HCA International Limited

The London Radiotherapy Centre at Guy's and St Thomas'

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?	Outstanding
Are services well-led?	Good

Summary of findings

Overall summary

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 risks 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 good care and treatment, and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service. 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.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of their patients, took account of their individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.

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 to plan and manage services and staff were committed to improving services continually.

However:

We found the way the service checked radiotherapy staff competences was not as well developed as it could be and as a result, lacked detail.

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

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	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 risks 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 good care and treatment, and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service. 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. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. The service planned care to meet the needs of their patients, took account of their individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment. 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 to plan and manage services and staff were committed to improving services continually. However: We found the way the service checked radiotherapy staff competences was not as well developed as it could be and as a result, lacked detail. We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

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Summary of this inspection

Background to The London Radiotherapy Centre at Guy's and St Thomas'

The London Radiotherapy Centre at Guy's and St Thomas' (LRC) is part of HCA International Limited and provides radiotherapy cancer treatments for private patients. It is situated on the lower ground floor of Guy's NHS hospital in central London.

The LRC has been registered with CQC since September 2014, for the treatment of disease, disorder or injury. The current Registered Manager has held that post since 2014.

This was our first inspection of this service.

How we carried out this inspection

We conducted a comprehensive unannounced inspection of this service as part of our ongoing risk-based activity. We interviewed several members of staff, including the registered manager and the lead physicist. We spoke with four patients who were on site during our visit. We viewed three patient records and after the inspection requested 39 additional documents.

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 was implementing novel radiotherapy techniques and utilised software changes at pace.
- The service had started a project to allow for tattoo less radiotherapy for patients undergoing treatment for breast cancer.

Areas for improvement

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

Action the service SHOULD take to improve:

- The provider should complete its planned work on the update to the recording of staff competencies and ensure this is retrospectively applied to all members of the team to evidence their competence and reviewed as per their training requirement policy. (Regulation 18)
- The provider should maintain a signature list so all staff signatures can be identified. (Regulation 17)

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	☆ Outstanding	Good	Good
Overall	Good	Good	Good	☆ Outstanding	Good	Good

Good

Medical care (Including older people's care)

Safe	Good
Effective	Good
Caring	Good
Responsive	Outstanding
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; which was comprehensive and met the needs of patients and staff. The annual training included safeguarding, equality and diversity, deprivation of liberty safeguards (DoLS), amongst others. Overall compliance with mandatory training was 96%, with safeguarding, mental capacity, basic life support (BLS) and intermediate life support (ILS) training all at 100%.

Healthcare professionals and staff who had contact with patients having anticancer treatment should be provided with training on neutropenic sepsis. We were provided with evidence the staff who required such training had 100% compliance.

Managers monitored mandatory training via the in-house learning academy and alerted staff when they needed to update their training.

Mandatory training compliance was reviewed in monthly governance and radiotherapy operational meetings.

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 this training in practice.

Staff received training specific for their role on how to recognise and report abuse. The registered manager was the safeguarding lead and was trained to level three standard. The rest of the location's staff were trained to level two and were aware of who the safeguarding lead was.

We were told of a recent patient who had deteriorated since their last visit and staff felt the patient lacked capacity. The concern was escalated to the patient's consultant who arranged for the patient to be admitted to another HCA Healthcare UK facility.

Good

Medical care (Including older people's care)

We were provided with a copy of the HCA corporate safeguarding strategy 2019-2022 and the local LRC safeguarding standard operating procedure which reinforced the training and the legal requirements.

Cleanliness, infection control and hygiene

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

The reception and clinical areas were visibly clean and had suitable furnishings, which were clean and well-maintained.

Upon entry to the LRC patients were requested to wash their hands at a dedicated handwashing sink before having their temperature checked. In addition, there were alcohol hand gel dispensers at suitable locations throughout the centre. Although patients arriving at the main hospital site were required to wear a face mask before entering and making their way to the LRC mask wearing for patients was not enforced once there. We saw staff wearing masks at all times and making use of the alcohol hand gel.

We saw evidence of three month's hand hygiene audits which indicated 100% staff compliance except for one member of staff who on one occasion was not 'bare below the elbows' during one of the audits.

We saw evidence of daily, weekly and monthly cleaning audits for October 2021, which all showed 100% compliance.

The LRC was supported by a nearby larger HCA facility for the provision of infection prevention and control (IPC) services.

We were told housekeeping staff had supplementary training to ensure they followed the cleaning schedules safely. Enhanced cleaning was in place for all touch point areas.

Environment and equipment

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

The LRC complied with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. We saw an IR(ME)R 2017 standard operating procedure document valid until October 2022.

Radiation risk assessments were carried out on all necessary equipment, and radiation doses monitored according to the Royal College of Radiologists' Guidelines. Computed Tomography (CT) doses and radiotherapy imaging doses were recorded and monitored using local dose reference levels, according to legislation.

We saw radiation risk assessments for the CT room, the linear accelerator (Linac) and a copy of the departmental risk assessment tool.

The centre had at least one physicist on site whenever the centre was open to correct minor breakdowns of the radiation machines. Failing that, the centre had maintenance and service contracts in place with the manufacturers.

We noted radiographer led quality assurance (QA) checks. They were recorded electronically and completed daily. The physicists received daily QA alerts when something was nearing 'out of tolerance' and couldn't be used clinically.

We saw there were monitor screens within the radiotherapy treatment rooms which were mirrored in the control rooms. All screens were crossed checked for patient information against the patient's identity.

There was a patient hoist to assist less-mobile patients, in addition to ‘patslides’ and slide sheets.

We were told all staff had completed manual handling training but as the team did not regularly use the hoist, the radiographers were supported by physiotherapy and occupational therapy (OT) colleagues.

We checked the resuscitation trolley. The equipment was all in date and there was a completed online spreadsheet checklist. We did note the sharps bin had not been signed. To aid traceability in the event of an incident, sharps bins should be signed by the staff member setting them up and sealing them when full.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

All applicable patients affirmed their pregnancy status as negative prior to receiving radiation, and a person-specific risk assessment would be carried out if required. Posters were visible in the waiting areas requesting patients to inform staff if they might be pregnant.

The LRC used Datix software to manage risks, incidents and complaints. All risks had a named, accountable head of department. Risks were discussed in the monthly Radiotherapy Operational meeting, the monthly Governance meeting, quarterly Quality Clinical Operational Review meeting (QCOR) meeting and the Medical Advisory Committee (MAC).

We observed LRC staff constantly checking their patient’s identity on entry to a radiation room, and if they left and returned to the room. This ensured only the correct patients receive the prescribed treatment.

Clinical staffing

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

We were told staffing was planned around a fixed staff base intended to cover the usual fluctuations of the service. Further support was available by liaison between LRC and another HCA London radiotherapy department, which gave extra staffing flexibility.

Clinical staffing at LRC consisted of therapeutic radiographers and consultants. They were supported by clinical nurse specialists and other allied health professionals from the nearby HCA cancer centre. The consultants worked at the LRC under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. Many also work within the NHS. Those working under practising privileges were contractually obligated by the LRC to keep up to date with training, working practices and to provide insurances and to comply with other such rules the service may demand.

The clinical staffing was supported by nonclinical medical physicists and a range of administrative and domestic staff.

The service had introduced a consultant induction checklist, which they used to assure themselves those granted practising privileges had been properly inducted to the LRC. They also had a form listing a consultant's practice specialties.

Staff told us they felt very supported by the consultants; who were also always contactable if the need arose.

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 LRC at the time of our inspection ran a paper-lite record system. All patients were registered onto the electronic health record system and a radiotherapy specific electronic system. This allowed LRC patient records to be shared with other HCA staff and locations.

Patient notes were detailed, and all authorised staff could access them easily using personal password protected logins.

We found there were paper patient records still in use for the patients who were present on the day of inspection. We examined four sets of records and saw a proper record of the patient's consent to treatment, signed pre-treatment and treatment checklists and pregnancy status.

We noted on two of the records a radiographer had signed to confirm part of the treatment but had not printed their name which would make it clearer who had signed. The radiography team at LRC was small and staff members were able to identify the individuals from their signatures. Once LRC patient records were fully electronic this system will not be an issue.

Both paper and electronic records were stored securely.

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.

Limited medicines were held on site. Contrast medium used during radiotherapy sessions was kept in a locked cupboard within a staff only access area. Staff who administered contrast medium had training in its use, intravenous (IV) cannulation, anaphylaxis and immediate life support (ILS). Items in the anaphylaxis box were kept in a locked cupboard out of hours, and in a staff access regulated area during treatment hours.

Medicines stocks were checked regularly and overseen by the pharmacy team from a nearby HCA facility.

The LRC followed the HCA corporate medicine management policy in line with national guidelines.

Medicine related incidents were reported using the electronic Datix system and investigated according to the standard HCA policy. Medicine patient safety alerts were received from corporate HCA and disseminated to the LRC staff team as required.

Good

Medical care (Including older people's care)

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 actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses through the Datix system in line with provider policy.

There was a joint governance structure for learning from radiotherapy incidents. The physicists attend joint meetings with the other two London HCA radiotherapy locations.

We asked for details of the incidents reported within the last 12 months. There were six incidents reported, one of which was an IR(ME)R reportable incident. We saw all were investigated, actioned and any learning was notified to the staff.

We saw incidents were discussed at the monthly governance, radiotherapy operational and Medical Advisory Committee (MAC) meetings.

HCA Healthcare UK produce a quarterly Learning from Experience report which gives details of incidents, the root causes, learning outcomes and how they use that information to improve practice. The report is widely circulated and showed commitment to best practice.

We were told, and it was confirmed by staff, the centre had an open and transparent incident reporting culture.

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

Good

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Any changes in national or local clinical guidelines were shared with the governance team and then cascaded at the radiotherapy operational, monthly governance and the monthly operational review meetings.

Specific radiation legislation was written into all key policies to ensure compliance and national guidelines were followed for all patient treatments.

Any new procedures must be approved by the medical advisory committee (MAC) before they can be performed at the LRC. We were told local procedures were in place to support the development of radiotherapy techniques and we were told about two such innovation techniques while on inspection.

Good

Medical care (Including older people's care)

We were told the LRC did not provide treatment to persons detained under the Mental Health Act, although the individual needs of patients with mental health issues were assessed and reasonable adjustments made.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

The LRC saw clients as outpatients but water and hot drinks were available. Food was available within the main NHS hospital in which LRC was based if required.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

We were given a copy of the HCA Healthcare Radiotherapy Report dated November 2021. LRC patients reported staff assessed their pain and it was then managed to their satisfaction 100% of the time. Patients reported they received pain relief soon after requesting it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The LRC monitored and benchmarked their patient treatments and outcomes against local and national level data within the HCA Healthcare UK group and within the radiotherapy sector.

The LRC recently appointed a review radiographer (August 2021) and part of her role was to speak with patients in the first week of treatment and each week after. She reviewed side effects with patients and gave a call one week after treatment when the side effects were likely to be at their peak.

LRC had care pathways as part of the patient's electronic record. These included certain tasks which needed to be completed before it was possible to move on to the next.

The LRC conducted patient satisfaction surveys (PSS). At the time of our inspection data was collected electronically and staff were able to help patients who had difficulty with IT. The review radiographer told us she was planning a paper version of the PSS to help capture more patient views. All the patient responses were overall 100% positive. Some patients gave a lower score under excellent for treatment waiting times, quality of information and review service and support. Of the four patients we spoke with during our inspection all spoke very highly and complementary of the location and the staff.

Action plans from PSS results and incident reporting were reviewed and monitored in the monthly radiotherapy operational meetings and benchmarked against other HCA facilities. Managers and staff used the results to improve patients' outcomes.

Managers and staff carried out a detailed programme of repeated audits to check improvement over time.

Good

Medical care (Including older people's care)

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

All new employees went through several checks as part of the 'on-boarding process'. All employees attended the HCA UK corporate induction and a local induction program to support them in being fully competent in their role when joining the facility.

Local training needs were identified within the department and training plans were built and actioned appropriately. Annual performance reviews and personal development plans took place to ensure staff were supported to develop and maintain skills throughout their time at the facility.

All consultants working at the hospital were granted practising privileges as per the HCA UK Practising Privileges Policy. Training compliance was monitored by the CEO office and central credentialing team to ensure consultants practice within their competency.

All radiotherapy treatment was consultant led and patients see their consultants regularly for treatment review.

We were not assured the records used to verify the competences of the radiography staff held enough detail to confidently prove their skills had been thoroughly checked. However, we saw plans to update the process as fully electronic records were introduced.

Multidisciplinary working

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

We were provided with a copy of the HCA multidisciplinary team meetings (MDT) policy. It sets out which type of patients require their diagnosis and proposed treatment presented to an MDT. We noted the policy stated a requirement to attend MDT meetings, as a condition of the granting and maintaining of practising privileges.

Core MDT membership included the chair, consultant oncologists, surgeons, radiologists, and histopathologists. Associate members were palliative care, pharmacy, Clinical Nurse Specialists (CNS), senior nurses, RMOs and allied health professionals as required. The MDT was supported by the MDT Co-ordinator who liaises with the Chair of each MDT and ensures all relevant information was available and each of the key representatives were present and contribute at the MDT.

We noted from the supplied radiotherapy leads huddle, dated 9 November 2021, a report of some delays obtaining MDT meeting outcomes, particularly from outside of the HCA group. The noted immediate action was to contact the individual consultants. The issue was recorded to be discussed at the next meeting.

Good

Medical care (Including older people's care)

The lead physicist told us the patient pathway and the radiotherapy treatment were agreed at the MDT meeting. This was checked against the Royal College of Radiologists (RCR) guidelines, the patient scanned, and the treatment plan produced and checked. Three of the four sets of patient notes we reviewed had confirmed MDT's noted.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Clinical nurse specialists and other allied health care professionals such as dietitians supported the core radiotherapy team to provide specialist support for patients, when required.

Health promotion

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

Patients were given a printed radiotherapy patient guide when they were first accepted for treatment. The guide gave advice about good nutrition and psychological welfare during treatment and the help that could be provided. The guide also stated complimentary therapies such as massage, reflexology and aromatherapy were available free of charge.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff received and kept up to date with training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We saw evidence of this during our inspection process.

The LRC followed the HCA UK consent policy, and compliance with the policy was audited.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patient's records we examined.

Authorised staff always had access to up-to-date, accurate and comprehensive information on patients care and treatment via the electronic record, which they were also able to update.

The service used a consent form compiled by the Royal College of Radiologists and assured best practice, if completed correctly, when consenting for breast cancer treatment.

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

Good

Compassionate care

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

Good

Medical care (Including older people's care)

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness.

We observed good care from radiotherapy staff during our inspection. A patient was asked how they were feeling. Their identity was checked, and the treatment area was confirmed with them. Staff explained what was going to happen and what to expect. One patient left the treatment room before treatment started and we observed the staff re-check their identity when they returned.

The centre allowed extra time for appointments, so patients did not feel rushed. As private patients they had some flexibility when booking the appointments.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. This was reinforced by the radiotherapy patient guide.

Staff understood the emotional and social impact a person's care, treatment or condition had on their wellbeing and on those close to them.

Chaperone's were available to patients and there were signs advising patients of the service.

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 talked with patients, families and carers in a way they could understand. HCA documentation could be provided in a choice of languages and interpreting services were available.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this via the PSS system. We noted patients gave positive feedback in most cases.

The way the service gathered feedback information closely replicated the "National Cancer Patient Experience Survey" by the questions they asked. The results of the survey allowed the service to benchmark itself against NHS centres and showed the service achieved a higher level of patient satisfaction than the NHS.

The LRC had a Covid-19 policy in place which limited who could attend an appointment with the patient. We were told patients were contacted prior to their first visit to explain the restrictions on visitors.

Good

Medical care (Including older people's care)

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

Outstanding ☆

Service planning and delivery to meet the needs of their patients.

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

The facilities and premises were appropriate for the services being delivered.

The LRC had systems to help care for patients in need of additional support or specialist intervention. They also had a system of regular audits which in turn generated reports, and these were then shared with the staff team.

There were no waiting lists for treatment for cancer patients. As a private facility LRC patients were able to, within reason, based on their treatment needs, schedule appointments with their named consultant at a time convenient to them.

It was standard practice for patients to receive a copy of a letter sent to their own doctor following a consultation. Patients were able to request any documentation relating to them or their treatment.

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.

Consultants and LRC staff were able to liaise with other HCA and NHS locations to provide continuity of care.

Patients are made aware of counselling and other support at the first consultation with radiotherapy staff. Patients then met or talked with a radiographer at least once a week to review the care and treatment being provided and to discuss any other needs. A treatment assessment checklist was used to guide staff which was signed on completion by the patient and the staff member who had carried out the assessment. Every patient was made aware of the availability of counselling as part of the assessment and they were told about relevant therapists where appropriate.

The LRC had a clinical assessment and support policy which set out the additional support that could be provided to patients. It included access to physiotherapy, dieticians, speech and language therapists, occupational therapy, counselling and complementary therapy support.

The centre was able to provide bespoke support for specific cancers. For example, patients with prostate cancer attend a pre-treatment meeting to discuss sensitive aspects of their condition and also receive an illustrated booklet which provided specific information about their treatment. For head and neck cancer there was a bespoke pathway which set out pre-treatment and treatment details for the first week of radiotherapy and beyond.

We were provided with a copy of a 'patient in crisis' flowchart to help staff identify patients who need extra or immediate support.

Good

Medical care (Including older people's care)

Patients from many different countries and cultures came to the LRC for treatment. The LRC had information leaflets available in languages spoken by the patients; alongside readily available interpreting services. Disabled patients could access the basement treatment facility via the main hospital lift system.

We were told staff always take patients' needs and wishes into account when possible and there was space for such requests to be added on the patient's electronic record. This meant the information only had to be given once and was available to all authorised staff.

The LRC had made a printed card available to patients which listed several organisations with contact numbers which could offer confidential help and support away from the clinical environment.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

We were provided with the latest figures for quarters two and three of 2021 which showed the average (mean) time to treatment for simple radiotherapy was five and four days respectively and for planned radiotherapy four and 13 days. That was against a target of less than or equal to 31 days.

Staff supported patients when they were referred or transferred between services.

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.

The radiotherapy patient guide given to each patient explains briefly the complaints procedure. It gave the registered managers email address for patients to contact directly with any concerns or complaints. It also gave details of a leaflet entitled "A guide to making comments and complaints" which was available to patients and their families. In addition, there was clearly displayed information about how to raise a concern in patient areas.

Staff confirmed when complaints were received the outcomes and any learning from the investigation was cascaded to them by management. However, they confirmed the LRC had not received any complaints in the 12 months prior to our inspection.

We were supplied with a copy of the complaints policy, which set out clearly how to complain, what happens, who would investigate and how patients and staff were notified of the outcomes. The policy also stated the LRC participated with the independent sector complaints adjudication service (ISCAS).

Good

Medical care (Including older people's care)

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 senior management structure within the LRC and the hospital at large. Lines of accountability and responsibility at the hospital were clear and staff understood their roles and how to escalate problems.

We found managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. Staff we spoke with said the registered manager was accessible, visible and approachable.

We were told the LRC was working towards further integration with other HCA locations.

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 corporate plans. Leaders and staff understood and knew how to apply them and monitor progress.

The LRC was part of the HCA Healthcare Group which had been providing private healthcare in the UK since 1995.

The HCA mission statement was “At HCA Healthcare UK, we are committed to the care and improvement of human life. We put our patients first and affirm the unique worth of each individual. Exceptional healthcare is built on a foundation of inclusion, compassion and respect for our patients and for each other.”

The corporate strategy was “growing as one HCA”, and the LRC registered manager told us one of their main goals was to ensure the radiotherapy service works as one seamless system, providing support for each facility.”

As part of our inspection process we were provided with the Strategy and Service Development Plan 2021. The service aimed to provide high quality, advanced radiotherapy with ready access to appropriate clinical care for patients. The service had a clear commitment to meeting the needs of their patients and ensuring the service’s continuity and sustainability. Staff shared a goal of providing excellent care and support to patients.

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.

Good

Medical care (Including older people's care)

Managers promoted a positive culture that supported and valued staff, which in turn, created a sense of common purpose based on shared values. Staff felt respected, supported and valued and that they could approach any member of staff and challenge practice or behaviour if necessary. Staff were focused on the needs of patients receiving care.

The culture encouraged openness, honesty and improvement. Staff told us they were able to raise issues or concerns they had with their managers. Staff told us there was a 'no blame' culture when incidents happened, and the team supported each other at team meetings and during supervision.

Staff we spoke with said they felt empowered to raise concerns and address any issues the service faced, openly and honestly. Staff told us they had a strong commitment to their jobs and were proud of the team working and the positive impact it had on their patients care and experience.

All employees were included in the annual performance review cycle, in which competencies (among other things) were reviewed and any need for improvement identified. This was supported by regular one to one meetings through the year.

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 regular staff meetings and medical advisory committee (MAC) meetings. Clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed at relevant meetings, including the MAC. The quarterly Quality Clinical Operational Review meetings (QCOR) and the MAC oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

Staff conducted a range of audits to assess clinical effectiveness. Audit results, along with patient outcome data were discussed and reviewed at relevant meetings, with increased scrutiny of those areas being a focus. Audits were also reported to the QCOR and MAC meetings, where action plans to address the findings of the audits were recorded and lessons learnt identified.

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 were assurance systems at the hospital. Staff escalated performance issues through clear structures and processes. Managers met weekly to discuss any serious incidents, complaints, governance and safeguarding issues.

We were told risks and incidents were discussed at the quarterly MAC meetings. We saw evidence of such an incident relating to an accidental radiation exposure from the provided MAC quarterly governance report. It reported the details of the incident, the root causes of the incident, learning outcomes and how they were used to improve practice.

We were provided with a copy of the LRC risk management strategy and policy. We also saw the risk register which contained an ongoing risk regarding the use of oxygen cylinders rather than piped oxygen, together with an action plan. This had been updated and reviewed.

We noted staff locked their computers whenever they were away from them, this was good data protection procedure and protected the privacy of the patient from curious eyes.

We were also provided with a copy of the latest departmental risk assessment tool which lists standard ongoing risks such as staff personal safety, manual handling, clinical waste etc. The tool listed legal and company standards, existing controls, actions and whether the risk was ongoing or complete.

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.

Access to individual patient records was restricted to authorised staff who had varied access rights and editing privileges granted in accordance with their job role. Patient's records were stored in line with personal data security standards and entries made in patient's records could be easily ascertained and attributed to the person creating them.

The service used information available through performance reports and local audits to inform and improve service planning.

Staff shared information through a variety of ways including at staff huddle meetings, multidisciplinary meetings and governance meetings.

The intranet was available to all staff and contained links to guidelines, policies and procedures. All staff we spoke with knew how to access the intranet and the information contained therein.

Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

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 told us they felt engaged in the day to day operation of the department and could influence changes. They had regular staff meetings, which they used to share information relating to complaints or incidents for learning, sharing examples of good practice and to provide support to one another. Staff said they felt listened to when they had suggestions related to service delivery.

The LRC engaged patients by encouraging them to take part in patient surveys. Results of the surveys were discussed at staff meetings and informed planned improvements.

LRC patients who had been diagnosed and treated for Myeloma were able to access the Myeloma support group which ran across the whole of HCA Healthcare UK. During the COVID-19 pandemic HCA moved the group to a virtual setting to ensure patients were still able to access support.

Good

Medical care (Including older people's care)

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.

Managers promoted continuous improvement by conducting and reviewing audits, monitoring staff training and continued learning, holding management and staff meetings and cascading results of staff surveys, risks and complaints.

Staff informed us they were encouraged to learn, develop and improve their skills.

In September 2020, the LRC was externally accredited for their quality management system which complied with ISO 9001:2015 and was valid until January 2024.

'Vital Voices' was the LRC staff survey and we saw the latest details of the surveys for the radiotherapy and medical physics staff. Both showed improvement over the previous surveys.

We were told the physics team had a research and development group within HCA to look for new techniques or adjustments to techniques. During the inspection the LRC physics lead told us of two innovations recently introduced by the physics team. They told us they were first in the world for one of the techniques. Patients who might benefit from these innovations were made aware of them and consented in the normal way. A new patient leaflet was created to explain the new processes.