

# The Care Oncology Clinic

## 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?

Good 

Are services well-led?

Good 

# Overall summary

This service is rated as Good overall. We have not previously inspected this location.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Care Oncology Clinic as part of our inspection programme. Care Oncology Clinic offers cancer treatments that may complement or enhance patients' existing cancer treatment care. The service prescribes an 'adjunctive treatment protocol' of up to four medicines prescribed 'off label' (meaning they are not being used for their originally intended usage) as an adjunctive to patients' existing cancer treatments.

We received comment cards feedback from ten patients during our inspection – all of which were positive about the quality of care received and the manner in which the 'adjunctive treatment protocol' was explained.

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

- Quality improvement activity (such as clinical audit) supported the delivery of safe and patient centred care.

- Staff involved and treated people with compassion, kindness, dignity and respect.

- Patients could access care and treatment from the service within an appropriate timescale for their needs.

- Joint working arrangements promoted interactive and co-ordinated person-centred care.

The areas where the provider should make improvements are:

- Take action to ensure governance arrangements work effectively regarding complaints management, staff recruitment and the appropriateness of the service's Infection Prevention and Control Policy.
- Take action to review consent protocols including ensuring patients receive appropriate written information about medicines' 'off label' use, so as to support making informed decisions about undergoing treatment.

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Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a doctor specialist adviser and a nurse specialist adviser.

## Background to The Care Oncology Clinic

Care Oncology Clinic is a consultant led service providing cancer treatments that may complement or enhance existing cancer treatment. After an initial consultation has taken place and written patient consent submitted, the service prescribes an 'adjunctive treatment protocol' of a combination of up to four medicines. These medications include, for example, an antibiotic medicine and a medicine used in the treatment of diabetes - all of which are being used 'off licence' (meaning they are being used for treatments outside of their respective terms of license).

The clinical team consists of four consultant oncologists supported by three nurses, a general manager and team of administrative staff. Care Oncology Clinic consults from 40 Harley Street and sees patients on an outpatient appointment basis Monday to Friday, 9:00am to 6:00pm. The service is only available to adults.

There are three consultation rooms located in a basement location. The patient waiting area is located on the ground floor. The premises are serviced by a lift.

The general manager is the service's Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

## Are services safe?

We rated safe as Good:

- Systems were in place to recognise and respond appropriately to signs of deteriorating health and medical emergencies.
- We identified a safety concern that was rectified soon after our inspection, in that an absence of emergency medications and defibrillator had been based upon a risk assessment carried out in 2016. We highlighted our concern and shortly after our inspection, emergency medicines and a defibrillator were purchased. The likelihood of this omission happening again in the future is therefore low and our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

### Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate (although some personnel documents could not be readily located and were forwarded after the inspection). Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Nurses were trained to level two child safeguarding and we were advised the

service was implementing a child safeguarding level three training programme. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- An infection prevention and control policy was in place but we noted it was not site specific (for example referencing protocols for vaccines fridges and sample handling). A recent water sample analysis had confirmed the absence of the legionella bacterium in the water supply and periodic water temperature monitoring also took place. There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When we inspected we noted an absence of emergency medications and defibrillator. Records showed this decision had been based upon a risk assessment carried out in 2016 and which cited CQC guidance on emergency medications (since updated). Shortly after our inspection, emergency medicines and a defibrillator were purchased in line with latest national guidance. A system of regular checks was also implemented.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

## Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines minimised risks. The service kept prescription stationery securely and monitored its use.
- Processes were in place for checking medicines and staff kept accurate records of medicines. For example, patients were invited to quarterly reviews which included a prescribing review to confirm that the patient was taking their medicines as directed and to check that the medicines were still needed, effective and tolerated.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.
- All four of the medicines prescribed as part of the 'treatment protocol' were being used for indications that were not part of their license. These medicines were classed as 'off label'. Medicines prescribed in this way may not have the same level of evidence supporting their use as medicines prescribed in accordance with their license. Leaders told us that the four medicines had been selected based upon comprehensive research literature review and

well established safety profiles. The initial one hour patient consultation was described as a one hour long informed consent process where doctors fully explained the service's metabolic treatments, dosing, possible side effects and patient follow up.

### Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as Good:

•The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

•We saw evidence that quality improvement activity (such as clinical audit) supported the delivery of safe and patient centred care.

### Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The service was actively involved in quality improvement activity.

Clinical audit had been undertaken and which appeared to show the treatment had a positive impact on outcomes for patients. Between 2013 and 2016, the service conducted a retrospective study on the survival rates of 95 patients with Glioblastoma who had undergone adjunctive treatment. This identified a median survival rate of 26.3 months compared with 14.8 months for similar cohort studies.

Clinicians told us they could not conclude this was solely attributable to the service's treatment protocol and that a further matched case control was planned, so as to fully delineate the overall effect of the treatment protocol over and above patients' existing cancer treatment. We noted that in 2019, the preliminary study findings had been published in a specialist journal.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

•Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.

•The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

•Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, real time clinic letters produced to enable seamless transfer of information to patients and their primary care providers.

•Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

•All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP/consultant on each occasion they used the service.

•The provider had extensively risk assessed the treatments they offered and the four medicines they prescribed. Where patients agreed to share their information, we saw evidence of letters sent to their medical consultant in line with GMC guidance.

•Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

### Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, clinicians gave people advice so they could self-care.

## Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

### **Consent to care and treatment**

The service obtained consent to care and treatment in line with legislation and guidance.

- Leaders recognised the four medicines prescribed as part of the 'treatment protocol' were prescribed outside of their license. They told us that the initial one hour patient

consultation was in effect an hour long informed consent process where doctors fully explained the service's metabolic treatments, dosing, possible side effects and patient follow up.

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

- The service monitored the process for seeking consent appropriately.

## Are services caring?

### **We rated caring as Good:**

- Staff involved and treated people with compassion, kindness, dignity and respect.
- People's privacy and confidentiality was respected at all times.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand. For example, we noted that all of the comment cards we received contained positive feedback about how staff explained the service's treatment protocol.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.



## Are services responsive to people's needs?

We rated responsive as Good:

- Patient's needs were met through the way services were organised and delivered.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service offered a telehealth option for patients who were fatigued, physically impaired or undergoing an existing treatment.
- An at cost pharmacy service was provided with next day delivery to patients' home address.
- An out of hours doctor was always available and we were told that appointments were often available at short notice.

### Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Patients were not charged for any contact in between formal appointments.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. We noted that complaints were typically resolved on the same day and that the service acted as a result to improve the quality of care. However, learning from complaints was not always documented.

# Are services well-led?

## We rated well-led as Good:

•There was a strong focus on continuous learning and improvement at all levels of the organisation.

•Leaders had the capacity and skills to deliver high-quality, sustainable care.

•Joint working arrangements promoted interactive and co-ordinated person-centred care.

### Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

•Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

•Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

•The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

•There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

•The service developed its vision, values and strategy jointly with staff and external partners (where relevant).

•Staff were aware of and understood the vision, values and strategy and their role in achieving them

•The service monitored progress against delivery of the strategy.

### Culture

The service had a culture of high-quality sustainable care.

•Staff felt respected, supported and valued. They were proud to work for the service.

•The service focused on the needs of patients.

•Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

•Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

•There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

•There was a strong emphasis on the safety and well-being of all staff.

•The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

•There were positive relationships between staff and teams.

### Governance arrangements

We looked at roles and systems of accountability to support good governance and management.

•The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

•Staff were clear on their roles and accountabilities.

•We saw example of how leaders had established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. For example, regular Medical Advisory Committees took place where governance matters were discussed.

•However, sometimes governance arrangements did not always work effectively. For example, some personnel documents were not readily available on the day of inspection and it was also unclear how learning from complaints was shared amongst staff. In addition, the service's Infection Prevention and Control Policy was not site specific.

# Are services well-led?

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. For example, supervision meetings and team meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. For example, payment and prescribing systems had been streamlined to improve medications delivery time frames.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, in June 2019, the service published its first journal paper and a data analysis intern has recently been engaged to prepare data for cohort analyses in ovarian, lung and breast cancer.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.