LOC @ Chelsea LLP

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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
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 outstanding because:

- Staff went above and beyond to treat patients with compassion and kindness. The service was orientated towards respecting patients' privacy and dignity. Staff took account of their individual needs and helped them understand their conditions. Patients and their families were provided with emotional support through a variety of support services. Despite the outpatient nature of the service, patients and their families had access to a wide selection of complementary therapies such as massage, aromatherapy and reiki. A wide range of psychological therapies was available dependent on patient choice and requirements. Mindfulness, relaxation and exercise sessions were available virtually for those who needed additional support at home.
- The service planned care to meet the needs of the people who used it, took account of patients' and their families individual needs, and made it easy for people to give feedback. People could access the service when they needed it and waited minimally for treatment. As the service was part of an independent provider it was under no obligation to monitor waiting times for patients but did so in order to improve the service.
- 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 learnt lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, and supported them to make decisions about their care. Key services were available seven days a week across provider sites where required.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and local organisations to plan and manage services and all staff were committed to improving services continually.

However:

- At the time of inspection, not all staff had completed the required level of life support training.
- There were seven nursing vacancies across the service at the time of inspection, although the service had enough nursing and support staff to keep patients safe as staffing was shared between the three sister sites. The service demonstrated it was actively recruiting into these vacancies with a number of initiatives, and senior staff provided clinical cover where required.
- At the time of our inspection, no data was collected specifically for patients receiving supportive and palliative care, although this was planned for the near future.

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)	Outstanding ☆	

Summary of findings

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Summary of this inspection

Background to LOC @ Chelsea LLP

LOC @ Chelsea is operated by Leaders in Oncology Care. Leaders in Oncology Care (LOC), part of HCA Healthcare UK, was set up by four cancer specialists with the ambition of providing care and treatment, according to recognised best practice. Initially a single clinic, the service expanded its facilities and services to meet the needs of patients, consultants and evolving treatment options. The service primarily serves private patients from London, but also accepts patient referrals from outside this area, including international patients.

The provider opened LOC @ Chelsea in May 2017. The service has 15 treatment bays with two side rooms, four consulting rooms, phlebotomy room, an on-site pharmacy and PET/CT scanner services.

We inspected this service previously in June 2019 and we rated it outstanding. We returned to inspect this service to check if our assessment of the service was accurate and the service was still outstanding. The provider had temporarily closed this location during the COVID-19 pandemic and at the time of the inspection, the service had re-opened two days a week. Patients were provided with treatment and support at other locations run by the provider during the time the location was closed.

There are two other sister sites who share the same staff, governance and leadership teams, although they are registered under separate providers. In this report, data mentioned is often shared across these three sites.

The main service provided by this clinic was cancer services. During our previous inspection we inspected this location under two core service frameworks, which were medical care and diagnostic imaging. Since then, CQC have released a cancer core service framework which was used to carry out this inspection.

How we carried out this inspection

We carried out a short-announced inspection on 5 October 2021. We provided the service with short notice to ensure relevant staff were available. During the inspection we visited all areas of the location including the treatment area, diagnostic imaging and the pharmacy. We spoke with 12 staff members which included medical staff, nursing staff, allied health staff, managerial staff and administrative staff. We spoke with three patients. We reviewed five sets of patient records.

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

Outstanding practice

We found the following outstanding practice:

- The service had taken an innovative approach in helping staff to identify and respond to domestic violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support.

Summary of this inspection

- The electronic prescribing system for chemotherapy ensured that treatment was not prescribed outside agreed protocols or outside of a consultant's scope of practice, with a flag on the system to ensure that any anomalies were investigated by senior team members. The pharmacy team were included in the patient pathway to review all patient medicines and offer direct advice to patients.
- Staff from the service noticed there were no national standards for discussing advanced disease patients who progress through multiple lines of SACT treatment over many years, which is increasing as patients are living with cancer for longer and are becoming more complex. Staff at the service created an electronic MDT meeting conducted on the cancer patient management system. A consultant can present a treatment proposal in writing on the system, then tumour group specific medical and clinical oncologists alongside medical staff from palliative care, nursing staff and pharmacy staff can review the proposal and add their comments.
- The provider introduced a pan cancer type molecular tumour board as part of their MDT meetings to discuss the results from commercially available tests on an individual patient's tumour genetic profile. This guides treatment plans for targeted SACT, either as first line treatment or on progression from other lines of treatment. This also gives an opportunity to access available clinical trials, either at local NHS institutions or via another site managed by the provider.
- In the last year, the service had been awarded the Macmillan Cancer Support MQEM award, being awarded a score of five (excellent). This award involved a combination of environmental assessments, a review of supporting documents as well as getting direct feedback from patients and users of the service.
- The service had produced a range of videos with patients and clinicians for other patients to learn about different aspects of treatment at the service. These were available on their own website and social media channels.
- The service provided each new patient with a holistic needs assessment (HNA) which assessed any additional physical and mental health needs. At this assessment the cultural, social and religious needs of the patient were taken into consideration. The service emphasised the importance of patients emotional and social needs. They set up patient groups and support networks and signposted patients to them accordingly. Patients and their families were provided with a selection of complimentary therapies free of charge such as massage, aromatherapy and reiki. People using the service were provided with access to various support groups co-hosted by MacMillan. This meant that the patient's holistic needs were being actively addressed.
- As the service was part of an independent provider it was under no obligation to monitor waiting times for patients, but the provider conducted audits to check the time taken between a patient's first visit to a provider location and their first SACT treatment. The provider also checked diagnostic imaging waiting times. This was done in order to benchmark their service against national targets and guidance. Data we saw showed that the provider was performing significantly better than national targets.
- Staff ensured patients had access to rapid diagnostic imaging by accommodating same-day slots whenever possible. All images were double reported within tight timeframes to ensure accuracy of the reports. The service aimed to turnaround diagnostic reports within 48 hours, but staff showed us that most reports were turned around within 24 hours.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that all staff complete the required level of life support training. (Regulation 12)
- The service should continue to actively recruit into vacancies within the service. (Regulation 18)

Summary of this inspection

- The service should consider how to collect data for patients receiving supportive and palliative care.

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

Outstanding

Medical care (Including older people's care)

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

Are Medical care (Including older people's care) 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.

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. At the time of inspection, overall mandatory training compliance for staff stood at 97%. The service had a sepsis policy and 97% of staff were compliant with sepsis training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All clinical staff were required to complete level two training for children and adults. At the time of inspection, 100% of staff had completed safeguarding adults level two training, and 92% had completed safeguarding children level two training. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Senior staff compliance with level three safeguarding training stood at 88% for adults and 100% for children. The service had internal processes for the regular review of safeguarding concerns. The service had taken an innovative approach in helping staff to identify and respond to domestic violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support.

Cleanliness, infection control and hygiene

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

The centre had an infection prevention and control (IPC) policy which reflected best practice guidelines. We saw staff following this policy and that extra precautions had been added to keep staff and patients safe during the COVID-19

pandemic. This included regular testing of both patients and staff, social distancing within the service, and use of appropriate personal protective equipment (PPE). There were two private side rooms for patients requiring isolation. Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Cleaning schedules and audits indicated good compliance with infection prevention and control policies and procedures, with appropriate actions taken where any issues or omissions were identified. The service scored 100% in all local IPC audits for the period of July to September 2021 except for sharps handling for which it scored 94%.

We saw safe systems for managing waste and clinical specimens during inspection. Each patient bay had its own sharps bins which were all used appropriately. Throughout clinical areas, all sharps bins were dated, signed and not overfull.

Environment and equipment

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

The service had enough suitable equipment to help them to safely care for patients. Disposable equipment was easily available, in date and appropriately stored. All portable equipment we checked had been recently serviced and labelled to indicate the next review date. We reviewed equipment logs and saw that equipment used was due to be serviced according to manufacturer's guidelines. Resuscitation equipment was available on the unit. Emergency drugs were available and within use by date. The resuscitation equipment was checked every operational day. Staff disposed of clinical waste safely. We observed all staff disposing of clinical waste in appropriate bins. The correct bins were readily available in all clinical areas. We saw that all sharps bins had been signed and dated in line with the Health technical memorandum.

All staff were trained to ensure competency in cleaning of a cytotoxic spill. Staff were aware of the process and policy for cytotoxic spillage and contamination and could demonstrate knowledge of what to do and who to contact if needed. We were informed that couriers were trained by pharmacists at the service to ensure that they would know what to do in the event of a spillage. The service had a policy for cytotoxic spills which detailed the process staff should follow in the event of a cytotoxic spill.

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration. However, not all staff had completed the required level of life support training.

All patients underwent a thorough assessment prior to treatment and there was a defined set of information to be provided by the referrer without which treatment would not go ahead. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The on-site resident medical officer (RMO) would review any patients of concern. Staff received life support training appropriate to their role, with 100% of staff compliant with basic life support training and 84% compliant with intermediate life support training.

There was a process in place for patients who required urgent transfer to other centres. The service had a pathway in place for suspected sepsis. Patients suspected of neutropenic sepsis were assessed by using a neutropenic sepsis assessment checklist and staff were able to clearly outline the steps taken in the event of suspected sepsis.

Extravasation is the potentially damaging leakage of intravenously (IV) infused medications into the extravascular tissue. We spoke with the Resident Medical Officer (RMO) about what to do in the event of extravasation. They informed us that whilst they were trained to deal with the signs and symptoms of extravasation, they could call the consultant if in any doubt. Patients could also be referred to a specialist in plastic surgery if required.

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. Managers regularly reviewed and adjusted staffing levels and skill mix.

Although there were seven nursing vacancies across the service at the time of inspection, the service had enough nursing and support staff to keep patients safe. Staffing was shared between three sites to ensure that each site had sufficient staff to cover clinic activity in any one facility each day. Weekly facility scheduling meetings, led by the matron, reviewed activity and staffing requirements for the forthcoming week for all three sites. Daily reviews ensured any changes in patient activity, staff absence and training schedules were taken into account. All nurses were trained to work across all three sites, with orientation checklists in place to remind staff of key differences in each location.

The service had clinical nurse specialists (CNS) for each major cancer group, this included the following: breast, gynaecology, gastrointestinal, neuro oncology, lung, urology, haematology and radiotherapy. The service demonstrated it was actively recruiting into the seven nursing vacancies with a number of initiatives, and senior staff provided clinical cover where required. No agency staff were used at any of the three sites due to the complexity of the role. Sickness figures for the previous 12 months varied between 3.1% and 26.4%, but when accounting for just short-term sickness, this was adjusted to between 2% and 8%, which was in line with other locations managed by the provider. Turnover rates in the three months prior to our inspection fell between 5.4% and 5.8%, which was higher than the average for other locations managed by the provider. Senior staff told us this was mainly due to nurses from other countries leaving the UK to move back home.

The 24/7 triage line was s supportive and palliative care staffed by a registered nurse who followed the UK Oncology Nursing Society (UKONS) triage tool. They were supported by the RMO and two on-call consultants at all times.

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.

The service had enough medical staff to keep patients safe. All patients were admitted under the care of a named consultant, who managed the care of their patients and was responsible for prescribing any systemic anti-cancer therapy (SACT). The service worked with consultants through a practising privileges arrangement. Consultants were granted practising privileges after scrutiny by the medical advisory committee (MAC). The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. Consultants were invited to join the staff at the service following identification of suitability and discussion at the medical advisory committee.

There was a resident medical officer (RMO) on each site at all times when they were open. There was a pool of seven permanent and two bank RMOs who worked across the sites, but they tended to work at the same location to ensure continuity of patient care. RMOs did not prescribe SACT but could amend this if required.

There was one palliative care consultant who covered all sites managed by the provider. He was available for advice at all times, with cover provided by another consultant with practising privileges.

Records

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

The service used an electronic system to keep patient records. The system was co-designed by the provider and LOC clinicians to prevent errors and allow for all steps in the pathway to be verified so that no intervention happened to the patient without it being appropriately checked and captured. Only authorised staff were able to access these records, using a password protected system. When records were created in paper, for example consent forms, these were signed and scanned into the electronic system to maintain a single complete record.

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely. We reviewed five sets of notes. All records we viewed had a diagnosis and management plan, with risk assessments documented where applicable. Records included documentation of patient symptom control and observations during Systemic Anti-Cancer Therapy (SACT) and evidence of Multi-Disciplinary Team (MDT) input. Between May 2021 and July 2021, documentation audits for the location showed 98% compliance with the provider's policy, we did not find any issues with documentation we checked on the day of the inspection.

The service did not use a specific document to record personalised care plans for those identified at the end of life. However, as this was an outpatient service, most of these patients would be managed under the care provider.

Medicines

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

Staff followed systems and processes when safely prescribing, administering and recording medicines. Medicines were stored safely including controlled drugs (CDs). A range of medicine audits were conducted to ensure compliance with local and national guidance. They indicated appropriate actions were taken where any issues or omissions were identified. Staff used a specific electronic prescribing system for chemotherapy prescribing. The electronic prescribing system flagged when treatment was prescribed outside an agreed treatment protocol or outside of a consultant's scope of practice. This was picked up by senior team members to investigate. In the 12 months prior to our inspection, there had been no cases of a practitioner treating outside of agreed protocol.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. All staff were clear with patients and their carers about the potential side effects of the treatment and when to seek support. All patients were given a 24-hour telephone number to call to seek advice if they were worried about anything. This telephone number was manned by the trained chemotherapy nurses who were able to support and give advice to patients who were experiencing side effects.

The service ensured that Systemic Anti-Cancer Therapy (SACT) was not given via the wrong route. They did this by maintaining a rigorous training programme to ensure appropriate safety checks at all stages before the chemotherapy was delivered. Pharmacists completed the SACT clinical verification training. In the 12 months prior to our inspection there were no incidences of SACT being given via the wrong route. We saw pharmacists clinically verified each cycle of

Outstanding ☆

Medical care (Including older people's care)

SACT to ensure that patients were being treated with appropriate evidence based SACT regimen. During the prescription verification stage, the pharmacist reviewed and recommended appropriate dose adjustments. This ensured that toxicities were minimised. Each patient was visited by a pharmacist on every treatment cycle to tailor their supportive therapy in line with patient's individual side effect profile.

Incidents

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

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Between September 2020 and September 2021, 52 clinical and non-clinical incidents were reported in the service. The majority of these incidents (44) resulted in 'no harm', eight incidents resulted in 'low harm' and no incidents resulted in 'moderate harm'. There were no serious incidents or never events. Staff were able to provide learning from incidents. For example, in response to the errors related to handwritten labelling for blood samples, a double check by nursing staff was implemented and this had resulted in a reduction of this type of incident.

Staff understood duty of candour. Duty of candour is a statutory duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. They were open and transparent and gave patients and families a full explanation when things went wrong. The service held monthly mortality and morbidity meetings which were well-attended. Cases were fully discussed with actions agreed where appropriate.

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

Outstanding ☆

Our rating of effective improved. We rated it as outstanding.

Evidence-based care and treatment

The service provided care and treatment based on national and international guidance and had systems in place to ensure it provided evidence-based practice. The service ensured staff were aware about changes in best practice guidance. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service regularly monitored working practices against national and best practice guidance and implemented corrective action where identified deviations in working practices occurred. The cross-site protocols management team oversaw all aspects of the system anti-cancer therapy (SACT) protocols available for medical staff to prescribe on the electronic patient management system. The protocol management team ensured treatment protocols were added and updated in line with changing clinical guidance from across the world, we saw evidence to show that clinical staff were provided with a bulletin explaining the changes in treatment protocols with reasonings for the change.

The team also sourced the latest evidence based treatments which were not licensed in the UK or only available through early access schemes, this was done for patients where all other treatment options had been exhausted and only if the

protocol was peer reviewed by oncologist staff. We saw evidence to show that the protocols management team ensured all treatments were in line with the provider's protocol management framework. The service provided a personalised stratified pathway for all patients, where patients were given individual assessments of their needs resulting in individualised care pathways. After treatment had finished patients were followed-up by clinical staff and provided with contact details for rapid re-access and referred to the provider's cancer supportive wellbeing services.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff checked with patients every day how they were coping with eating at home and they monitored patient's fluid and nutrition intake where needed. Patients had access to on-demand dining with a selection of food options catered towards all dietary needs. Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately. We saw evidence of this in patient records we reviewed.

Complementary therapies were also available to patients to help manage symptoms and side effects, although these had been limited by COVID-19, with support offered virtually throughout. The complementary therapies team offered reflexology, massage and aromatherapy to patients, with the first four sessions offered free of charge. Aroma sticks were supplied to individual patients in response to presenting symptoms to promote self-management of pain.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The provider conducted their own version of the national cancer experience survey and compared their own results with the NHS, the results for December 2020 showed that the provider performed better than the NHS for most questions in the survey. The protocol management team conducted a retrospective audit to check outcomes for patients that were given treatment not yet licenced in the UK, the results suggested outcomes for patients were positive, consistent and met expectations.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time which were undertaken within an accredited quality management system. A nationally recognised organisation assessed the service in October 2020 by checking the service's audit quality, they concluded that the service was compliant with the provider's own and international quality standards. We saw evidence to show that diagnostic imaging staff conducted regular audits to check compliance against Ionising Radiation (Medical Exposure) Regulations.

Medical care (Including older people's care)

Managers shared and made sure staff understood information from the audits. Managers used information from the audits to improve care and treatment. We reviewed evidence which showed that some staff working at the service had participated in research and clinical audit, we saw examples of where the service had published articles in peer reviewed medical journals. Patients were offered the opportunity to take part in clinical trials if they were eligible, but the service did not conduct these treatments and patients were referred to another location run by the provider.

The service had Macmillan accreditation which recognised services that went above and beyond to make the clinical environment welcoming and friendly for cancer patients. The service had accreditation by a nationally recognised organisation for ISO 9001:2015 standards which recognised the service's ability to monitor, manage and improve the quality of their service. The service was recognised by the European Society of Medical Oncology as a centre which provided highly integrated cancer and palliative care services.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. Staff we spoke with on the day of the inspection felt that their learning and development needs were being met.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff told us that they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Managers identified poor staff performance promptly and supported staff to improve. The provider developed a targeted training programme for clinical staff who were involved with the end of life care pathway (chemotherapy givers and RMOs). In 2021, the programme achieved a compliance rate of 100% (25 staff).

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 provider had a comprehensive multidisciplinary team (MDT) meeting policy which outlined roles and responsibilities of staff, scope of the meetings and the quality framework the meetings should follow. Regular and effective MDT meetings were held to discuss patients and improve their care. MDT meetings covered a wide range of specialities and tumour groups. Most MDT meetings were hosted at other locations run by the provider, staff from the service and other locations attended these meetings in person or by video conference call and presented patient cases. Staff worked across health care disciplines and with other organisations when required to care for patients. Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. Patients had their care pathway reviewed by relevant consultants.

The provider introduced a pan cancer type molecular tumour board as part of their MDT meetings to discuss the results from commercially available tests on an individual patient's tumour genetic profile. This guides treatment plans for targeted SACT, either as first line treatment or on progression from other lines of treatment. This also gives an opportunity to access available clinical trials, either at local NHS institutions or via another site managed by the provider.

Outstanding ☆

Medical care (Including older people's care)

Staff from the service noticed there were no national standards for discussing advanced disease patients who progress through multiple lines of SACT treatment over many years, which is increasing as patients are living with cancer for longer and are becoming more complex. Staff at the service created an electronic MDT meeting conducted on the cancer patient management system. A consultant can present a treatment proposal in writing on the system, then tumour group specific medical and clinical oncologists alongside medical staff from palliative care, nursing staff and pharmacy staff can review the proposal and add their comments. MDT co-ordinator staff collate the comments and summarise whether the treatment proposal should proceed or not.

Seven-day services

Key services were able to support timely patient care, but were not available seven days a week.

At the time of the inspection the service was only operational two days a week, this was because the service was affected by the COVID-19 pandemic. Managers planned to increase operational hours alongside patient demand. Patient treatments were always booked for the days the service was operational, if patients required help and support outside of these hours then they could use services at other locations run by the provider or they could access the 24-hour help line.

Consultants saw their patients on a weekly basis and patients were given contact details so they could contact the consultant at any time for advice. Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests anytime from within their own location and other locations run by the provider.

Health promotion

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

The service had relevant information promoting healthy lifestyles and the support available. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. The results for the consent process audit showed the staff were 96% compliant in following the best practice guidelines for gaining consent in September 2021. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

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

Outstanding ☆

Our rating of caring stayed the same. We rated it as outstanding.

Outstanding ☆

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.

Staff were discreet and responsive when caring for patients. Patients were provided with their chemotherapy in individual bays where curtains could be closed for additional privacy. Staff followed policy to keep patient care and treatment confidential. Staff took time to interact with patients and those close to them in a respectful and considerate way, for example in the diagnostic imaging scanner the radiographer staff provided additional time and rehearsal appointments for claustrophobic patients to become comfortable with the procedure.

Patients we spoke to on the day of the inspection described how nursing staff were personable and often provided additional care without them having to request it, such as ordering patient meals because they looked tired or booking patients aromatherapy because they mentioned they were stressed. All patients we spoke with on the day of the inspection were emphatic about the quality of care they received and said staff treated them well and with kindness.

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. The service provided each new patient with a holistic needs assessment (HNA) which assessed any additional physical and mental health needs. At this assessment the cultural, social and religious needs of the patient were taken into consideration. The service emphasised the importance of patients emotional and social needs. They set up patient groups and support networks and signposted patients to them accordingly.

In the last year, the service had been awarded the Macmillan Cancer Support MQEM award, being awarded a score of five (excellent). This award involved a combination of environmental assessments, a review of supporting documents as well as getting direct feedback from patients and users of the service. Over the last six months, in five of the six months, 100% of patients said they would either be 'extremely likely' or 'likely' to recommend the service to friends and family.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. A wide range of support services were available for patients and relatives. Staff understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff received training in emotional support and advanced communication. We were given multiple examples of staff supporting patients, such as complementary therapists attending treatment sessions with patients who were afraid of needles.

The CNS team provided a personalised service for each patient. A member of the CNS team could be present during clinics with consultants and throughout the patient journey. They coordinated the care of patients and acted as the point of contact for those undergoing complex treatment, ensuring patients had a positive experience of care.

There was psychological support available for patients. Nursing staff and clinical nurse specialists could refer patients to this service if needed. Although there were two vacancies in the cross-site psychology team at the time of our inspection,

patients were triaged at the point of referral and those who needed to be seen urgently were prioritised. 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. Mindfulness and relaxation sessions were available virtually for those who needed additional support at home.

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 outpatient sites by request to speak with patients or perform religious rites.

Although it had been interrupted by COVID-19, the provider ran a memorial remembrance event for all of its inpatient and outpatient family members who had been affected by bereavement. 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 pharmacy team were included in the patient pathway to review all patient medicines and offer direct advice to patients.

Managers understood that patients often felt confused and anxious during the initial phases of their diagnosis, so in order to allow patients and their relatives the time to talk about their worries and concerns managers ensured appointments with their consultant were a minimum of one hour. Pharmacy staff conducted consultations with patients before dispensing their chemotherapy in order to go over the side-effects of the treatment and answer any patient queries, this was repeated by nursing staff again before commencing the treatment, patients told us they appreciated this service as it allowed them to talk about their worries and concerns during multiple points in time.

Where appropriate, visitor passports and COVID-19 testing arrangements were in place to allow patients to bring someone to support them safely whilst they were at the service. During the height of the pandemic when this was not possible, staff would call family members where requested to update them on the situation where clinically appropriate.

The service had produced a range of videos with patients and clinicians for other patients to learn about different aspects of treatment at the service. These were available on their own website and social media channels. The service's IT system was soon to be upgraded to allow patients the option of downloading a patient portal to their mobile phone to enable close tracking of symptoms following treatment, with support from a nurse if anything unusual was noted.

Written information leaflets were available for patients about a range of treatments and procedures. The service had employed a communication team to undertake interviews with a group of patients to improve the information provided to patients and communication with patients in response to the feedback received from the group. The Macmillan patient information centre hosted at a sister site was available for patients requiring face-to-face guidance. All patients we spoke with informed us that they were aware of the costs prior to starting treatment. Palliative and symptom control treatment was offered free of charge to patients throughout their journey at the service.

Outstanding ☆

Medical care (Including older people's care)

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

Good

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

Service planning and delivery to meet the needs of the local people

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

Managers planned and organised services, so they met the changing needs of the patient population. International patients were facilitated by a dedicated liaison team run by the provider which helped this patient group throughout their treatment by providing services such as translation and help with paperwork and accommodation. The service was able to refer patients to MacMillan support centres hosted at other locations run by the provider.

Facilities and premises were appropriate for the services being delivered. For example, some of the bays contained beds instead of chairs for patients who preferred to lie down whilst receiving treatment. Whilst receiving chemotherapy, patients were able to make use of scalp cooling machines. Scalp cooling can sometimes reduce or prevent hair loss associated with chemotherapy treatment. The staff at the service were specially trained in the use of the machines and were able to assist patients as well as train them in how to effectively use the machines.

Managers monitored and took action to minimise missed appointments and ensured that patients who did not attend appointments were contacted. Operational hours at this location had been affected by the COVID-19 pandemic, but patients had been seen at other locations run by the same provider.

They worked across a network of organisations and had representation on national cancer nursing boards. The provider was in the early stages of work with an NHS trust to join the Collecting, Understanding, Reporting, Interpreting and Exploring (CURIE) project with aims to develop, deploy and test the effects of collecting Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) in cancer patients starting a new line of treatment.

Meeting people’s individual needs

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

Although complex patients were not seen routinely at the service, staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The service provided patients with pre-treatment consultations to identify any risks and complex needs. This information was then uploaded to the electronic patient record and was used to plan each patients experience. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had wide corridors, large bays and WC facilities to accommodate patients who were wheelchair bound. The service had a dementia champion who was able to provide support and guidance to both staff and patients on managing hidden disabilities.

The service had information leaflets available in languages spoken by the patients. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients had access to chaplaincy services that catered

towards a wide range of religious beliefs. There was no multi-faith space available on-site for patients to pray or meditate in. However, staff told us patients were welcome to use any dedicated space at other locations run by the provider which were within walking distance, or alternatively staff were able to provide patients with a room where they would not be disturbed.

There was a dedicated family lounge with complimentary refreshments where visitors who attended with patients could wait or take a break. Patients and their relatives had access to a wide array of complementary therapies that they could book whilst the patient was having treatment including reiki, massage, aromatherapy.

Hair and image consultations were available for all patients who attended the service. The service had long established links with wig makers and specialist makeup artists. These services also provided workshops to both men and women.

The service provided training to patients to be able to self-administer certain drugs. This provided patients who lived far away from the service to not have to visit so frequently. During COVID-19, a courier service was provided for all oral SACT to ensure vulnerable patients were protected and did not have to travel. This was in the final stages of a governance review to enable this to become business as usual, with tests delivered at the provider's satellite sites.

Access and flow

People could access the service when they needed it and received the right care promptly. As the service was part of an independent provider it was under no obligation to monitor waiting times for patients, but did so in order to improve the service. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were better than national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Audits were done to check the time taken between a patient's first visit to a provider location and their first SACT treatment. This was done so the provider could benchmark itself against the NHS standard of no more than a 31 day wait between agreeing a treatment plan with a consultant to start of treatment. Results for the period between October 2020 and September 2021 showed that patients received their first SACT treatment within 31 days for 16 out of 20 tumour groups treated by the provider. The four tumour groups where patients were not provided treatment within the 31 days were due to the patients receiving other medical treatments which did not allow SACT treatment to commence or that the patient chose to delay treatment. Out of the 16 tumour groups which were seen within the 31-day period, the median day to treatment ranged between 5 and 21 days. The provider was working across all its locations to improve breast cancer diagnosis times in line with the NHS 28-day faster diagnosis standard. Results for the period of January 2019 to September 2021 showed 99% of patients had breast cancer diagnosed or ruled out within 28 days of referral, with the average number being four days. From this patient group, 100% of patients had all diagnostic tests (blood tests) carried out on the same day. In addition, 72% of breast cancer patients which required core biopsies received their results within two days.

Staff ensured patients had access to rapid diagnostic imaging by accommodating same-day slots whenever possible. Most staff and patients we spoke with told us that all relevant diagnostic imaging was carried out for patients within the first week of being referred. Patients were able to choose appointments for imaging that suited them, and they had access to imaging services across all provider locations. The service aimed to turnaround diagnostic reports within 48 hours, but staff showed us that most reports were turned around within 24 hours.

Outstanding ☆

Medical care (Including older people's care)

Patients were able to access their consultants and clinical nurse specialists at any time. They were provided with a 24 hour, seven days a week help line which they could call on for advice and support. Staff were able to refer patients for other services such as physiotherapy, speech and language therapy, dietetics, complimentary therapies, psychological support, MacMillan support services and appointments were available anytime the patient wanted, and most services accommodated same-day requests.

Managers and staff worked to make sure patients did not stay longer than they needed to. Audits to check if patients were seen within 15 minutes of their pre-booked appointment time showed that the service achieved 100% compliance with the target for the period of June to August 2021.

Managers worked to keep the number of cancelled appointments to a minimum and it was explained to us that this was done only under exceptional circumstances such as an emergency with the location or staff. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. The data around complaints was pooled together with the service's sister locations. Between September 2020 and September 2021, there were seven formal complaints and 34 informal complaints. The main themes of the complaints were attributed to catering services, clinical treatment, outpatient services, finance and test results. The service was signed up to an independent review service for resolution of formal complaints.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give multiple examples of how they used patient feedback to improve daily practice. For example, a formal complaint relating to rapid COVID-19 swabs had led to this process being redesigned across sites.

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

Good

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

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Outstanding ☆

Medical care (Including older people's care)

There was a clear management structure which staff were aware of. This meant that leadership and management responsibilities and accountabilities were explicit and clearly understood. The service was led by the clinical lead and the matron. Senior provider-wide leaders were frequent visitors to the site and were easily accessible to local staff. The registered manager and senior clinical staff had a very strong joint understanding of the day-to-day issues in the clinic and the service was managed consistently across sites.

Staff spoke positively of senior leaders and those leaders expressed confidence in the people who they managed. Staff were supported to develop into senior roles, with several examples of successful internal promotion apparent during our inspection.

Vision and Strategy

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

Staff were passionate about doing the best job for the patient and were proud of the work they did in the service. Staff we spoke with told us that the service was committed to delivering safe and effective clinical care. The mission for the service was, 'Above all else we are committed to the care and improvement of human life.' The provider wanted to ensure that all of their locations worked as one rather than individual locations, building on the integration that already existed between many of their sites. This would improve the consistency of experience and increase choice for patients. At the time of inspection, leaders were planning to talk to the heads of each department to gather feedback from a wide range of clinical staff to feed into the local strategy for each location.

The supportive and palliative care team was still relatively new, but the palliative care consultant wanted to develop the service so it was truly cross-site across the provider, with a core team available to support staff at each location.

Culture

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

Staff we met were welcoming, friendly and helpful. Staff expressed high job satisfaction and it was clear from talking to staff that there was a good working relationship between staff. Staff felt supported in their work and said there were opportunities to develop their skills and competencies, which senior staff encouraged. Training and development of staff was a key feature of the service's strategy over the next year, building on the results of the last staff survey. This also offered a long-term solution to recruitment issues, as they planned to train up staff who did not currently work in oncology to do so.

We observed good team working amongst staff of all levels. Staff told us they were happy working at the service and felt they contributed to creating a positive work environment. Staff felt confident raising concerns to managers and appropriate action would be taken. The service was in the process of selecting staff to be trained up as mental health first aiders to act as an additional point of contact and support for staff experiencing any mental health issues. There were also three Freedom to Speak Up champions across the service, as well as access to three others at a neighbouring hospital run by the provider, to support staff in raising patient safety concerns confidentially.

Outstanding ☆

Medical care (Including older people's care)

We saw good team working amongst staff of all levels. The medical team worked well together, with consultants being available for RMOs to discuss patients and to give advice. An RMO we spoke with informed us, “consultants are always on hand should I need any support”.

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 was a clear governance structure in place. We saw an overall organisational plan of how this governance system operated with its attendant committee structure. There was an executive board with committees that covered medical governance, clinical governance, information governance and patient safety, quality and risk. The cancer quality and safety board fed into the overarching health and safety board at provider level and included representations from relevant clinical specialist groups, nursing, palliative care and systemic anti-cancer therapy (SACT). There was strong guidance on the scope and responsibilities of each committee and how they interacted with each other.

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

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was an overall provider level risk register which included all risks to the service. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual. Risks were regularly reviewed. The service had plans to cope with unexpected events, including adverse reactions during procedures. There was a risk management policy and the service undertook risk assessments, for example control of substances hazardous to health (COSHH) risk assessments. The health and safety representative and centre leader carried out regular walkarounds to ensure there were no new environmental risks.

An annual audit program ensured performance was monitored and managed consistently. Nursing staff participated in local audits, with the resulting information shared amongst staff to promote improvement.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.

Most of the information systems that the provider operated were computerised. There was a comprehensive information governance policy and framework in place which was aligned with relevant legislation. The information systems were secure. There was a clear strategy to further improve integration and utilisation of the IT software systems.

Information governance training was part of the annual mandatory training requirement for all staff working at the service. At the time of our inspection, 100% of staff had completed privacy and security training.

Outstanding ☆

Medical care (Including older people's care)

Engagement

Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services.

We saw evidence, through surveys and feedback questionnaires, that the department engaged with patients and that changes were made when necessary. There was also the involvement of patients following complaints or incidents and an active patient experience committee.

Similarly, the organisation carried out staff surveys twice a year. We saw actions taken in response to the staff feedback. For example, to improve mental health and social wellbeing of staff, the provider introduced wellbeing webinars, one to one check-in conversations with managers and subscription for online meditation sessions. Staff told us they were supported with their wellbeing during COVID-19. The service ensured regular communication through various channels with staff and had an awards system to recognise colleagues who went above and beyond. The provider ran Schwartz rounds every two months that all clinical and non-clinical staff were welcome to attend to share stories about the emotional impact of their work.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Improvement and innovation was driven at a provider level, and as such many examples of innovation we were provided with were not directly attributed to this location. However, staff from across the provider's locations were involved in various projects. An example of a provider level initiative was the provision of novel immunotherapy treatments to all relevant patients across the provider's cancer network.

The provider had a governance structure to oversee research and development, and any activity only took place with prior approval. There was also strong oversight of any research activity through the MAC.

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

Some examples of innovations and improvements relevant to the location we inspected were: the provision of a new e-learning system for pharmacy staff so they could complete advanced learning related to SACT, the introduction of safe patient pathways to allow patients to self-administer hormone treatments at home rather than attending outpatient clinics, introduction of electronic MDT reviews for advanced breast and lung cancer patients who are not normally seen at MDT meetings, and provision of a detailed resident medical officer training and education programme.