they had been supported to progress their career.

Managers made sure staff received any specialist training for their role.

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 meetings to discuss patients and improve their care. Multi-disciplinary daily morning huddles and debriefs were held in the centre by the clinical leads to plan and review the day's activities collectively.

Staff worked across health care disciplines and with other agencies when required to care for patients. Rutherford Cancer Centre North East networked with other Rutherford Centres across the country. The hospital managers had their own national meetings to benchmark, share ideas and good practice. There was effective working between all staff at the location with good teamwork.

Patients had their care pathway reviewed by relevant consultants.

Medical care (Including older people's care)

Seven-day services

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

The service was open Monday to Friday and depending on the demands for the service, additional hours could be planned for weekends.

There was an emergency helpline available 24 hours a day, 7 days a week. Patients were informed about the helpline and given the details to contact it should they need to do so. We spoke to a patient who had used the helpline and felt the on-call team were available to provide advice and help as needed.

Staff could call for support from consultants at any time if they needed support with a patient's care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The provider had a consent policy that was within date of review and included guidance for staff to follow. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice.

Staff did not always gain consent from patients for their care and treatment in line with legislation and guidance. The service had a written consent process, however when we checked records, we found two out of five consent forms were on an outdated version and this did not meet the requirements.

Staff made sure patients consented to treatment based on all the information available. Staff obtained verbal and written consent from patients before providing treatment.

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

Outstanding



Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We spoke to 10 patients and they told us that the treatment and care received was the best they had ever had. They shared with us that they felt that staff went above and beyond every time. They also shared they felt thankful to staff making a difficult time for them a lot better, with staff really taking the time to get to know them.

Staff followed policy to keep patient care and treatment confidential. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality.

Medical care (Including older people's care)

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

A patient we spoke with had been receiving treatment of proton beam therapy during a breakdown of the proton beam machine. For this not to impact upon the patients care, the patient was transferred to receive the same treatment at another Rutherford Cancer Centre. The nurse working with the patient also attended with them, to help with continuity of care and a familiar face to help the patient feel at ease. The patient had all transport and accommodation needs taken care of and involved in all parts of this to ensure they were happy and comfortable with the planning. The patient's family member could also attend with them. When the machine was fixed and back in use, the patient was given the option on when they wanted to return to the North East for the treatment. The patient told us they felt valued and the staff did everything they could to make sure they were well looked after.

Emotional support

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

Staff provided reassurance and comfort to patients in all aspects of their care and treatment. Staff were calm and supportive and provided extra time to patients needing more support who were especially nervous or worried.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

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.

Patients we spoke with shared they felt emotionally supported and that 'it was like being around family' when attending for treatment as the environment was so supportive for them.

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. Staff respected patient choices and delivered their care with an individualised person-centred approach.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us they received information in a way they understood before and after their treatments.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. The service conducted regular patient surveys and 100% of patients would recommend the service and were happy with their service and treatment provided.

Medical care (Including older people's care)

There was a question of the month asked in the main waiting area near reception that gathered patient views on a variety of points for the centre, all with the aim of making the centre better for those using it. Examples of recent questions include those on the artwork in the centre, general decoration of the centre for wellbeing and how easy it was to get to the centre.

Staff supported patients to make informed decisions about their care.

At the end of a patient's treatment, there was a bell in the reception area that could be rang if a patient wanted to do this. It was a mark of the end of the treatment for them, and patients and staff shared this can be emotional to be part of. If a patient would like to ring the bell, all the staff team gather to watch this and celebrate with the patient afterwards to mark the end of their treatment.

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

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 local population. Supportive services were provided for patients including physiotherapy, where a physiotherapist attend the centre on a weekly basis offering appointments to all patients. We spoke to a patient who had accessed this service and felt it was 'seamless' in its planning and appointment offering, the patient spoke very highly of feeling this met their needs.

Facilities and premises were appropriate for the services being delivered. The centre car park provided ample free parking spaces. Taxi transfers were offered to patients, so they did not need to worry about the financial impact of receiving their treatment. Collection and delivery of medicines to patients was also offered to avoid unnecessary travel.

The service had systems to help care for patients in need of additional support or specialist intervention. Patients with specific needs such as learning disabilities, mental capacity or physical disabilities were identified at pre assessment and plans were put in place to support them.

Managers monitored and took action to minimise missed appointments. The service told us they were implementing a new system this year with text message services for managing appointments as well as reminders to help minimise missing of appointments.

Managers ensured that patients who did not attend appointments were contacted.

Appointments were offered at a time that suited the patient, and the service had flexibility with this to support the patient to attend. We spoke to a staff member who told us about an example where they were able to move a patient appointment to enable them to carry out some last minute travel plans which meant the patients treatment remained on schedule for the number of sessions they required in a time period.

Medical care (Including older people's care)

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The staff at the service had undergone specific mandatory training for these areas. Staff were able to tell us of examples where they had ensured a patient had the necessary care for their needs based on this training and had ensured patient support was available.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

The service had close working relationships with voluntary organisations who provided help and support to patients. The centre was registered to complete electronic Holistic Needs Assessments (eHNAs), care plans and providing information on their supportive services available. The service arranged sessions as and when needed with these services for all patients.

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.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointments ran to time and were well spaced out in between patients to ensure patients were not waiting for their allocated time.

When planning proton beam therapy treatment for patients, the service told us they have a peer review for planning the treatment which is in addition to the standard planning process for the patient.

Managers worked to keep the number of cancelled appointments to a minimum.

Staff supported patients when they were referred or transferred between services. Patients told us they felt staff went 'above and beyond' for treatment and discharge. Support was always available, and staff shared this was important to them to ensure they patient was transferred between services efficiently and with the patient experience was at the 'heart of this'.

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.

Medical care (Including older people's care)

Patients, relatives and carers knew how to complain or raise concerns. There was a complaints policy and information was available about how to raise a concern.

Staff understood the policy on complaints and knew how to handle them, in accordance with the complaints policy. In the 12 months prior to our inspection the service has received 1 complaint. The complaint had an action plan and if there were lessons to be learnt this was also documented. The complaint had been acted upon immediately and been resolved very quickly.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The example we saw showed the manager had ensured regular and immediate contact with the patient upon investigation into their complaint and followed up after the outcome.

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

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

Good 

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 a clear management structure with defined lines of responsibility and accountability.

Staff told us there was good local, regional and national leadership within the organisation. Leaders were well respected and supportive. Leaders were passionate and proud of their service and worked well with other staff to deliver the best possible outcome for their patients.

Leaders held regular staff meetings and staff told us they felt their views were heard and valued.

Senior managers attended national meetings within the senior leadership team where they received updates, discussed governance and performance as well as shared learning.

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.

Staff were committed to upholding the vision and values and leads spoke openly about corporate strategic aims. Managers could articulate well how they monitored progress.

The organisations strategic overview was focussed on growth, quality, leadership and development.

Medical care (Including older people's care)

Culture

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

Staff said they were very proud to work for the service and described their colleagues as supportive. All staff told us they had good working relationships with their colleagues across all areas.

Staff were patient focussed and the culture was focussed on the needs and experiences of people who used the service. We observed positive working relationships and engagements with patients. There was a whistleblowing policy and a Freedom to Speak up Guardian to allow staff to share concerns.

We saw that staff survey and engagement took place and was reviewed through 'Investors in People' in May 2021. 'Investors in People' is a standard for people management, offering accreditation to organisations that adhere to the 'Investors in People' Standard.

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 effective governance structures, processes and systems of accountability to support the delivery of good quality service and to monitor and maintain high standards of care.

There was a medical advisory committee (MAC) which met quarterly. We reviewed four sets of meeting minutes and saw practising privileges, quality and safety and new services were regularly discussed.

There was a robust programme for internal audit to monitor compliance with policies and processes. Audits were completed monthly, quarterly and annually as per the providers audit schedule. Action plans were reviewed continually and monitored through regular meeting schedule.

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.

There was a 'crisis management plan and business continuity plan' in place for a range of incidents that could occur. There were clear duty roles planned and thorough plans for back-up systems if required.

There was a clear and effective process for identifying, recording and managing risk. There was a local risk register that was reviewed and updated by the hospital and area managers. Risks has been identified with control measures in to help reduce any risk and review dates. Managers and leaders were able to articulate the risks and actions being taken.

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)

There was an audit of patient details in March 2022. The audit found 84.6% of data to be correct and completed from the entries reviewed in the database system of patient records.

The IT infrastructure had been invested in to improve the accessibility of patient records.

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.

Staff feedback was encouraged through staff surveys and staff felt able to escalate concerns to senior leaders when needed.

The centre encouraged and gave patients the opportunity to feedback about their care and experiences. Mechanisms included feedback boxes and also a 'question of the month'. An example of the question of the month we saw was around the therapeutic benefits of the artwork on site.

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 Rutherford Academy was launched in 2021 and provided a wide range of classroom-based modules to support clinical staff. In particular, training involving emotional intelligence and human factors was in place and was being expanded further in 2022.

Rutherford Innovations (RI) was found to be engaged on several clinical research and innovation projects. This was across all Rutherford Cancer Centre but included Rutherford Cancer Centre North East. The purpose of these projects was to have a clinical impact and further influence the organisation's research and innovations agenda. Rutherford Cancer Centre (RCC) had partnered with external professional bodies, universities and NHS departments to develop their research portfolio. This ensured the inclusion in clinical trials with both the NHS and industry. The focus of RI research publications was to increase knowledge, to educate and provide data about the benefits of proton beam therapy. We spoke to staff about this on our inspection and they were passionate about the work taking place in clinical trials.

The organisation was in the process of purchasing an electronic Patient Reported Outcome Measures (PROMS) system, we found that they want to give patients easier access and participation in PROMS studies. This will also allow staff to collate, interrogate and analyse data to further research aims.