

The Clatterbridge Clinic LLP

The Clatterbridge Clinic

Inspection report

Clatterbridge Road
Wirral
CH63 4JY
Tel: 01515565391
www.clatterbridgeprivate.co.uk

Date of inspection visit: 12 December 2023
Date of publication: 14/03/2024

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location stayed the same. 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 and 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 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 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 all staff were committed to improving services continually.

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

Contents

Summary of this inspection

Background to The Clatterbridge Clinic

Page

5

Information about The Clatterbridge Clinic

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to The Clatterbridge Clinic

The Clatterbridge Clinic is a clinic for independently funded patients with cancer and is located in the Wirral and is situated in the same building as an NHS specialist cancer trust. There is another clinic run by the same provider located in the same building as the NHS specialist cancer trust in Liverpool and the two clinics work closely together. The service treats adults over 18 years of age. The service takes co-funded patients who are receiving treatment through the NHS but are paying for some elements of the treatment themselves, this is usually for medicines that have not yet been approved for their treatment by the National Institute of Health and Care Excellence (NICE). There are also several international patients who use the service. The service provides on average 110 consultations, 200 cancer treatments, 120 blood therapy treatments and 30 diagnostic imaging tests per month. The clinical staff are employed by the NHS specialist cancer trust.

The service is owned 51% by a private company and 49% by the NHS Trust and profits are distributed in the same ratio with 49% of the profits put back into the NHS.

There is a registered manager who has been in post for 8 months and the regulated activity for the service is treatment of disease, disorder, or injury.

This location was previously inspected in July 2016 and was previously rated as good overall.

How we carried out this inspection

The service was inspected by 3 inspectors and a specialist advisor with experience of working in cancer services. We spoke with the clinic manager, the nurse manager, 2 qualified nurses, a health care assistant, 2 consultant oncologists and the clinic administrative staff. We observed the care and treatment of 4 patients and spoke with 7 patients and their relatives. We reviewed 9 patient records and asked for information from the service to review as part of our inspection.

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

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of cancer services. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing Caring services.

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 

Is the service safe?

Good 

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

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. Staff from the service accessed the NHS specialist cancer trust mandatory training.

Nursing staff received and kept up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training.

The nurse manager encouraged staff to take responsibility for maintaining their training. Training rates were at 100% compliance for the nursing staff at the clinic for both mandatory and role essential training.

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia. Staff completed Oliver McGowan mandatory training on learning disability and autism as part of their safeguarding training. The service promoted autism awareness. Compliance with this training was at 100% compliance.

Staff were trained in advanced life support skills and basic life support skills as appropriate. Training was at 100% compliance.

The nurse manager and the registered manager monitored the training rates for the administration staff who were not employed by the NHS. Training rates were at 98.5% compliance.

Our previous inspection had identified issues with medical staff completing mandatory training. This inspection found that the service had addressed this issue. Training rates were at 94.3% compliance for the medical staff at the clinic for both mandatory and role essential training.

Medical care (Including older people's care)

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.

Data provided by the service showed that, as of December 2023, staff had completed 100% of the required mandatory safeguarding training. All clinical staff had completed level 3 safeguarding adults and children training.

Staff completed supplementary training on female genital mutilation (FGM) and Prevent (Prevent training is a form of safeguarding training that helps identify and support people who may be vulnerable to extremist narratives). Staff also completed training in the recognition and reporting of domestic violence and abuse.

The service had comprehensive safeguarding policies for both vulnerable adults and children and included details of how to make a safeguarding referral and who to inform if they had concerns.

Staff could give examples on how to recognise and report abuse and had a good understanding of when they would need to report a safeguarding concern. The service had not made any safeguarding referrals in the previous 12 months. The service had a good working relationship with the NHS specialist cancer trust safeguarding team.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service did not treat children.

All staff had been subject to a formal recruitment process with references and DBS checks were in place.

The service had a chaperone policy and staff had been trained to act as chaperones.

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.

The service used the NHS specialist cancer trust infection control policy which was in date and had a review date. The policy was applicable to the care provided by this service. Data provided by the service showed that, as of December 2023, all staff had completed 100% of the required mandatory infection prevention and control training, aseptic non touch technique and included a supplementary sepsis training module. Infection control was managed by the ward manager at an operational level and at a strategic level by the NHS specialist cancer trust.

There was a hand hygiene strategy which referenced the World Health Organisation five moments for hand hygiene. The handwashing audit was at 96% for the last 3 months.

The clinic areas were extremely clean, and the clinic had comfortable chairs and sofas in patient areas which were clean and well-maintained.

The service regularly completed IPC audits including environmental, hand hygiene and PPE use. The service had a service level agreement (SLA) with a local NHS hospital to conduct an annual external IPC audit.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was plentiful and that staff used it. When a patient received treatment there were notes in the patient records that appropriate PPE was worn.

Medical care (Including older people's care)

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used “I am clean stickers” on appropriate equipment.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The daily cleaning list was completed when there were patients in the clinic.

There was a rapid response team for cleaning that staff could access as necessary.

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, weekly, and monthly safety checks of all medical equipment. The service had enough suitable equipment to help them to safely care for patients. All medical equipment was registered with the NHS specialist cancer trust maintenance service and were in date for annual servicing.

There were four spacious, well decorated treatment cubicles each with a reclining chair for patients receiving treatment. There were also additional chairs for anybody accompanying the patient. The cubicles had an oxygen supply and suction, they could be curtained off for privacy, all the cubicles had their own call bell. Hand gel was available in each cubicle.

There were 2 consulting rooms, with a treatment couch in each. All had handwashing sinks. Staff identified and reported maintenance issues as necessary. There was a dedicated phlebotomy room which had a handwashing sink. This was also used for the insertion of a peripherally inserted central catheter line (PICC) or a port for longer term delivery of intravenous medications.

There was a resuscitation trolley in the main clinical area which was easily accessible. The top shelf was checked daily when there were patients in the clinic receiving treatment. The drawers were checked weekly. We checked the trolley and its contents, and all were in date and the checks were recorded.

The service had suitable facilities to meet the needs of patients and visitors. There was disabled access to the building, disabled parking, and disabled toilets. Waiting areas were comfortable with adequate segregated seating and complimentary hot and cold drinks were available for patients and relatives.

Sharps bins were not over filled, and staff disposed of clinical waste safely.

The building had an in-date fire risk assessment in place. Fire extinguishers across all floors had been serviced and checked appropriately and were within date. There were signs identifying fire exits throughout the service.

All risk assessments and data sheets for materials subject to the control of substances hazardous to health (COSHH) regulations were in place.

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)

The service used an early warning system (NEWS2) to monitor for deteriorating patients. There was also an electronic sepsis screening tool. There were triggers identified in the NHS specialist cancer trust's deteriorating patient policy so that staff were aware when they needed to refer for additional support.

The early warning scores training was completed every year and staff working in the clinic were up to date with their training.

There was a daily safety huddle which was documented. Items that were discussed included who would take responsibility for safeguarding, who would be the immediate life support lead, the basic life support lead, the anaphylaxis lead, and the fire marshal. PPE was also discussed at the safety huddle.

Patients completed with staff a comprehensive pre- assessment before they started any treatment. This was a clinical needs assessment which included a full medical history, information about any allergies and social and psychological needs. Risk assessments were completed and reviewed during the patient's treatment.

There were systemic anti-cancer treatment assessments, height and weight for each patient, observations as baselines, observations during treatment and triage assessment logs. All observations were recorded.

The observations and risk assessments were taken in a timely way and were thorough. The staff responded immediately if a buzzer or alarm went off during the patient's treatment.

Any patient suspected of having anaphylaxis received immediate treatment on site and was then transferred, following the policy and process for escalation of a deteriorating patient, as part of the neighbouring integrated service with the neighbouring trust. There was a Medical Emergency Team (MET) on site to support the nursing team with any deteriorating or suspected anaphylaxis patient. Staff were aware of which treatments were more likely to cause anaphylaxis. Staff had received training on the symptoms of hypersensitivity to a treatment as compared to anaphylaxis.

If creatinine clearance levels were needed before treatment could commence there was a calculator in the records system and alerts would come up if patients were out of tolerance. Creatinine clearance is an indicator of renal function which is monitored during chemotherapy because some chemotherapeutic agents are excreted by the kidneys and are toxic to the kidneys. Staff would then speak to the pharmacists and the patient's consultant.

There was an immunotherapy toxicity service that could be accessed by the service that was provided by the NHS specialist cancer trust.

Patients could access a help line triage service if they were unwell and were asked to telephone the line if their temperature went above 37.5 degrees centigrade. The call went through to the clinical decision unit at the NHS specialist cancer trust who would assess and advise the patient as necessary. This prevented unnecessary admissions to urgent and emergency care services.

Patients received information about the signs of spinal cord compression and what to do if they suspected they had symptoms.

Patients of child- bearing age were asked about possible pregnancy before each treatment was started.

There were emergency call bells in the patient toilets and all the clinical rooms.

Medical care (Including older people's care)

Nurse staffing

The service had enough nursing 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.

There was a band six nurse, two band five nurses and a health care assistant for the clinic. There was also a nurse ward manager who covered both sites. The clinic rotated staff with the other clinic location based in Liverpool. This ensured that there were always enough nursing and support staff to keep patients safe.

Staff from the NHS specialist cancer trust could also cover absences such as annual leave and study leave. The ward manager could step in if there was unexpected sickness or absence. There were no vacancies at the time of the inspection. The clinic did not use any agency staff.

No clinical activity took place unless minimum staffing levels were in effect. The service had not cancelled any clinics due to insufficient staffing levels.

Nursing staff and support staff were employed by the NHS specialist cancer trust and administration staff were employed by the provider.

Medical staffing

The service had enough medical 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 new staff a full induction.

The care at the clinic was consultant led and was provided to the clinic by 35 specialist medical and clinical oncology consultants from the specialist cancer trust.

There were no locums used in the clinic, although if a consultant was unable to visit a patient, there was a 'consultant of the moment'. This was a consultant, on a rota system, allocated to be available if needed.

Consultants provided treatment via a practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient) that were monitored by the Medical Advisory Board (MAB) arrangement with the neighbouring integrated trust.

The service had a robust process in place to ensure that employment checks were performed in line with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A full induction was provided to all new consultants and all consultants had an annual appraisal completed.

Records

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

Patient records were comprehensive, and all staff could access them easily. The Clinic used the integrated neighbouring trust's electronic patient record system, which was protected via an independent log on systems and was covered by the Trust's IT Department. All Staff were trained and adhered to the Confidentiality Policy and had signed a declaration of confidence.

Medical care (Including older people's care)

We reviewed 9 records of patients attending the clinic. They were all complete, legible, including risk assessments (such as falls and pressure ulcers), consent forms, blood results, reviews, and input from a multi – disciplinary teams. Each patient's notes included an individualised cancer therapy pre assessment and treatment plan and record.

Records were comprehensive and all assessments and observations could be viewed when a patient was undergoing treatment. Notes could be added to records, but they could not be edited. Typed discharge letters and case summaries were sent to the patient GP from the specialist consultant.

The service completed quarterly audits of patients' medical records. We reviewed the last 4 completed in 2023 and these showed 100% compliance with all audit standards.

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. The clinic used the pharmacy service of the specialist cancer trust for their systemic anti- cancer therapies (SACT) and had access to the specialist pharmacy team.

There was an authority to prescribe chemotherapy/systemic anti -cancer therapy policy that was used by the NHS specialist cancer trust and the clinic. This was guidance for the prescribing and review of chemotherapy and systemic anti- cancer therapies. For patients who were off protocol, who did not follow the established pathways for treatment, there was a systemic anti-cancer therapy algorithm/ protocol deviation policy. All prescribing was done through the electronic prescribing system.

Any unlicensed medication needed to be assessed on an individual basis and would be reviewed by the clinic's Medical Advisory Board.

The medicines administration record was part of the patient electronic record and was password protected. The prescription was recorded with any comments and alerts. All the treatments had policies attached to them with easy access links to doses, blood results and frequency of administration. There were pre- treatment checklists for all regimes.

Medicines were stored in a locked air-conditioned room. The temperature of the room was monitored and recorded. There was an emergency drawer that contained adrenaline, atropine, an anaphylaxis kit, and a sepsis response box. These were checked every day.

The first cycle of SACT could only be prescribed by a consultant, future cycles of treatment could be prescribed by those authorised to prescribe.

There was a single staff checker for the SACT. This was in line with the medicines policy for the NHS specialist cancer trust. Staff then checked details with patients including their name, date of birth and address and the details of the treatment that they would be receiving.

There were medicines for the patients to take home following their treatment.

The NHS specialist cancer trust pharmacy team completed an annual audit of medicines management in February 2023 and the audit result showed 100% compliance.

Medical care (Including older people's care)

Staff had access to MHRA medicines alerts via the NHS specialist cancer trust. Information was shared with the local team during meetings and daily huddles of any improvements and learning. Any themes and improvements were reviewed through the MAB.

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. The service used the electronic incident system used by the NHS specialist cancer trust. Staff raised concerns and reported incidents and near misses in line with trust policy of the specialist cancer trust.

The service had no never events in the clinic. They had reported 3 incidents in the previous 12 months, and all had been investigated fully and no harm was caused to patients.

There were no Ionising Radiation Medical Exposure Regulations (IRMER) notifications reported in the previous 12 months (The ionising radiation (medical exposure) regulations (IR (MER) R) 2000 is legislation intended to protect a patient from the hazards associated with ionising radiation).

The clinical services manager used the weekly safety huddle to share any learning from the week. Staff on both clinical sites were encouraged to put ideas and suggestions into a box on each site, this was then opened by the manager and the contents were discussed. All issues from the week were discussed at the weekly huddle.

Staff reported serious incidents clearly and in line with the specialist cancer trust policy. Less serious incidents were investigated by the clinical services manager for the clinic and more serious incidents were investigated by the chief nurse for the specialist cancer trust. There was feedback to staff about all incidents.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Is the service effective?

Our rating of effective improved. 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.

Medical care (Including older people's care)

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Standard operating procedures (SOP's) were in place to support staff and there was a process in place to review and update these based on latest national guidance. Our previous inspection had identified policies were not always in date. This inspection found that the service had addressed this issue.

The NHS specialist cancer trust produced a National Institute for Health and Care Excellence (NICE) annual report. There was also a NICE assurance committee. NICE compliance was monitored through the specialist cancer trust divisional quality and safety meetings. The clinic produced an annual NICE compliance report for the period 2022 to 2023. In March 2023 there was 97% compliance with NICE guidance against the trust target of 90%.

There was a trust non-compliance document with recommendations and reasons for non-compliance. This was managed through the medical advisory board.

The electronic patient record and the medicine administration record had links to policies, treatment regimes and any checks that needed to be carried out before treatment was started.

Some patients received treatment that was off protocol. Any consultant who wanted to use one of these treatments had to get approval from the members of the provider's medical advisory board to justify the treatment. The treatments were usually for medicines that were in the process of gaining approval from the National Institute for Health and Care Excellence.

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.

The clinical assessment completed for each patient included details of food and nutrition and used the Malnutrition Universal Screening Tool (MUST) if appropriate. Patients could be referred to the trust dietetic service if appropriate.

The clinical assessment included a section for patients with head and neck cancers and upper gastro-intestinal cancers who due to their treatment would require additional support with nutrition and hydration.

Water and hot drinks were available to patients and visitors in the waiting room and staff offered refreshments.

Patients were offered a range of meals and snacks during their treatments, these were purchased from retailers outside the NHS. If patients required a hospital stay in the specialist cancer trust they were given vouchers for food at the café.

Any special diets for medical or religious beliefs were accommodated.

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 patient pain scores using a recognised pain tool and this was recorded in all patient records we reviewed as part of the clinical assessment process.

Medical care (Including older people's care)

Nurses were able to administer analgesia such as paracetamol, ibuprofen, or codeine as part of a patient group direction (PGD). This meant that nurses could administer this medication without prescription from a doctor.

Patients could be referred to the palliative care team at the specialist cancer NHS trust if necessary.

Patients were given pain relief as necessary but for ongoing issues they would contact their GP.

Patient outcomes

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

Our previous inspection had identified issues with the service not benchmarking patient outcomes. This inspection found that the service had addressed this issue. The NHS specialist cancer trust participated in relevant national clinical audits. Outcomes from the clinic patients fed into these audits which included the National Bowel Cancer Audit, National Prostate Cancer Audit, National Oesophago-Gastric Cancer Audit, the National Lung Cancer Audit, and the National Audit of Care at the End of Life.

There was a National Systemic Anti-Cancer treatment body that published 30 day mortality benchmarking for a number of tumour groups. The mortality rates would cover all patients treated at the specialist cancer trust and the private clinic.

There was a mortality review process which was through the electronic incident reporting system and a mortality reduction strategy was in place. A structured judgement review form based on information from the Royal College of Physicians had been introduced for all in-patient deaths. There was also a mortality dashboard that had been in place since 2018 to give oversight of mortality at the specialist cancer trust. The consultants from the service used these processes for their patients if appropriate.

There were mortality review meetings to improve practice and to celebrate best practice. These meetings were multi-disciplinary and looked at 30 day mortality in all in-patient deaths, formal incident reported deaths and any concerns raised by individual consultants. The specialist cancer trust also produced a shared learning newsletter for all staff who worked at the NHS specialist cancer trust and at the service.

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.

Nursing staff had completed their training from the United Kingdom Oncology Society (UKONS) training. This was the systemic anti-cancer treatment passport. There was a theory section and a practical assessment section with annual reaccreditation. The clinical services manager worked with staff to train and assess their competencies during and after their training. Staff could also access all the training provided by the specialist cancer trust.

Managers supported the nursing staff to develop through yearly, constructive appraisals of their work. All staff had an appraisal in the last 12 months which was completed by the clinical services manager.

Medical care (Including older people's care)

Staff received training and achieved competencies in specific cancer modules and competencies including aseptic non touch technique, chemotherapy, extravasation, blood transfusion, end of life care and all nursing staff were trained in phlebotomy.

Nurses were encouraged to sit in with the consultant oncologists when they were discussing treatment with their patients. The clinical services manager said that this was beneficial to both the nurses and the patients. It was a learning experience for the nurses and often the nurses could answer patients queries about their treatment.

Patients had access to specialist cancer care nurses from the NHS specialist cancer trust. They also accessed specialist nurses from the referring independent hospital.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff learned skills and competencies with senior nurses acting as assessors.

Managers made sure staff received any specialist training for their role. Staff could access courses, conferences, and training if managers considered that this was relevant for their work.

All new consultants employed under practicing privileges had to be approved by the providers MAB.

Multidisciplinary working

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

The oncology consultants worked with referring surgeons from other independent hospitals. They had practising privileges from the referring hospital so they could participate in the multi-disciplinary meetings where the treatment for patients was discussed and agreed by all the staff involved in the care and treatment of the patient. A consultant we spoke with during our visit told us this worked well and helped to provide seamless care for the patients.

There was input to patient care from a range of health professionals as the patient underwent treatment. The pre-assessment form documented what the patient would need from professionals including radiographers, dieticians, speech and language therapists, occupational therapists, physiotherapists, pharmacists, and palliative care services. This was available from the specialist cancer hospital services. There was psychological support from dedicated psychologists for the service.

The Clinic was linked into the Macmillan Programme Lead for Living with and beyond cancer, for the regional Cancer Network. This was to ensure that private patients has better links into existing support structures and the clinic maintained good communication channels to ensure that their patients were not omitted due to their private patient status.

Patients were reviewed by consultants during their treatment.

Seven-day services

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

The service was provided Monday to Friday between 8am and 6pm and evening consultations could be accommodated dependant on patient need. Staff would start early or late depending on the daily schedule.

Medical care (Including older people's care)

All patients were provided with a chemotherapy alert card and directed to the 'triage service' if out of hours medical attention and support was needed from the neighbouring integrated trust.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. This was part of the pre-assessment process and patients were provided with resources such as recipe books to support their treatment.

There was a wide selection of health promotion leaflets and patient information available to support patients and families if required.

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.

The service worked to the consent policy of the NHS specialist cancer trust.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. There was two stage consent, the first consent was with the consultant where patients were provided with information about treatment and a discussion of their options for treatment. The second was at the pre assessment stage before beginning any treatment and was confirmation that the patient still wished to proceed with treatment. This was completed by the nursing staff.

Staff clearly recorded consent in the patients' records. The service completed quarterly audits of consent. We reviewed the last 4 completed in 2023 and these showed 100% compliance with all audit standards.

All staff had completed mandatory training on the Mental Capacity Act (MCA). When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. The service treated patients who lacked capacity. Staff told us that they would use the specialist cancer trust safeguarding team to support consent process for patients who lacked capacity or required a Deprivation of Liberty Safeguards (DoLS) application.

Is the service caring?

Our rating of caring went down. We rated it as good.

Medical care (Including older people's care)

Compassionate care

Staff went above and beyond to treat patients with compassion and kindness. The service was orientated towards respecting patients' privacy and dignity and taking account of their individual needs.

During pre-assessment, all patients underwent a thorough holistic needs assessment and concerns from the patient and family were identified and discussed. Information was provided in several ways and included leaflets given directly, or by guiding the patient and family to services available locally or digitally, whichever was their preferred option. All information was tailored to the individual patient's needs and patients and family members were signposted to packages of support that suited them.

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. All patients in the treatment suite were cared for in individual bays or pods. There were curtains that could be pulled round the bays for additional privacy and patients informed us that they had adequate privacy. Staff followed policy to keep patient care and treatment confidential.

We observed interactions between staff and patients prior to, during and following chemotherapy treatments. Interactions throughout the clinical process were seen to be positive, caring and patient led.

We observed compassionate care and very positive interactions by all staff in all areas throughout our visit. Staff treated patients, and those close to them, with respect and dignity. They were aware of patients' care needs and communicated in an appropriate and professional manner. We observed that staff were very caring and formed close relationships with patients.

Staff tried to give continuity of care so that they were followed through from pre-assessment to treatment by the same member of staff if possible. This enabled staff to monitor patients physically and mentally and to pick up any emotional needs that they might be having.

Staff were able to give very personalised care to patients due to staffing numbers and the low numbers of patients attending the clinic. Patients were encouraged to ask questions and were given time to ensure they understood what was being said to them.

Staff understood and respected the individual needs of each patient and showed an 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.

Staff at the clinic made drinks for patients, provided food and snacks, provided reading materials, checked on their wellbeing and provided support and company if requested during their treatments.

Patients are contacted by phone by the nurses and consultants if required to check on treatment progress, provide support, relay results, and identify any issues that they may be having.

Emotional support

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

Medical care (Including older people's care)

There was psychological support for patients attending the service, this was specific to the service. All patients were offered the service as part of the pre-assessment process. Patients did not have to wait too long to receive support tailored to their needs, with a wide range of therapies available dependent on patient choice and requirements.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed staff supporting a patient who was very anxious, they were empathetic and spent time with the patient listening to their issues and concerns.

Staff were aware of the importance of finding out about the spiritual needs of patients and their families and knew how to refer them to the chaplaincy service. Multifaith chaplains provided a 24-hour, seven days a week service and could visit the clinic by request to speak with patients or perform religious rites.

A patient comment from the friends and family feedback was that staff were attentive and always listened. We spoke to a patient during our visit who said staff were extremely giving of their time.

There were specialist staff available such as mental health professionals; palliative care team, breast nurse specialist, clinical psychologist team and chaplain from the neighbouring integrated trust as well as charity support were available when required.

There was a bereavement pathway in place to offer support to families that had lost someone.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care. Patients told us they felt fully involved in planning their care, and in making choices and informed decisions about their future treatment. They felt staff explained things in a language they could understand and gave them enough information about different treatment options.

All patients felt able to ask questions of those caring for them and felt listened to by their doctors and nurses. Patients could contact the out of hours triage number or their consultant directly if they had any concerns whilst the service was not open.

The clinic had three associate Doctors who were Chartered Clinical Associates who worked in support of the clinic. All were specialists in clinical health psychology along with vast experience and research in the field of supporting cancer patients. Patients and families had the option to refer in via their consultant or the clinic team.

Nursing staff had undergone a communication skills training course to train for patient and family discussions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Friends and family feedback results from 215 responses for the period 01 December 2022 to 01 December 2023 indicated that 99.1% (213 patients) who completed the survey rated the service positively. There was 1 neutral response and 1 negative response which related to the patient's insurer and not care, and treatment received at the clinic. Comments from the friends and family feedback included "fantastic care, attention and follow up from the team", "I have always been treated with respect and consideration when visiting the cancer clinic", "The consultant and all staff in the clinic are extremely caring and professional, nothing is too much trouble, a credit to the medical profession".

Medical care (Including older people's care)

Comments we received from patients and their families on the day of our visit included “super caring and professional staff, put me at ease and always go that step beyond”, “outstanding, personable, and personalised. You feel the empathy”, “my dad’s care here has been fantastic”, “the treatment here is literally lifesaving” and “a positive experience despite the circumstances”.

Patients could contact their consultant by phone to ask questions about their treatment. A consultant telephoned a patient during their treatment at the clinic to ask when they had become distressed. The consultant subsequently arranged to visit the patient to discuss their concerns in person.

There was information available to all patients from the staff and charities involved in the care and treatment of patients with cancer. The clinic worked closely with a national cancer support service that provided patients with services that include free advice and live online workshops on skin care, makeup, body image, wardrobe and styling, head coverings and nail care.

Patients and their families also had access to a separate national cancer support service onsite who provided services for those patients living with a cancer diagnosis which included complementary therapies, relaxation sessions, Reiki (hands off for cancer patients), financial advice, support groups and psychological support. They provided a walk-in service, and no appointment was needed, and the support was free.

The clinic website contained information about the range of cancers and treatments provided by the clinic for patients and their families. There was information on consultants, latest news, how to contact the provider, community support, directions, and pictures of the clinics. The clinic also listed video testimonials from previous patients on its website.

Is the service responsive?

Good 

Our rating of responsive stayed the same. 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 local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service worked closely with the NHS specialist cancer trust to plan and deliver services for patients who were self-funding their cancer care. These patients were people from the local area, the wider United Kingdom, and international patients.

Facilities and premises were appropriate for the services being delivered. The environment of the clinic was calm and peaceful, and the clinic was well designed. Furnishings were tasteful. Each of the four treatment areas was spacious and had treatment chairs for patients and comfortable chairs for patients’ relatives and friends.

The service had systems to help care for patients in need of additional support or specialist intervention. At the morning safety huddle staff identified patients who needed hoisting, interpreters, bariatric patients, and any patient with communication issues.

Medical care (Including older people's care)

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service was located on the ground floor of an NHS specialist cancer hospital. Lifts were for wheelchairs to access other areas of the hospital and there were wheelchair accessible toilets in the clinic.

Staff supported patients living with dementia. The service treated patients with dementia but had few patients with a learning disability. All staff had completed training in dementia awareness and learning disabilities and autism. The pre-assessment process was used to personalise treatment for every patient including those requiring additional support.

Interpreters could be booked through the specialist cancer trust systems as necessary. Information was available to all patients from the charities involved in the care and treatment of patients and carers living with cancer. It was not available in all languages but could be translated if necessary. It was also available in audio form.

The NHS specialist cancer trust could be used to support patients with specialist needs when necessary.

There were reserved slots for patients who required computerised tomography scans at the clinic with the specialist cancer trust.

For any overseas patients there were airport transfers. Hotels and apartments were used depending on the patient's requirements and the service had accommodated pets in these quarters.

There was free car parking available to patients attending the service. The clinic provided patient transport through a chauffeur service to those who may have to travel and did not have their own transport or were potentially vulnerable. This was provided free of charge; these were individual drop offs and no group bookings.

There were overnight bags for patients who required an unexpected overnight stay containing a toothbrush, a hairbrush, toiletries, a towel, and a word search. They were also given vouchers for the specialist cancer trust café.

Food was ordered from external suppliers for patients attending the service. Patients were offered a range of options including specialist diets. The service provided insulated cups so that patients with neuropathy did not burn their fingers. Recipe books were also provided to support patients with specialist dietetic needs relevant to their treatment.

All the staff at the service had chaperone training.

All patients could access services at the NHS specialist cancer trust for patients including charitable support services and wig services. They could also access the charitable centres that provide cancer support helping with money worries, relationship support, emotional support for patients and their carers and help patients to manage their symptoms.

The clinic was very much integrated with the neighbouring trust with a proportion of the funds generated from the clinic provided to the trust for care and treatment of NHS patients across the region.

Access and flow

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

Medical care (Including older people's care)

The service provided access to treatment times which were better than the standards set for NHS providers, although it was not subject to these standards. Patients were referred into the clinic with a diagnosis from the MDT, and the clinic prided itself on a rapid move to consultation and then onto treatment. The clinic had set its own internal targets to deliver for patients as below.

- Referral to first consultation: Less than 7 days, current average 7.2 days
- Consultation to planning: Less than 7 days, current average 3.1 days
- Planning to first treatment: Less than 7 days, current average 6.4 days

On arrival at the service patients were seen promptly if they required phlebotomy or diagnostic imaging services. During our inspection, there was observational evidence that patients were seen promptly once they arrived at the clinic for their appointment.

The timing of appointments were set at the request and convenience of the patient and made allowances to ensure enough time was available for patients and families to discuss their treatment and concerns with staff and their consultant.

Non-attendance for treatment was reported as an incident and followed up with the patient as a matter of urgency.

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. Staff understood the policy on complaints and knew how to handle them.

The clinic followed the NHS specialist cancer service complaints and concerns policy when dealing with any complaints and issues.

The clinic was a member of the Independent Sector Complaints Adjudication Service.

There had been no complaints about the service in the previous 12 months before the inspection. The clinic manager said that they spoke with patients during their treatments at the clinic and were able to deal with any issues that arose very quickly.

Any issues raised by patients were discussed at the daily huddle and if necessary, at the staff meeting. These meetings covered both the private clinic sites so that information was shared.

Is the service well-led?

Our rating of well-led stayed the same. We rated it as good.

Medical care (Including older people's care)

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.

The registered manager worked for the private company that was the provider for the service. All the clinical staff were employed by the specialist cancer trust. The registered manager and the clinical services manager worked well together to provide effective leadership of the clinic. The clinical services manager worked at a strategic level but had excellent insight into the service and worked to support the clinical staff in service delivery.

The clinical services manager worked across the two clinical sites dividing their time between the two services. They had oversight of both services and staff meetings were held across both sites every six weeks. Staff meetings included clinical and administration staff.

There was leadership development for the clinical service staff, and staff could progress through the service with training available. The clinical services manager was part of the nursing leadership forum in the NHS specialist cancer trust and was taking an organisational role in the organisation of the forum. This ensured that staff in the service were linked into the leadership programmes and opportunities in the NHS specialist cancer trust.

The clinical services manager attended the nurse leaders' forum at the NHS specialist cancer trust. This informed the manager about any issues in the trust that they could feed back to staff and to provide information about the private clinic to the wider nursing team. The agenda included incidents, near misses and complaints.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

The clinic aligned itself to the NHS specialist cancer trust 5-year strategic plan and supported the development of cancer services across Merseyside and Cheshire using both the Wirral and Liverpool sites.

In addition, the clinic had developed its own Vision, Mission, and Values document. It listed the clinic's vision as 'Be the first, best and fastest choice for all private cancer treatments in the world'.

The document described the clinic's mission as 'With the ethos that the patients are at the heart of everything we do, we provide cutting edge treatments, continuously improve at pace, and provide a safe, compassionate, and empathic environment where people feel they belong. Together we make a difference and make the clinics a place of high quality and a great place to work'.

The clinic had set the following values, and these were displayed throughout the service.

- Love, compassion, care
- Kindness
- Adaptability
- Trust (worthy)
- Respect
- Recognition
- Open and honest

Medical care (Including older people's care)

- Ethical and fair
- Patience and understanding
- Challenge
- Simplicity

The clinic had a clear vision and strategy to grow the clinic as a business that is acceptable to patients and staff and the team believed that the positive impact of the clinic benefited the local trust and NHS both financially and clinically.

The registered manager was involved in the induction of staff starting work at the NHS specialist cancer trust to inform them of the work of the clinic and its relationship to the trust.

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.

The culture of the service was open, and staff could speak freely and raise concerns as necessary. The clinical services manager worked clinically and so was aware of any issues, they supported staff training and development, and staff told us that they felt that they all worked well as a team. Staff rotated through the two services and staff were expected to work on both sites as necessary and were used to working together to provide good quality care.

Staff completed equality, diversity, and human rights training as part of mandatory training and training rates were at 100%. Staff we spoke with said that they enjoyed working for the service. They liked the fact that they were also part of the NHS but delivered this service for self-funding patients.

Staff were able to access training and conferences if it was relevant to their role. Staff could access the Freedom to Speak Up support of the NHS specialist cancer trust and were covered by the trust policy. All staff had completed Freedom to Speak Up training. If there were concerns from staff this would be fed back to the service from the Freedom to Speak Up team.

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 meetings with the executive team from the specialist trust including the chief executive officer and the chief operating officer for the private clinic. This was the Clatterbridge private clinic board, and it met every 6 weeks. Membership also included senior staff from the private organisation that ran the clinic. This meeting provided oversight of the quality of care delivered by the clinic as well as determining how the clinic worked with the NHS specialist cancer trust. One of the agenda items for the meeting was a quality and safety report for the clinic. The report included mandatory training compliance, incidents, complaints, a review of the clinic risk register and patient feedback from the providers friends and family test.

There was a medical advisory board (MAB) which also met every 6 weeks. Practising privileges to the clinic were granted through this board following submission of information to the chair of the board. We noted in the minutes of one meeting

Medical care (Including older people's care)

that the granting of practising privileges to a new consultant was discussed and approved by the board members. All consultants had to work at the NHS specialist cancer hospital to be granted practising privileges and were only allowed to work in their NHS area of work. The chair of the MAB was responsible for the revalidation and appraisal of the consultants with practising privileges.

The MAB agenda included compliance with training, quality and safety and any incidents that had occurred at the clinic.

There was a staff meeting for all staff working at the service in Liverpool and in the Wirral. This included all staff, both NHS and non- NHS. Agenda items included medicines safety, audit results, incidents and concerns, staff training and patient feedback. Staff could raise any issues that they had as part of this meeting.

There was an extensive audit schedule for the service which included environmental safety, hand hygiene, housekeeping, and fire safety. These were carried out every month. There were also ad hoc audits which included administration of specialist anti-cancer treatment, the pre assessment process and phlebotomy. The audit schedule was shared with the staff.

There were daily safety huddles and weekly team meetings to address the day-to-day issues of the clinics. These were across both clinic sites and were documented.

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.

There was a risk register for the service which was part of the risk register for the NHS specialist cancer trust. Managers were able to tell us the main risks of the service. The risk register was reviewed every 6 weeks by the Clatterbridge Private Clinic Board. Risks were within date and had mitigating actions attached to them.

There was a risk management policy, and the service undertook risk assessments, for example control of substances hazardous to health (COSHH) risk assessments. The clinic manager liaised with the trust health and safety team and carried out regular walkarounds to ensure there were no new environmental risks.

Nursing staff participated in local audits, with the resulting information shared amongst staff to promote improvement.

The private service was part of the NHS specialist cancer trust business continuity plans.

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.

All staff received training in information governance and data security as part of their mandatory training and compliance was 100% at the time of our visit.

We observed electronic computer systems were password protected. Staff informed us about how and who would submit data, alerts or notifications and could demonstrate secure access to these systems. Staff were also aware of the Caldicot guardian and their role.

Medical care (Including older people's care)

All staff demonstrated they could locate and access relevant information and patient records easily, which enabled them to carry out their day-to-day roles. Patient information was managed in line with data protection guidelines and legislation and the service stored data safely.

The service had not reported any information breaches in the previous 12 months. The service had not submitted any statutory CQC notifications in the previous 12 months, but managers and staff had knowledge of how to submit them if required.

There was a mortality dashboard to support reviews of patient mortality and to identify any themes and trends.

Engagement

Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service worked with the NHS specialist cancer trust to promote the services of the clinic with 49% of the profits from the clinic going back into the NHS. The clinic was developing a branding strategy to help to promote the clinic.

The work of the service was included in the induction of the NHS specialist cancer trust staff to the organisation.

The clinic held an Open Evening to engage with local and regional healthcare leaders and communities, clinical staff from other health organisations, the specialist trust, suppliers, and customers. This provided a forum to look at facilities, while discussing and promoting improvements for patients, family, and further collaboration across the healthcare system. This was well attended with the clinic providing facilities and refreshments.

The service sponsored a table at the Charity Ball for the NHS specialist cancer trust and had engaged with sponsorship to a local sport group and looking to widen this further. This was to develop engagement with local communities in the area.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service had a culture of learning and trying to give the best experience to patients that it could. The clinic produced an annual quality improvement and clinical audit report in conjunction with the trust, participated in the trust quality improvement and clinical audit subcommittee and participated in the trust audit presentation event in March 2023.

We were provided with a list of consultant led clinical trials and quality improvement projects. Minutes of the MAB meeting showed these were discussed and approved. We spoke with 2 consultants during our visits who were extremely enthusiastic about their participation and involvement in clinical trials and studies taking place at the clinic.

Patients who were co-funded for drugs in development would have any outcomes of their treatment used in the drug trials which if approved contributed to the development of National Institute of Health and Care Excellence guidance.

Several staff members had undertaken quality improvement training, and the clinic was planning on rolling out formal training for all staff on quality improvement methodologies in the next 12 months as was documented in the clinic's strategy document.