

The London Gamma Knife Centre LLP

# The London Gamma Knife Centre

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Overall summary

This was the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. 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. Key services were available seven days a week.
- 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 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 did not have to wait too long 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 and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always accurately record the amount of local anaesthesia administered during the frame fit procedure.

# 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 	

# Summary of findings

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# Summary of this inspection

## Background to The London Gamma Knife Centre

The London Gamma Knife Centre is a radiosurgery service which provides treatment to adults aged 18 and over. The service provides specialised treatment to patients living with malignant and benign tumours of the brain using high intensity radiation which is targeted to the treatment area using advanced diagnostic scanning facilities and computer assisted treatment planning. Some vascular malformities in the brain could also be treated using the radiosurgery machine. The service is primarily an outpatient service, but the service can see inpatients if needed. The service saw primarily private patients and did not have any service level agreement to treat NHS patients at the time of the inspection. The service has had a registered manager in place since it first registered in 2018. The service is registered for the following regulated activities:

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

This was the first inspection of the service since it registered and as such the service did not have a history of enforcement associated with it.

The main service provided by this hospital was cancer care and as such we reported this inspection under medical core service using our cancer core service framework.

## How we carried out this inspection

We carried out an unannounced inspection on 24 January 2022 and conducted phone interviews of patients and some staff members on 25 January 2022. During the inspection we visited all areas of the service including; waiting area, treatment room, control room and side rooms. We talked with eight members of staff including; medical staff, radiographer staff, medical physics staff, nursing staff and managerial staff. We talked to three patients. We reviewed five patient records.

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

## Outstanding practice

We found the following outstanding practice:

- The service was taking part in a research project to retrospectively look at patient treatment data, survivability and scan images. The data was to be periodically analysed and patient outcomes assessed with the aim of influencing treatment protocols. The research was conducted primarily by the clinical fellows with consultant support and they were reported on a regular basis to the governance team. The project was in its early stages but the data showed that outcomes for patients were positive, consistent and met expectations in relation to other similar studies. We saw evidence to show that other research projects completed at the service were published in scientific peer reviewed journals.
- Staff used the national domestic violence helpline to help secure specialist help for patients in their area of residence. The service had taken an innovative approach in helping staff to identify and respond to domestic

# Summary of this inspection

violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support. Staff used discreet stickers with the helpline's contact number that could be attached to innocuous objects. This enabled staff to provide patients with a safety net and was available to people regardless of gender or first language spoken.

- The service developed a new treatment protocol for the treatment of patients with more than 10 brain metastasis lesions. This was done to help relatively younger patients from undergoing whole brain radiotherapy which is seen as a palliative treatment and may have detrimental effect on normal brain tissue. The new treatment protocol has allowed younger patients to have targeted radiosurgery treatment which produces better outcomes.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a provider **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 service should ensure that all staff accurately record the amount of local anaesthesia administered during the frame fit procedure and the changes introduced following the inspection are well embedded.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

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

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

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

Good 

This was the first time we rated safety at this service. We rated it as 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. 100% of Gamma Knife trained staff had completed their mandatory training including sepsis training. Medical staff received and kept up-to-date with their mandatory training. Medical staff that worked at NHS hospitals completed their training at their NHS site and were required to show annual proof of completing their training before being allowed to continue their practice. Medical staff that were employed directly by the provider were provided training and monitored the same as other staff. The mandatory training was comprehensive and met the needs of patients and staff. All clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training.

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff had completed safeguarding adults training level three and safeguarding children training up to level two. The provider had a detailed safeguarding policy which outlined the roles and responsibilities of all staff. The provider utilised a safeguarding assurance framework to check the progress of embedding safeguarding practices within day to day working. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff used the national domestic violence helpline to help secure specialist help for patients in their area of residence. The service had taken an innovative approach in helping staff to identify and respond to domestic violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support. Staff used discreet stickers with the helpline's contact number that could be attached to innocuous objects. This enabled staff to provide patients with a safety net and was available to people regardless of gender or first language spoken.



# Medical care (Including older people's care)

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were no recent safeguarding referrals at the time of the inspection. We saw that escalation flowcharts were displayed in clinical areas which depicted the process staff should follow if they had a safeguarding concern. Staff we spoke with could tell us who the safeguarding lead for their location was and showed us how they would find out through the intranet if they were unsure who to contact.

## 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.**

All clinical and non-clinical areas within The London Gamma Knife Centre were clean and had suitable furnishings which were clean and well-maintained.. The service undertook a monthly cleanliness and infection control audit which was measured against NHS standards. The results for the period of October 2021 to December 2021 showed that compliance was between 99% and 100%. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Patient specific immobilisation equipment such as head masks were cleaned after each treatment and stored in specific storage bags and boxes kept in a locked storage cupboard. Re-useable medical devices and immobilisation devices such as radiosurgery head frames were cleaned and decontaminated in line with Department of Health Technical Memorandum.

## 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.**

Staff carried out daily safety checks of specialist equipment. We saw the environmental monitoring report related to the radiation safety of the service; an exercise was conducted in 2021 where radiation dose monitors were placed in strategic locations in and around the stereotactic radiosurgery treatment area to check if dose levels were within safe limits over a period of three months, the report found the service to be safe. The treatment machine was safety checked every day it was used for treatment, and more in-depth safety, maintenance and calibration checks were conducted on a monthly and annual basis. There was a service level agreement in place with the machine manufacturer for maintenance and repair. The service did not have a replacement plan in place for the treatment machine, however managerial staff told us this was because at the time of the inspection the provider was assessing its wider radiotherapy pathways and was aiming to produce a replacement programme for its radiotherapy machines including all stereotactic radiosurgery machines and those in other locations as part of a corporate cancer service strategy.

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients' families. We saw evidence to show that there were regular environmental audits which checked the upkeep and maintenance of the equipment and premises. The results for December 2021 showed 92%, the audit noted that some waiting room chairs showed signs of wear and tear and showed that a request had been made to purchase new ones to resolve the matter. The service had enough suitable equipment to help them to safely care for patients. The service had access to resuscitation equipment which was regularly safety checked in line with professional guidance. Staff disposed of clinical waste safely in line with national guidance.

## 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.**

# Medical care (Including older people's care)

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. If a patient was found to be too unwell for treatment, then the radiosurgery resident medical officer or clinical fellow would review the patient and arrange for admission to an inpatient ward in the providers adjacent hospital. Patients who were acutely unwell would be stabilised by staff until the crash team arrived.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service had access to specialist mental health support. Staff shared key information to keep patients safe when handing over their care to others. Gamma Knife patients were reviewed on the day of their treatment by the treating oncologist or neurosurgeon consultant and were followed up a week later by the radiosurgery nurse.

The service implemented a pathway to ensure patients with brain metastasis were treated in line with NHS commissioning standards for radiosurgery. The pathway outlines what actions to take if patients being treated for brain metastases present with unexpected further tumours on the day of treatment. The service used a checklist to ensure that the patient still met treatment criteria based on what was agreed at the multi-disciplinary team meeting. If unexpected findings on the MRI scan prior to treatment changed this then the treating consultant had to discuss the case with another consultant and the deviation from protocol had to be approved by a senior manager.

## 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 clinical staff to keep patients safe. The service had its own dedicated radiosurgery staff including; a manager, three physicists, four radiographer staff and two dedicated nursing staff. The dedicated radiosurgery staff were employed by the provider to oversee both The London Gamma Knife Centre and another radiosurgery treatment centre which was registered separately by the provider. Staff at the service were supported by therapy radiographers who rotated in from the provider's radiotherapy department registered and located in the provider's other hospital. The service had low vacancy rates. The service had some turnover in its dedicated radiographer workforce with two out of four radiographer staff leaving the organisation due to moving countries, these posts were filled at the time of the inspection. The service had low sickness rates. The service had no use of agency nurses but used one bank nurse as a contingency support due to the Covid-19 pandemic. Managers made sure all bank and agency staff had a full induction and understood the service.

The service had enough medical staff to keep patients safe. The service employed two dedicated radiosurgery clinical fellows and had ten consultants through practising privileges with five being clinical oncologists and the other five being neurosurgeons. Managers could access locums when they needed additional medical staff. Managers made sure locums had a full induction to the service before they started work. The service always had a consultant or fellow on site and available each working day.

## 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. However, staff did not always accurately record the amount of local anaesthesia administered during a certain procedure.**

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely. The service used a variety of electronic record systems each for different purposes, the radiosurgery and radiotherapy treatment notes

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

were stored on the radiotherapy record system, the nursing notes were stored on the oncology record system, diagnostic imaging was stored on the radiology record system and blood tests, pathology and other hospital tests were stored on a separate record system. Some patient assessment forms, consent forms and treatment forms were paper based. The paper forms were scanned into the relevant record system on the day of use and the paper form was destroyed. There was limited integration between the different record systems which meant staff had to open various systems to get a full picture of the patient journey. The service was aiming to introduce various updates on the radiotherapy record system, which was used by the treatment team the most, to make it easier to access records stored on the other systems. Treatment staff we spoke with told us they had not encountered any issues with accessing information on the different systems.

We looked at five patient records across the different systems and found that they were in line with professional guidance, except only one of them contained information about how much local anaesthesia was administered during the Gamma Knife head-frame fitting procedure. We spoke to the lead radiosurgery nurse and were told that the service understood the risk associated with this and were working on introducing a new step in the electronic record system which would ensure local anaesthetic dose was accurately recorded. Following the inspection, evidence submitted to us showed that a new step in the electronic system has been introduced. The service had a policy in place which clearly outlines what local anaesthesia to deliver, how to administer it and what dose should be administered, we found that staff were following the policy but were not recording this accurately in the patient records.

### Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date, however we saw that some staff did not always record the amount of local anaesthetic which was used during the frame fit procedure as described in the records section of the report. Following the inspection, the evidence submitted showed that immediate actions were taken to resolve this. Staff stored and managed all medicines and prescribing documents safely. Staff learned from safety alerts and incidents to improve practice. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

### Incidents

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

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. The service had no never events and no serious incidents. The service had no IR(ME)R reportable incidents. The service had four incidents in the period of January 2021 to January 2022, out of which none caused patient harm. Managers shared learning with their staff about never events that happened elsewhere. Low risk errors were analysed and reported on annually to both Gamma Knife staff and to the provider's clinical governance team. 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. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of incident investigations. Managers investigated incidents thoroughly.

# Medical care (Including older people's care)

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

Good 

This was the first time we rated effectiveness at this service. We rated it as 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. The service had an established process to review national and professional guidance and to update working procedures as necessary. There were treatment protocols based on different tumour types which were assessed on an annual basis. The service recorded all deviations from treatment protocol in their electronic clinical governance record system. Deviations from established medical practices were also recorded on the system but additionally had to be reviewed at the radiosurgery multidisciplinary team meeting. The treatment planning was conducted using specialised radiosurgery software, the plan was used to outline the treatment areas and minimise the radiation dose received by other areas of the body. The plans were first produced and quality checked by medical physics staff, secondly they were checked and signed off by the relevant consultant, and they were checked again before treatment for any errors by therapy radiographer staff. The service used a radiosurgery machine which was equipped with a cone beam computerised tomography attachment allowing for image guided treatment in certain tumour types.

### Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff were able to access or refer patient for specialist support from staff such as dietitians and speech and language therapists if needed.

### Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

### 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 certified under relevant clinical accreditation schemes.**

# Medical care (Including older people's care)

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audits were conducted for a variety of subject areas such as; hand hygiene, environmental, radiosurgery protocols etc. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. Improvement is checked and monitored. The service was certified under ISO 9001.

The service was taking part in a research project to retrospectively look at patient treatment data, survivability and scan images. This data was to be analysed and patient outcomes assessed with the aim of influencing treatment protocols. The research was conducted primarily by the clinical fellows who were supported by consultant staff, reporting on a regular basis to the governance team. Outcomes for patients were positive, consistent and met expectations in relation to other similar studies. We saw evidence to show that other research projects completed at the service were published in scientific peer reviewed journals.

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. 100% of staff had their appraisals in 2021. The service had access to clinical educational staff who supported the learning and development needs of staff. 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 had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Managers identified poor staff performance promptly and supported staff to improve.

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. The provider had a detailed policy which set out the aims, objective and scopes for MDT meetings. The meetings were facilitated and supported by MDT co-ordinator staff who had access to detailed work protocols which outlined the MDT meeting processes. All radiosurgery patients were regularly discussed and reviewed at the weekly stereotactic radiosurgery MDT meeting which involved staff from across the provider's hospital network. We saw the stereotactic radiosurgery MDT meeting terms of reference and the minutes for meetings held in the month of January 2022 and they showed all relevant clinical staff were present during the meeting to discuss their patients. Patients had their care pathway reviewed by relevant consultants. Patients seen at the service were usually treated with radical intent and as such palliative patients were not usually discussed at MDT meetings in line with the provider's own policy, however palliative patients were able to be referred to the provider wide palliative care MDT meeting held on a weekly basis. We saw evidence to show that the provider was working on an improvement project to drive the quality and consistency of MDT meetings, at the time of the inspection the provider was implementing an audit system to check if MDT meetings were meeting their scope and operational goals.

## Seven-day services

**Key services were available as and when needed to support timely patient care.**

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

The service was usually operational and had a member of staff present Monday to Friday between 8.30am and 5pm, however treatment was only conducted as and when needed. Staff we spoke with told us the service usually treated patients between two to three times a week. Staff told us that patients were given an out of hours contact number in case of emergency.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

### Health promotion

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

The service had relevant information promoting healthy lifestyles and support on the unit.

Staff assessed each patient's health when they were pre-assessed and provided support for any individual needs to live a healthier lifestyle.

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

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service conducted a twice yearly consent audit to measure compliance against guidance, the results showed 97% compliance in March 2021 and 95% in September 2021. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

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

This was the first time we rated caring at this service We rated it as good.

### Compassionate care

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

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. We spoke with three patients and all had positive comments to make regarding the service and staff. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

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

The data from the 2021 patient feedback survey showed that 100% of Gamma knife patients would recommend the service to friends or family, the survey had a 60% response rate. We saw evidence to show that feedback from patients had led to action taken to rectify any issues and improve the service. The results from the 2021 feedback survey suggested a theme where patients had informed the Gamma Knife team that they were dissatisfied with the greeting they received on arrival by reception staff. The Gamma Knife team escalated this matter to the relevant department (managed by a separately registered entity) for improvement.

We saw that patients were provided with all the relevant information pertaining to treatment costs and terms of service. Staff told us that most patients were privately insured and had only to sign some forms to begin treatment, but on the occasion where patients were self-funded the provider ensured that conversations regarding payment and finance were held privately. The provider had an international liaison team which assisted patients that were funded by their home countries, this team liaised with the patients embassy to ensure a smooth patient journey.

### 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. Staff supported patients who became distressed and helped them maintain their privacy and dignity. Staff 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 had access to a range of support services available at the providers multiple locations. Staff were able to refer patients to counselling services and a neuropsychologist who specialised in brain tumour patients. The provider also offered an Arabic speaking psychotherapist as the service saw a significant number of patients from middle eastern countries who spoke Arabic.

Patients could use four complementary therapy sessions which included reiki, reflexology, aromatherapy and massage. The provider offered all cancer patients virtual well-being sessions which included providing patients with information, signposting and virtual exercise classes which was included in the treatment cost.

### 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. We were provided with examples of how staff kept patients' families and friends involved and updated on the day of their treatment. We were given evidence of when a patient was deemed no longer suitable for Gamma Knife treatment and had to switch to a palliative radiotherapy treatment, the patient's family were kept updated via telephone and staff set aside additional time to provide emotional support for the patient and their family. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions about their care. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service.

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



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

Good 

This was the first time we rated responsiveness at this service. We rated it as 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 the patients who used it.**

Managers planned and organised services so they met the changing needs of the patient demographic who used the service. Patients that attended the service from abroad were provided with support by the provider's international patient liaison service who could arrange transport, accommodation and other bespoke support services.

Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments. Data we saw showed there were no missed appointments for the service in 2021.

### 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 implemented a weekly huddle to talk through any radiosurgery patients that were presented for treatment at the multi-disciplinary team meeting, this huddle was used to create an individualised care plan for each patient including identifying any supportive or additional care needs. In addition to this, the nursing staff did a pre-assessment of the patients which identified additional support the patient may require; a holistic care assessment was also completed and referrals to appropriate support services were made with the patient's consent.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service had information leaflets available in languages spoken by the patients and local community. Leaflets and a COVID-19 specific consent form were available in Arabic. 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. Staff could refer patients to a multi-faith spiritual care and chaplaincy services. We saw that there was no dedicated multi-faith prayer space available in the building the service was located in, however patients had access to a prayer room in the provider's other hospital building a short walk away. Staff told us that if patients wanted a space to pray or reflect this would be accommodated and the service had access to prayer mats if needed.

### Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from decision to treatment were better than national standards.**



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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. A total of 67 patients were treated by the service in 2021 with 33 being brain metastasis patients and 34 being benign or vascular conditions. 100% of brain metastasis patients were seen within 31 days of having the decision to treat being made at the multi-disciplinary team meeting, this was better than the national NHS guidance of 94%. The average number of days from decision to treatment was 7 days with the maximum being 17 days. Currently there is no national guidance for the decision to treat time for benign or vascular conditions. Out of the 34 benign or vascular patients, 13 exceeded 31 days, however this was due to patient choice. Managers and staff worked to make sure patients did not stay longer than they needed to. Patients were scanned, planned and treated on the same day. Managers worked to keep the number of cancelled treatments to a minimum. Staff told us that it was rare for patients to have their treatment cancelled, if it did occur then staff made sure they were rearranged as soon as possible.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Patients had access to a complaints leaflet which outlined the various methods and stages of a complaint including information on an external third-party adjudication service. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Data we reviewed showed that there were no informal or formal complaints received by the service in 2021. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. 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?

This was the first time we rated well-led at this service. We rated it as 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.**

The service was led by the radiosurgery manager and radiosurgery physics lead. They were in turn line managed by the overarching radiotherapy service line manager and physics manager who oversaw all radiotherapy services at provider level. They also provided the link between the service and the site specific hospital executive team. Managerial staff we spoke with showed a sound understanding of the strengths of their service and the challenges it faced. Staff we spoke with told us managers were open and approachable.

The London Gamma Knife centre was supported by the provider wide radiation oncology executive board. This board reported to the provider wide cancer committee which in turn reported to the provider wide board. The service's medical director was a member of the radiation oncology executive board.

# Medical care (Including older people's care)

## Vision and Strategy

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

The service had a clear vision outlined in a detailed service specific vision and objective document. The service had a set of locally developed objectives that were aligned to the providers wider values and mission statement. The service aimed to develop its referral system, implement an electronic patient feedback system, focus on staff development and continue collecting outcome data. The service was part of the wider radiotherapy strategy which aimed to bring all radiation oncology services under a single management and governance system. Progress was monitored through the monthly service operational meetings which were attended by senior managers.

## 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 we met were welcoming, friendly and helpful. Staff expressed high job satisfaction and it was clear from talking to staff that there was a good working relationship between staff. Staff felt supported in their work and said there were opportunities to develop their skills and competencies, which senior staff encouraged. Training and development of staff was a key feature of the service's strategy over the next year. We observed good team working amongst staff of all levels. Staff told us they were happy working at the service and felt they contributed to creating a positive work environment. Staff felt confident raising concerns to managers and appropriate action would be taken.

The provider made use of Schwartz rounds which were staff forums used to support the emotional well-being of staff that were caring for cancer patients. Staff at the service had access to Schwartz rounds held in other provider locations. Staff also had access to well-being support such as talking therapies, mindfulness smart phone apps and webinars which had initially been implemented due to the Covid-19 pandemic.

Patients were provided with adequate written information about payment including the terms and conditions of the service.

## 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.**

The service had a clear and robust clinical governance system. The London Gamma Knife centre had its own internal governance system and conducted local governance meetings which were reported to the provider wide radiotherapy service line governance meetings. The provider radiotherapy specific governance meeting reported to the patient safety quality board, the health and safety committee and the risk committee. These committees then reported into the hospital board.

# Medical care (Including older people's care)

The London Gamma Knife centre also reported into the hospital radiation protection committee which in turn reported into the provider's corporate radiation protection committee. The service had a provider appointed medical physics expert who advised the service and other provider radiotherapy services regarding IR(ME)R compliance. The medical physics expert conducted an annual audit to check the service's compliance against IR(ME)R.

The provider's Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practising privileges.

## 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 service level risk register which included all risks associated specifically to The London Gamma Knife Centre. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual. Risks were regularly reviewed. The service had plans to cope with unexpected events, including adverse reactions during procedures. There was a risk management policy and the service undertook risk assessments, for example control of substances hazardous to health (COSHH) risk assessments and radiation safety risk assessments. The radiosurgery manager and governance lead radiographer carried out regular walkarounds to ensure there were no new environmental risks. An annual audit program ensured performance was monitored and managed consistently. Clinical staff participated in local audits, with the resulting information shared amongst staff to promote improvement.

## 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.**

The service had an ISO 9001 certified quality management system which was audited on a regular basis by the clinical governance lead radiographer. Quality audits were done to check how compliant working practices were when compared to written policy and protocol. The service was last audited by an external auditor to check the robustness of their quality management system in November 2021, the audit report found one minor error in working practice which was attributed to human error. The report found the service had strengths in its multi-disciplinary team working, evidence based service and its wider links with the providers governance system.

All quality audits, clinical governance related items, staff training records, policies and protocols were utilised from a specific electronic governance system. Radiosurgery treatment verification and radiosurgery related records were stored on a separate treatment record system. Nursing notes and other oncology related records were stored on a separate oncology management system. We saw that the service was aiming to upgrade its current treatment record system so that it would better integrate with other electronic record systems used by the provider.

The service identified a risk associated with the potential loss of historic treatment data which would mean potential future re-treatments of patients could be mismanaged. The service mitigated this risk by backing up treatment data to one of two external hard drives which were encrypted and kept in two physically different locations to avoid the risk of destruction or theft. The service stored data in line with the national standards of data retention for oncology patients.

# Medical care (Including older people's care)

## 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.**

The service engaged with patients through surveys and feedback questionnaires and changes were made when necessary. There was also the involvement of patients following complaints or incidents and an active patient experience committee.

Similarly, the organisation carried out staff surveys twice a year. We saw actions taken in response to the staff feedback. For example, to provide more educational opportunities to staff and support study time and replacement of IT equipment. The service ensured regular communication through various channels with staff and had an awards system to recognise colleagues who went above and beyond. The provider ran Schwartz rounds every two months that all clinical and non-clinical staff were welcome to attend to share stories about the emotional impact of their work.

## 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.**

Improvement and innovation were driven at a provider level. Staff we spoke with were passionate about driving improvement and felt positive about working in an environment which promoted innovation. Staff said they were encouraged to present ways to work which improved the patient experience.

The service had a continuous improvement plan which was created to align with the provider's overarching corporate strategy. The continuous improvement plan outlined the various improvement and growth objectives the service wanted to achieve and how they linked with the provider's cancer strategy. Progress was monitored through the monthly operational meetings.

The service promoted research and development as evidenced by the article published in the peer reviewed journal in October 2021. The service also supported the clinical fellow research project on a retrospective study of the service's patients, with the aim of improving knowledge of patient outcomes to inform treatment techniques.

The service also developed a new treatment protocol for the treatment of patients with more than 10 brain metastatic lesions. This was done to help relatively younger patients from undergoing whole brain radiotherapy which is seen as a palliative treatment and may have detrimental effect on normal brain tissue. The new treatment protocol has allowed younger patients to have targeted radiosurgery treatment which produces better outcomes.