Genesis Cancer Care UK Limited

Genesis Care, Elstree

Inspection report

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

Ratings

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

Summary of findings

Overall summary

This was the first rated inspection for GenesisCare Elstree. 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 collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The local rules displayed in the radiotherapy area were past their review date. However, staff told us these were recently reviewed and required printing. We checked the new rules against the rules displayed and there were no changes to note. Following our inspection, we received assurances that the updated local rules had been printed and displayed in the linear accelerator control area.
- We asked staff to locate the policy in relation to escalation of deteriorating patients. Although a policy was in place, this took a while to find. The service rarely experienced patients deteriorating; however, staff need to be aware of steps to take if this was to happen. Following our inspection, we received assurances that the policy had been read by all staff in the Centre.
- The majority of policies and clinical guidelines were in date and there was good oversight of policies and guidelines which required a review. However, we found two policies that were past their review date, including the complaints policy which was due for review in July 2021, and the Mental Capacity/Deprivation of Liberty Safeguards policy which was due for review in August 2020. Staff told us these were currently under review and would be published by October 2021.

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 	This is the first time we have rated this service. We rated it as good overall. We rated this service as good because it was safe, effective, caring, responsive and well led. Please refer to overall summary above.

Summary of findings

Contents

Summary of this inspection

Background to Genesis Care, Elstree

GenesisCare Elstree is an independent provider of cancer services to people across Hertfordshire and the surrounding region, as part of a network of 14 Centres across the UK. The service operates five days per week, Monday to Friday from 8am till 4.30pm.

The Centre is a purpose built, two storey facility shared between GenesisCare and another independent health provider. The entrance and some facilities were shared between the two organisations.

The Elstree Centre predominantly provides advanced radiotherapy to private patients including:

- Volumetric modulated arc therapy
- Stereotactic ablative radiotherapy
- Image-guided radiotherapy
- Surface-guided radiotherapy
- Deep inspiration breath hold

Different types of radiotherapy were offered depending on patient needs, alongside advanced techniques for precision targeting.

In addition to advanced radiotherapy, the service also offered holistic therapies to support physical and emotional wellbeing, and were provided to anyone receiving chemotherapy or radiotherapy as a patient of GenesisCare.

Chemotherapy was provided within their partner hospitals. Another independent provider had occupation of dedicated space within the first floor of the building providing chemotherapy services within their own management and control.

The Centre had a registered manager in post and is registered to provide the following regulated activities:

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

GenesisCare Elstree was registered in 2011 and was last inspected but not rated in 2014. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 21 September 2021. To get to the heart of patients' experiences of care, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led.

The main service provided by the Centre was cancer care. We inspected and reported all cancer care services under the CQC Cancer Assessment Framework.

How we carried out this inspection

The team that inspected the service comprised of three CQC inspectors. The inspection team was overseen by an inspection manager and head of hospital inspection.

Summary of this inspection

During the inspection, we visited all areas within the Elstree Centre. We spoke with 11 members of staff including radiographers, dosimetrists, physiotherapists, physicists, domestic staff, administration staff and senior managers. We observed the environment and spoke with four patients and reviewed nine sets of patient records. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Outstanding practice

We found the following outstanding practice:

- The service provided Surface Guidance Radiotherapy Treatment (SGRT). This technology allowed radiation to be targeted from direct surface measurement without the need for skin marking, and when used in conjunction with Deep Inspiration Breath Holding (DIBH) better reduces the radiation dose to the heart.
- The service provided patients with taxi transfers from home to the Centre for their treatment so, patients and those close to them did not have to worry about how they would get to the Centre.

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

Good

Medical care (Including older people's care)

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

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

Good

This is the first time we have rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Training was provided through a combination of e-learning and face-to-face sessions. This was tailored to the skill requirement of staff and was dependent on their role. Topics included, but were not limited to, equality and respect; infection control; mental capacity; life support; and radiation protection awareness.

As of September 2021, the overall mandatory training completion rate was 100%.

All staff were up to date with life support training at the appropriate level, dependent on their role.

Managers monitored mandatory training and alerted staff when they needed to update their training. This was readily achieved through colour coded reports that identified staff who were coming up for, or who had missed their training anniversary.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles.

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.

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. Safeguarding adults and children policies were in-date and accessible to all staff.

Good

Medical care (Including older people's care)

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults in vulnerable circumstances. Staff knew how to make a safeguarding referral and who to inform if they had concerns, despite it being infrequently needed.

Staff we spoke with demonstrated a good understanding of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding adults level one and all clinical staff were trained to safeguarding adults level two. Similarly, although no children were treated at the Centre, all staff had safeguarding children level one training and all clinical staff were trained to safeguarding children level 2. This was in line with the intercollegiate guidance. Yearly updates to safeguarding training were mandatory and the Centre's compliance rate was 100%.

There was a named safeguarding lead for the organisation who was trained to level four in safeguarding. Staff who we spoke to were aware of who it was, and contact details were displayed on posters. The safeguarding lead was available to provide advice and support to staff on any safeguarding related matter. The lead radiographer was trained to adult and children's safeguarding level three and their contact details were easily available.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The Centre had a chaperoning policy and staff knew how to access it. All patients were entitled to have a chaperone present for any consultation, examination or procedure.

There had been no safeguarding concerns reported to the CQC in the reporting period, from October 2020 to September 2021.

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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff followed infection control principles, including the correct use of personal protective equipment (PPE) such as disposable gloves and aprons. PPE was available in all clinical areas.

Staff adhered to 'bare below the elbows' principles to enable effective hand washing and reduce the risk of spreading infections. Hand sanitising units and handwashing facilities were available throughout the service and handwashing prompts were visible for staff, patients and the public.

There was a named local Infection Prevention and Control lead. Staff who we spoke to were aware of who it was and told us they were available to provide advice and support to staff.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. All equipment and treatment rooms were cleaned between patients, and equipment was labelled as having been cleaned which was good

practice. Cleaning was carried out against schedules, and in the case of the radiotherapy suite, a standard operating procedure was in place and adhered to. Schedules were completed to indicate that the tasks had been completed and regular audits and spot checks took place. These indicated high compliance with the requirements. We reviewed audit results between April 2021 and September 2021 which demonstrated compliance between 97-99%.

The service performed well for cleanliness. There were effective systems to ensure standards of hygiene and cleanliness were maintained. Standards of cleanliness were regularly monitored, and results were used to improve IPC practices where needed. There was a regular programme of IPC audits to ensure good practice was embedded in all areas.

Monthly infection prevention and control (IPC) audits were completed within the service. The audits included, but were not limited to, hand hygiene compliance and personal protective equipment. Data from April 2021 to September 2021 showed that all areas scored 100% in the monthly hand hygiene audit. For the same period, all areas scored between 93-98% in the monthly quality inspection.

There was a protocol for ensuring that patients attending for treatment were screened for COVID-19 infection. Patients had their temperature taken and were asked about relevant symptoms every time they attended the Centre. All patients received a Polymerase Chain Reaction (PCR) COVID-19 test weekly. There was a protocol in place so that patients with COVID-19 could be treated in isolation with enhanced infection control procedures.

The service had a process in place to test asymptomatic staff for COVID-19. The provider had introduced twice weekly home testing for staff using lateral flow technology. This was completed on Wednesdays and Sundays to allow any changes to staffing to be accommodated should a result be positive. If a member of staff tested positive, they would be required to access a COVID-19 Polymerase Chain Reaction (PCR) test through the NHS.

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 design of the environment followed national guidance. The building was purpose built as an oncology facility and had many features to keep people safe and to ensure effective treatment. The Centre was clean, spacious, and patient centred.

The service had enough suitable equipment to safely care for patients. Medical devices were standardised across the Centre and staff had been provided with training on the specific model of equipment that was used to ensure they were competent to use them. All equipment we checked were in date.

There was a regular planned maintenance and equipment replacement programme. An external maintenance provider attended the Centre annually to service and safety test the electrical equipment, or when needed.

There were processes in place to ensure equipment was checked daily. Staff carried out daily safety checks of specialist equipment. We reviewed daily checklists for all equipment from July 2021 to September 2021 which were all completed. We checked equipment which corroborated this.

Significant pieces of equipment, such as the linear accelerator, were maintained through a companywide arrangement of qualified and competent engineers. If the radiotherapy treatment equipment was unserviceable, the provider had established arrangements to ensure that patients could be treated at another Genesis Centre.

Good

Medical care (Including older people's care)

There was appropriate resuscitation equipment available in the case of an emergency. There was one resuscitation trolley situated on the first floor which was under the control and management of another independent health provider. The trolley was well organised and had tamper evident seals in place. Relevant daily and weekly checks were in place. There was a lift available if staff required the use of the trolley.

All patient toilets had pull cords that activated an emergency alarm.

There were appropriate arrangements for the delivery of safe radiotherapy treatment. There were warning signs in place in line with national guidance. Local rules were displayed, and a laser safety policy was also in place which staff could access easily. However, we noted the local rules displayed had past their review date. Staff told us these had been reviewed recently and required printing. We checked the new rules against the rules displayed and there were no changes to note. Following our inspection, we received assurances that the updated local rules had been printed and displayed in the linear accelerator control area.

Staff managed clinical waste well. Staff disposed clinical waste safely. Waste management was handled appropriately with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance. Arrangements for control of substances hazardous to health (COSHH) were adhered to. Cleaning equipment was stored securely in locked cupboards.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on referral and arrival to the service and reviewed this regularly. Our observations and review of patient records showed that a full medical history was taken, and comprehensive assessment notes were made by staff, including details of allergies prior to treatment.

The service had a medical emergencies policy in place should a patient deteriorate and require emergency medical attention. Staff we spoke with could describe the process they would follow if a patient was to deteriorate. However, we asked staff to locate the policy in relation to escalation of deteriorating patients. Although a policy was in place, this took a while (a few minutes) for staff to find. Staff told us they rarely experienced patients deteriorating; however, staff need to be aware of steps to take should this happen. Following our inspection, we received assurances that the policy had been read by all staff in the Centre.

There had been no unplanned transfer of patients to another healthcare provider in the previous 12 months.

The service used the ‘pause and check’ safety checklist to ensure patients were treated in a safe manner. We saw evidence the safety checklist was adequately completed. The service audited compliance with the checklist, these demonstrated satisfactory levels of compliance.

Each morning staff took part in a daily huddle where they received a briefing for the day. Staff were briefed on patients with any particular needs, any risks, rapid alerts, as well as sharing learning from incidents.

All staff received basic life support (BLS) training. The Centre had a service level agreement with another independent health provider who occupied the first floor of the building if they required support from staff with advanced life support (ALS) training, or the Resident Medical Officer (RMO).

Good

Medical care (Including older people's care)

Patients were given the service telephone number to ring in the event of any issues or to ask questions following treatment.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of staff depending on the number of patients, type of treatment, and treatment time. Staffing levels were planned in advance by the service manager and lead radiographer. Operational calls were held three times a week to discuss staffing levels.

All allied health professionals and support staff were employed directly by the provider. All consultant medical staff worked under practising privileges which is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in a private hospital or clinic. As of September 2021, 21 doctors had been granted practising privileges to work at the Centre. Practising privileges were only granted if deemed competent and safe to practice. All consultants carried out procedures within their scope of practice within their substantive post.

We were told staffing levels were generally fine unless staff were absent due to sickness or leave. Some staff felt overstretched if this were to happen. Staffing shortfalls were managed using a centralised approach by requesting staff from other Centres in the organisation or the use of bank and agency staff.

All new staff followed a 90-day induction programme during a three-month probation period. The learning and competency requirements were specified in a policy and we were able to see this documented, including copies of training certificates for recent starters.

Managers made sure all bank and agency staff had a full induction and understood the service. Bank staff had completed mandatory training and received an induction before they commenced duties. Agency staff received a full induction and both bank and agency staff regularly worked at the Centre and were familiar with local working practices.

The service had access, through a service level agreement, to a Resident Medical Officer (RMO).

The service did not accept emergencies but did have an out of hours number for patients to ring should they require any advice or support after their treatment. This number was covered by medical staff over 24 hours.

If patients deteriorated in the Centre, staff followed the service protocol in transferring patients to an acute setting.

Records

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

The service used mostly electronic-based patient records. Some paper records were also in use and scanned onto the electronic record at the end of the treatment. We reviewed nine sets of patient records and found they were clear, up-to-date and comprehensive and staff could access them easily.

Good

Medical care (Including older people's care)

Clear pathway documents were used throughout the patient pathway. Risk assessments were completed from the start of the patient's pathway through to the end of treatment.

Electronic records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff.

Medicines

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

The service used systems and processes to safely administer, record and store medicines. Medicines were stored securely in all areas we visited. Medicine storage areas were well organised and tidy, with effective processes in place to ensure stock was regularly rotated. All medicines we checked were within their use by date.

There were no controlled drugs held at the Centre.

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.

The service used an electronic reporting system which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

There had been no never events at the service from September 2020 to September 2021. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

From September 2020 to September 2021, 37 incidents were reported. Each incident had been reported and investigated in accordance with the provider's policy for incident management. Serious incidents were investigated thoroughly and discussed at various meetings, including the radiation safety meetings, risk and safety meetings, and staff meetings.

The provider had a duty of candour policy which staff could access through the services' intranet. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm. Staff we spoke with were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened.

Learning from incidents across all sites was shared in a variety of means including; safety briefs, emails, governance and team meetings.

Good

Medical care (Including older people's care)

Managers ensured that actions from patient safety alerts were implemented and monitored. These were monitored through the radiation safety meetings which were held on a quarterly basis.

Safety Thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance.

While the service did not submit safety information to the NHS Safety Thermometer, staff did collect, monitor and report performance data such as infection, prevention and control, patient outcomes, incidents and patient satisfaction.

Staff used performance data to further improve services.

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

Good

This is the first time we have rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Most policies seen were up-to-date and contained current national guidelines and relevant evidence.

Policies were stored on an online system which all staff had access to.

There was a system in place to ensure policies, standard operating procedures and clinical pathways were up-to-date and reflected national guidance. The service used an electronic system which alerted staff when a policy was due for review. We reviewed 16 policies and the majority, 14, were in date and there was good oversight of policies and guidelines which required a review. However, we found two policies that were past their review date, including the complaints policy which was due for review in July 2021, and the Mental Capacity/Deprivation of Liberty Safeguards policy which was due for review in August 2020. Staff told us these were currently under review and would be published by October 2021.

There was a regular audit programme across the service. This included, but was not limited to, hand hygiene, infection control, personal protective equipment, UK safety, health and welfare audits, patient centred care audits, and information governance. We saw that there was good compliance with completion of these audits and provided assurance that treatment was in line with guidance and best practice. For example, data from their patient centred care audits which included dignity, privacy, consent and identification, showed compliance for their last two audits as between 98-100%.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs during treatment.

Water dispensers and hot drink facilities were available in waiting areas for patients to use.

Staff we spoke with told us that patients were able to have diet and fluids if needed, and snacks could be provided. However, most patients attended for a short period and therefore, food was not routinely offered.

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's pain; however, pain relief was not routinely administered within the service as patients attended for a short period. Staff told us if patient's experienced pain, they would normally prescribe relevant pain medication such as paracetamol.

Patients we spoke with had not required pain relief during their attendance.

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 an effective system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and measured. Clinical audits and risk assessments were carried out to facilitate this. The service monitored patient outcomes including, for example, the positive impact of exercise prior to patients receiving radiotherapy. A recent pilot, based on research, had shown patients responded better to treatment following a short exercise session. Staff told us they were planning to roll this out across the service.

There was a local audit programme for the service. The programme ensured different aspects of care and treatment within the service were checked during each audit. Audits included, but were not limited to; patient identification audit; dose optimisation; patient pregnancy audit; patient pathway audit; dose badge wearing audit; and staff dose monitoring audit. Audit results were mostly positive, and where compliance was low, action plans were in place. Audit results were discussed at governance meetings, where all leads were present. They then shared this information with their teams. Managers used information from audits to improve care and treatment.

Following an unsatisfactory Ionising Radiation (Medical Exposure) Regulations {IR(ME)R} inspection in 2020, an improved audit system had been introduced across the radiotherapy treatment provision of the organisation. There was a schedule in place for a 12-month period and each audit was completed twice a year. Audits included patient identification, pathway audit, entitlement of staff, dose badge wearing and pregnancy.

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. There was an overall Induction Learning and Competency Policy which described how these matters were to be managed across the organisation.

Staff completed a variety of mandatory and role specific training through an e-learning system and face-to-face training. Competencies were required for each role and at the time of our inspection, these were managed and work allocated using a manual process. The service request manager undertook a manual process to ensure that the staff members

assigned to tasks were deemed suitably competent. Managers recognised this was a time consuming process and on the day of our inspection, we were told the provider were in the process of developing an automated system that would identify when a staff member had not achieved the required frequency of cases to maintain competency in a specified area. This process would improve the efficiency of workload allocations as it would remove the need for manual checks.

There was an electronic human resources system used by the provider which included training records. We saw examples of training records which were readily available, and managers were able to demonstrate various reports that enabled them to have effective oversight of staff training.

The organisation kept a record that staff requiring registration with a professional body were registered. We examined these records noted that they included the expiry date and highlighted those staff who were coming up for renewal.

Managers gave all new staff a full induction tailored to their role before they started work. New starters were required to complete their competencies within three months of starting. All staff made a yearly annual competency declaration which was signed off by their supervisor.

Managers supported staff to develop through yearly, constructive appraisals of their work. As of September 2021, 100% of staff received an appraisal. New starters also received regular reviews in between. Managers supported staff to develop through regular, constructive clinical supervision of their work.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Multidisciplinary working

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

We observed effective multidisciplinary working, and communication between staff in all areas. All staff told us they had good working relationships with their colleagues. We saw good interactions between all members of the team. Patient records we reviewed confirmed there was routine input from radiotherapy, medical and support staff.

There was a strong multi-disciplinary team (MDT) approach across all the areas we visited. Staff of all disciplines, clinical and non-clinical, worked alongside each other throughout the service. We observed good collaborative working and communication amongst all members of the MDT. Staff reported that they worked well as a team.

Managers and senior staff held regular staff meetings. All members of the multidisciplinary team attended, and staff reported that these meetings were a good method to communicate important information to the team.

Seven-day services

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

The Centre was open during weekdays, Monday to Friday.

There were robust arrangements for patients to obtain advice through a 24-hour helpline from a specialist nurse employed by the partner site and they would arrange emergency care through the NHS as necessary.

Good

Medical care (Including older people's care)

Health promotion

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

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. Patients benefitted from access to an exercise clinic. Staff in the exercise clinic would prescribe an exercise regime to support healthier lifestyle and aid recovery. The Centre had a large and well-equipped exercise room with free weights, a treadmill and exercise benches.

All patients were referred to the Centre's physiotherapist led exercise service and the patients had to opt out if they did not wish to participate in this element of support. This provision was evidence based around research that showed that "exercise medicine" improved not only mental wellbeing but also minimised dose reduction and helped with fatigue from radiotherapy.

All patients were also offered holistic therapies to support physical and emotional wellbeing, including reflexology and acupuncture treatment.

The service had relevant information promoting healthy lifestyles and support. We noted there were various information leaflets available to patients in the main waiting area. This included, but was not limited to, your feelings after cancer treatment; body image and cancer; physical activity and cancer; and young women with breast cancer.

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 the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and knew who to contact for advice. There was an effective up-to-date consent policy for staff to follow. Patient records we reviewed showed consent was obtained in accordance with the service policy. We observed consent being obtained for three patients prior to their radiotherapy treatment.

Staff made sure patients consented to treatment based on all the information available. Patients were given information about their proposed treatment both verbally and written, to enable them to make an informed decision about their procedure. Patients said staff fully explained their treatment and additional information could be provided if required.

Managers monitored consent processes. Consent audits were part of the service's audit programme and data provided showed 100% compliance. We reviewed nine sets of records and consent was completed fully in all of them.

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

Good

This is the first time we have rated this service. We rated it as good.

Compassionate care

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

Good

Medical care (Including older people's care)

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. All staff, including reception staff, knew patients by name and addressed them appropriately. Patients told us they had been able to build relationships with staff and get to know them over the course of their treatment. One patient told us staff were, “like family.”

Patients said staff treated them well and with kindness. We spoke with four patients during the inspection and they all had positive comments about the Centre and staff. They all told us staff were, “fantastic,” and one patient said, “they are the most wonderful [people], tolerant and respectful.” Another patient told us “staff were absolutely fantastic, and the treatment had been tremendous”. Patients told us all staff were wonderful, caring and thoughtful.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff acted as a chaperone if required and they had displayed posters informing patients this was available.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. All patients were offered the opportunity to speak with a well-being counsellor when they visited the service. As well as providing them with support for their health and wellbeing, it had a positive effect on the patients too. Patients we spoke with corroborated this.

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 understood how demanding both emotionally and financially, daily treatment trips could be on patients and their relatives. They arranged private transport for patients to and from the service, which ensured patients had privacy for the entire treatment period. One patient said this had “been the biggest Godsend,” as it meant they did not have to use public transport or drive themselves in difficult circumstances.

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. Patients were given a variety of booklets that provided explanations about their treatment, side effects and what they could expect. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. They told us staff went out of their way to explain their treatment and why procedures were carried out in certain ways.

We asked for copies of recent patient surveys. Data for the last three months demonstrated patients were highly satisfied with how their treatment and any side effects were explained. They also scored highly for the patients view of how they were involved in their care.

Good

Medical care (Including older people's care)

Patients gave positive feedback about the service. The service had received numerous compliments over the last 12 months about both the treatment and support services that they provided. One patient said, “Thank you for all your help. It's a fantastic service. From day one I felt like someone had put their arm around me, someone thought about me and not just the cancer. I was spinning on the spot but then I felt like there was somewhere I could go to feel calm after my treatment. It made a massive difference to feel like a person not just a patient.”

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

Good

This is the first time we have rated this service. We rated it as good.

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

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

Facilities and premises were appropriate for the services being delivered. The service was light and spacious. There were plenty of consultation rooms, treatment rooms and private rooms for patients to use. The service provided free parking spaces and was accessible for wheelchair users. All rooms were clearly named and had signs showing when a room was occupied. Toilets had clear signs and each patient facility had an alarm bell to call for help.

The waiting area was pleasant with comfortable seating, cold water stations and a hot drinks facility.

The service had systems to help care for patients in need of additional support or specialist intervention. All patients were asked prior to their appointment if they required any additional support during their treatment or whilst attending an appointment.

The service worked with other organisations, including their partner organisation, to plan and deliver 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.

Staff understood and applied their policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers made sure staff, patients, loved ones and carers had access to interpreters or signers when needed. Large print, easy read or different languages materials could be obtained as required.

Equality and diversity was a mandatory training module and the local compliance rate was 100%.

Feedback from patients was used to help provide treatment in a person-centred way, so that they could relax as much as possible. Staff played music during treatments and changed this to suit people’s individual preferences. Patients were asked to complete an initial feedback questionnaire to address any issues as soon as possible. Any concerns were actioned promptly by the most senior staff member on site. An end of treatment satisfaction survey was also provided, any issues were then discussed, and the registered manager cascaded action at staff meetings or electronically to all staff.

Good

Medical care (Including older people's care)

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had a corporate dashboard, which showed trends, outliers, and benchmarking against internal key performance indicators (KPIs) as well as against national guidelines and individual doctors' performance. The dashboard also provided a breakdown of patient waiting times for different stages of their radiotherapy pathway.

All staff aimed to make sure patients did not stay longer than they needed to. Managers told us referral time to treatment was normally within five to seven days. The service did not have a waiting list or backlog and patients referred were treated without delays.

Staff made sure patients could access emergency services when needed and they referred patients as soon as they identified possible concerns. A patient complimented staff on their quick response when they identified possible complications and arranged for an urgent assessment the same day.

Staff supported patients when they were referred or transferred between services. When patients had their treatments cancelled at the last minute, staff made sure a taxi was arranged and paid for if they had to go to another site for treatment.

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 knew how to complain or raise concerns. They told us they would speak with anyone at the service, although no-one we spoke with had any complaints.

There was a provider wide complaints and concerns policy. Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Between October 2020 and September 2021, the service reported two complaints. Both had been investigated and responded to appropriately.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback was shared at team meetings and daily huddles.

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

Good

This is the first time we have rated this service. We rated it as good.

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.

There was a clear management structure with defined lines of responsibility and accountability.

Staff told us there was good leadership within the service and the organisation and that leaders were well respected, visible, and approachable.

Managers were passionate about the service they led and worked well with the team of staff in their department.

Senior managers understood and managed the priorities and issues the service faced. They attended a monthly safety and quality leadership forum (SQLF) with the senior leadership team. They received an update on site specific data, audits, complaints, compliments, current risks and training compliance, and all gave an update on their areas. Senior managers told us there was effective working relationships across sites and corporate support was readily available.

Staff told us they held regular monthly staff meetings and that they felt that their views were heard and valued. All staff we spoke with were motivated and positive about their work.

Vision and Strategy

The provider had a vision for what it wanted to achieve and a strategy to turn it into action.

The provider had a clear vision and set of priorities, which were: focusing on individual care, not the condition; providing care when and where patients need it most; and care designed to help give the best life outcomes possible.

GenesisCare UK had an overall corporate strategy. Each location, including Elstree, had a strategy that was aligned with these overall goals and plans to achieve it. Staff were aware of this strategy and knew about the different initiatives that were relevant to their work.

Staff were aware of the corporate values of “empathy for all, partnership for all, innovation every day and bravery to have a go and integrity always”.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

Following an unsatisfactory IR(ME)R inspection in early 2020, which identified breaches to regulations 6 and 17 under IR(ME)R regulations, the provider had overhauled its governance arrangements through a project “Cornerstone”. Staff were familiar with the aims, objectives and importance of this programme.

Culture

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

Staff we met with were welcoming, friendly and passionate. It was evident that staff cared about the services they provided and told us they were proud to work at the Centre. Staff were committed to providing the best possible care to their patients.

Good

Medical care (Including older people's care)

The service had a caring culture. Staff told us they enjoyed working in the department and felt supported by their managers. Senior leaders told us they had an open-door policy and they were proud of their staff.

There were cooperative, supportive and appreciative relationships among staff. They worked collaboratively, shared responsibility and resolved conflict quickly and constructively. Senior leaders met monthly at the safety and quality leadership forum. They felt that this kept them well informed. They discussed the current risks, operational matters, training compliance and any feedback from audits and meetings. The managers in turn held meetings with their staff groups. Staff felt they were kept up-to-date and were made aware of changes needed within practice. We observed positive and supportive relationships between staff at all levels and from across the service.

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour. Where errors had been made or where a patients' experience fell short of what was expected, apologies were given, and action was taken to rectify concerns raised. Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that their managers were very approachable and felt they could raise any concerns.

The safety and wellbeing of staff was promoted. A confidential telephone-based counselling service was available to staff, 24-hours a day, seven days a week.

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 effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care. This had recently been revised through the provider's Cornerstone project.

As well as the board at national level, there were committees that covered clinical leadership, research, quality and safety, a medical advisory committee (MAC), and a safety and risk forum. Technical sub-committees fed into a safety and risk committee included those with the oversight of radiotherapy, diagnostics, and radiation safety. Similarly, clinical sub-committees covering nursing and professionals allied to medicine, health and safety, information governance and mortality/morbidity were in place.

Safety and quality leadership meetings were held monthly. We reviewed three sets of meeting minutes and saw they were well attended by the senior management team. Standard agenda items for discussion included operational matters, complaints, compliments, audits and risks. Meetings were structured and showed discussions around improving the service delivered.

All levels of governance and management functioned effectively and interacted with each other appropriately. The committee structure was used to monitor performance and provide assurance of safe practice. There were a range of systems and processes of accountability which supported the delivery of safe and high-quality services, including regular governance and team meetings. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

Good

Medical care (Including older people's care)

There was a systematic programme of internal audit used to monitor compliance with policies such as hand hygiene, consent, and infection control. Audits were completed monthly, quarterly or annually by each site depending on the audit schedule. Results were shared at relevant meetings, such as governance and team meetings.

Managers maintained various dashboards which reported on activity, workforce and compliance with a wide range of safety and quality indicators covering incidents, audit, infection prevention and control, and patient experience. The dashboard tracked monthly performance against locally agreed thresholds and national targets, where available. A traffic light system was used to flag performance against agreed thresholds. A 'red flag' indicated areas that required action to ensure safety and quality was maintained. Exceptions (red flags) were reviewed at governance meetings and action was taken to address performance issues when indicated.

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 were clear and effective processes for identifying, recording and managing risks. Each site had a local risk register, alongside a corporate risk register. We found each risk was adequately described, with mitigating actions and controls in place. An assessment of the likelihood of the risk materialising, its possible impact and the lead person responsible for review and monitoring was also detailed. Risks were reviewed regularly at monthly risk and safety committee meetings.

The service planned well for emergencies and staff understood their role if one should occur. Policies, such as business continuity, fire safety and transfer to a higher level of care, were accessible and detailed what action staff should take in the event of a major incident.

There was a Radiation Protection Advisor (RPA) available within the organisation and locally safety was overseen by radiation protection supervisors for each modality. Local rules were written to a standard format but were adapted, as required, to local circumstances. Relevant staff worked to those rules and there was governance in place to ensure that they signed to say they were aware of them. Treatment protocols were developed under the approval of a Medical Physics Expert (MPE). The RPA and MPE where appropriately involved in relevant governance committees such as the radiation safety committee.

There were clear processes to manage performance effectively. An annual audit programme was in place to monitor performance across different sites. Outcomes of audits were used to benchmark performance against the other Centre sites.

Staff told us they received feedback on risk, incidents, performance and complaints in a variety of ways, such as regular team meetings and noticeboards.

Information Management

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

The service had clear performance measures and key performance indicators (KPIs), which were effectively monitored. This included a dashboard and clinical area KPIs. The dashboard parameters were presented in a format to enable it to be used to challenge and drive forward changes to practice. The parameters had been set in agreement with local and national thresholds, which allowed the service to benchmark themselves.

Good

Medical care (Including older people's care)

There was a comprehensive Information Governance Policy and Framework in place which was aligned with relevant legislation. This covered a wide variety of topics including data breaches, data sharing, CCTV, data subject access to records as well as basic information governance practices and responsibilities.

During our inspection, we saw the arrangements in place to ensure confidentiality of patient records were robust. Computer terminals were locked when not in use, to prevent unauthorised staff from accessing confidential information.

Information governance formed part of the yearly mandatory training for all staff and the local compliance rate for this module was 100%.

Notifications were submitted to external organisations as required.

Engagement

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

People who used the service were actively engaged and involved when planning services. Patients were regularly asked to complete satisfaction surveys on the quality of care and service provided. The service used the results of the survey to improve the service. It was clear that they recognised the value of public engagement.

Staff told us that managers were approachable and that they felt comfortable to raise any concerns with them.

Annual staff surveys were undertaken to help identify areas for improvement.

The service collaborated and worked with partner independent health organisations to plan and deliver their services.

Staff told us they had regular team meetings. Information was shared with staff in a variety of ways, such as face-to-face, email, and noticeboards.

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.

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services.

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

The service continuously sought feedback from patients to improve services.

The service used an in-house global workflow tool (Horizon Oncology Portal) to deliver evidence-based oncology treatments using standardised pathways. The tool included various modules including, but not limited to care plan module; diagnosis and prescription module; and clinical schedules and dashboards. Plans were underway to include further modules, including electronic consent.