

Genesis Cancer Care UK Limited

Genesis Care, Maidstone

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We carried out this comprehensive inspection due to patient safety concerns about the provider. We looked at the five key questions: is the service safe, effective, caring, responsive and well led.

Our rating of this location went down. 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 risks. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were contactable seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Good



Summary of each main service

The main service provided at the centre is care for patients with cancer. As this is such a complex pathway we have included all information about the cancer pathway in the medical care report in line with the latest CQC cancer care framework. This means we have included information about medical care, outpatients and diagnostic imaging in this report. Where there are findings specific to each area this has been stated. Where a finding was consistent across all three areas we have referred to “the centre” as a whole.

We rated this service as good because it was safe, effective, caring, responsive and well led.

Outpatients

Good



Outpatients was a very small proportion of centre activity, for this report only outpatient activity that was not related to cancer care pathways is described. For information about outpatient care as part of the main cancer pathway see the medical care report. The main service was cancer care, as reported under medical care. Where arrangements were the same, we have reported findings in the medical care section. We rated this service as good because it was safe, responsive and well led. We do not rate effective in outpatients and could not rate caring as there were no patients in the outpatient department who were on non-cancer pathways.

Summary of findings

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Summary of this inspection

Background to Genesis Care, Maidstone

Genesis Care Maidstone is operated by Genesis Cancer Care UK Limited. The service opened in November 2015 and is a private service in West Malling, Kent. The service primarily serves the communities of the Maidstone area, but does accept referrals from outside this area.

The service had a registered manager in post, at the time of the inspection there was also an application in to register a new manager, as there was a new centre lead in role. This application was with the CQC registration team.

The service is registered to provide the following regulated activities:

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

Genesis Care Maidstone is a cancer treatment and wellbeing centre. The centre primarily cares for patients on cancer pathways and offers medical care services, outpatients and diagnostic imaging to adult patients. Diagnostic services the centre offered are mammography, CT and ultrasound. The service also delivers radiotherapy treatments and chemotherapy regimes to patients with cancer diagnoses.

Through the provider's partnership with a national charity, patients can access complimentary therapies. At the time of inspection "hands-on" therapies such as reflexology and acupuncture were not possible due to the COVID-19 pandemic and safety precautions. However, the service was still offering counselling services online.

The service had no overnight beds.

We previously inspected this service in 2019 and it was rated outstanding with no breaches of regulations. We carried out this comprehensive inspection due to patient safety concerns about the provider. We looked at the five key questions: is the service safe, effective, caring, responsive and well led.

The main service provided by this centre was cancer care. We have inspected and reported all cancer care services under the CQC Cancer Assessment Framework. The service also provided a some non-cancer care outpatient services which are rated in the Outpatients section of the report. Where our findings on cancer – for example, management arrangements – also apply to outpatient services, we do not repeat the information but cross-refer to the cancer services report.

How we carried out this inspection

We carried out an unannounced, responsive, comprehensive inspection at this location following actions taken in response to concerns raised in 2020 at other locations within the provider.

The team that inspected the service comprised of two CQC inspectors and a specialist advisor with expertise in radiotherapy. The team was overseen by Catherine Campbell, Head of Hospital Inspection.

Summary of this inspection

The inspection was completed on one day. During the inspection we visited all areas of the centre, spoke with 7 patients and spoke with 13 members of staff including clinical and non-clinical members of the team. We reviewed three patient records and met with the centre lead and other members of the Genesis Care UK Limited senior leadership team.

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 centre was working towards introducing new, innovative and safer chemotherapy delivery. They were introducing new chemotherapy pumps to improve the safety and recording of chemotherapy delivery.
- 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.
- The service provided patients with surface guided radiotherapy treatment. Surface guided radiotherapy allows patients to receive tattoo-less treatment. It also enables the service to provide 'faceless' shells for head and neck radiotherapy treatment, which is more comfortable for patients.

Areas for improvement

Action a trust 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:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that all local policies and protocols are easily accessible for staff and that staff know where to find them.
- The service should make sure resuscitation equipment is checked every day patients are seen, in line with their policies.
- The service should continue to work to set up a service level agreement with the local NHS Trust to ensure a smooth admission process for patients who are acutely unwell and deteriorating.
- The service should ensure all clinical members of staff have access to, and know how to access, the scope of practice for all doctors with practising privileges.
- The service should make sure they have enough dedicated hand hygiene sinks in the chemotherapy suite, in line with the Department of Health's Health building note 00-09.






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
Outpatients	Good	Inspected but not rated	Not inspected	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Medical care (Including older people's care)

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

Is the service safe?

Good 

Our rating of safe went down. We rated it as good because:

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. We saw staff training records which showed almost all modules were up to date for 100% of staff. There were a couple of notable exemptions to this, these were practical training sessions. The centre lead explained this was because it had been difficult to get trainers on site during the pandemic. For all staff members who were not up to date with practical training there were dates booked in the near future. The service ensured staff who were not up to date with practical training had completed their online training.
- The mandatory training was comprehensive and met the needs of patients and staff. Where necessary the training was split into both electronic learning and practical learning to ensure staff were able to carry out what they had been trained to do.
- Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.
- Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they would receive emails from their managers when they needed to update their training. They also told us they were given time to complete their training.

Safeguarding

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

- All clinical staff we spoke with received training specific for their role on how to recognise and report abuse.
- All clinical staff were able to give examples of when they would need to raise a safeguarding referral and knew how to make a safeguarding referral and who to inform if they had concerns.
- Almost all clinical staff were up to date with their safeguarding training and were trained to the appropriate levels. There was only one member of staff across the whole centre who was not up to date with their required level of safeguarding training. Clinical staff were all able to explain how they would escalate a concern if they had one and who they would escalate this concern to.
- There was a safeguarding policy to provide support to staff when identifying and reporting safeguarding concerns. This document was version controlled and within its review date. It referred to current national guidelines.

Medical care (Including older people's care)

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 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.
- Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Each consultation room in the outpatient department had a hand wash sink and hand hygiene products available. However, we saw that the individual chemotherapy rooms still did not have individual sinks in them. Each room did have a hand cleaning station, which had alcohol gel to be used, but the nearest sink was outside the room. This was not in line with the Department of Health's building note 00-09 which sets out design principles to facilitate cleanliness and cleaning in healthcare environments.
- Throughout the centre we saw there were hand hygiene posters next to every sink in line with World Health Organisation's "Five moments for hand hygiene" to remind staff and patients of hand washing in line with best practice.
- No consultation rooms had carpeted flooring, this was in line with national IPC guidelines. Other areas of the centre such as the reception area and quiet rooms still had carpet flooring.
- Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The environmental cleanliness was assessed regularly using an audit. The audit highlighted areas in the centre which fell below standards and these were then actioned by the cleaning team.
- Staff followed infection control principles including the use of personal protective equipment (PPE). Staff also made sure patients followed the correct COVID-19 guidelines to keep other patients and themselves safe.
- Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. "I am clean" labels were used routinely when equipment might not be used frequently to ensure other members of staff knew it had been cleaned. The "I am clean" labels showed the date and time a piece of equipment was last cleaned.

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 mostly followed national guidance. There were exceptions where the environment did not follow the Department of Health's building notes 00-09, as explained above.
- Staff carried out daily safety checks of specialist equipment. Staff showed us the logs of the daily safety checks which were carried out on pieces of equipment such as the CT scanner and the linear accelerators. Linear accelerators are specialised pieces of equipment that deliver precise doses of radiation to treat cancer. These daily check logs were available to all staff, so any member of staff could check they had been completed before using the equipment. Specialist equipment was also regularly serviced by external teams.
- The centre had suitable facilities to meet the needs of patients' families. The centre provided quiet rooms, which were spaces away from the clinical areas to sit and relax in. Although these were not in use while we were inspecting, as family members could not attend on site due to the COVID-19 pandemic. They were visibly clean and ready for use, if required.
- The centre had enough suitable equipment to help them to safely care for patients. The centre had three resuscitation trolleys, one on the chemo therapy ward, one in radiotherapy and one in the outpatient department. Resuscitation trolleys hold equipment and medicines in one place in case a patient rapidly deteriorates. We saw staff were not following policy and checking the resuscitation trolleys every day they were providing care. The trolley on the ground floor had not been checked on one clinical day in February. The trolley on the first floor, in the chemotherapy unit, was not checked on three days in January and up to the date of inspection (9 February 2021) the trolley had not been checked twice in February.

Medical care (Including older people's care)

- The resuscitation trolleys contained all the necessary equipment to care for patients who were rapidly deteriorating and had the resuscitation council guidelines readily available, should staff need to refer to them. In the CT scanner and on the chemotherapy ward there were also extravasation kits, should staff need them. Extravasation is when something that is supposed to be administered into a vein does not enter the vein and instead goes into the surrounding tissue. We saw that these were in date and contained the appropriate equipment.
- 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.
- We inspected this service during the COVID-19 pandemic. Staff told us they had enough personal protective equipment (PPE) to feel safe and were able to follow Public Health England (PHE) guidelines. We observed all staff wearing PPE that was always appropriate for their role throughout the inspection.

Assessing and responding to patient risk

When required, staff completed and updated risk assessments for each patient and removed or minimised risks. Staff told us how they identified and quickly acted upon patients at risk of deterioration.

- Staff responded promptly to any sudden deterioration in a patient's health. There was a clear system in place to care for rapidly deteriorating patients. At each morning huddle the team to support these patients was identified. There was an alarm system in use in the centre. If the alarm was used there was an audible alarm throughout the site to signify support was needed. In addition to this the members of staff who were designated to the resuscitation team all carried a pager. If the alarm was pushed this would also alert to the pagers.
- All patients who needed contrast for their CT scans were asked to complete a risk assessment form first to determine their risk of an adverse reaction. Contrast is a medicine that can be injected into patients during a scan to make certain parts of the body clearer on a CT scan. In addition to this the radiographers checked every patient had recently had a blood test to make sure their kidneys were stable enough to process the contrast. If a patient had not had a recent blood test the centre had a piece of equipment which could test this immediately. If a patient had never had contrast before, and so their reaction was unknown, the resident medical officer (RMO) attended the CT scan in case support was needed immediately. An RMO is a doctor who was always on site when patients were and who is available to support other health care professionals when consultants were not on site.
- Chemotherapy nurses were all clear about the risk assessments they carried out on their patients. Patients routinely were assessed for their likelihood of developing a blood clot, their risk of falls and their nutrition. For all patients there was also a pre chemotherapy assessment which was completed which covered other risk factors.
- If a patient deteriorated on the chemotherapy ward the staff would use the widely used NEWS scoring system to monitor them and note any further decline in their status.
- The centre had a service level agreement with a local private hospital to care for any unwell patients who required admission as an inpatient. However, this private hospital was not able to take any acutely unwell patients who were deteriorating. These patients were seen in their local NHS hospital. The centre did not have a service level agreement with their local NHS hospital to support their patients being admitted there quickly. A service level agreement is an agreement between two services to agree pathways of care between them or services they provide each other with. The centre lead was clear they wanted to set up a service level agreement and told us they had tried but they had not received a response from the local NHS trust yet. They also told us the process was safe and all staff knew they needed to call 999 to get a patient into NHS care, if required.
- Staff shared key information to keep patients safe when handing over their care to others.

Medical care (Including older people's care)

Staffing

The centre 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. Bank staff had an induction.

- While the centre had enough staff to safely treat patients, members of both clinical and non-clinical teams told us they felt stretched and sometimes struggled to manage their workload. Staff members told us they had highlighted their concerns to their line managers, and these were being considered by the centre manager, however they had not had a response yet.
- The centre regularly used bank nurses and radiographers to manage their workload. We were told by clinical leads that they used long term bank staff and there was an induction checklist for each area. Bank members of staff told us they had received an induction and were confident working at the centre, as they had supported them for a long time.
- The centre employed a resident medical officer (RMO), using an agency, to provide medical support on site at all times. As other doctors were contracted under practising privileges they were not contracted to work a certain number of hours and were not always on site, unless there were patients who had a face to face appointment booked. The RMO provided immediate medical care for patients and then relayed this to the overarching consultant.
- All consultants worked under practising privileges granted by a panel at Genesis Care UK. Practising privileges are granted to doctors who are not directly employed by a service but allow them to work there to carry out certain, defined roles. All consultants had a scope of practice that had been agreed based on their previous experience, they were always expected to work within this.
- The centre had low vacancy rates.
- Managers made sure all bank and agency staff had a full induction and understood the service.
- The centre had clinical nurse specialists available to support patients.
- The centre had a daily huddle in the morning to assess staffing levels. We were told that if a member of the team was unwell and a service would be left short staffed then other centres would offer members of staff to cover this sickness to allow for safe staffing levels. While we were on site we saw that planned numbers of staff matched the actual numbers.

Records

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

- The centre used electronic records. 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. We reviewed three sets of patient records. All records were completed consistently, and staff were able to confidently navigate through them.
- All staff were able to tell us the minimum information about a patient that was required to undertake a treatment or scan. We noted that in all records we viewed these criteria were met.
- When patients transferred to a new team, there were no delays in staff accessing their records.
- Records were stored securely. Records were electronic, we observed that all staff locked their computers when leaving them so patient details were kept secure. As part of their statutory training staff had completed an information governance session. There was also a regular information governance audit completed to check staff were following policies and keeping patient records secure.

Medicines

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

- The centre had an onsite pharmacy and had two pharmacists and one pharmacy technician, with another technician who worked on a bank contract to support the team.

Medical care (Including older people's care)

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The pharmacy team had worked to ensure safe medicine levels were maintained throughout the COVID-19 pandemic. When pressures on stock were anticipated the centre increased its baseline stock levels from one week to one month. This meant if there was disruption to the supply chain the centre had enough medicines to continue to treat patients safely.
- The centre used external pharmaceutical suppliers to provide the pre-prepared cytotoxic medicines for chemotherapy treatment. These medicines were only ordered when they were confirmed as being required and we were told there were multiple suppliers to reduce the risk of not being able to buy in the medicines they needed for the day they were needed.
- Staff used a specific electronic prescribing system for chemotherapy prescribing. Within this system was all the approved medicine regimes, if a doctor wanted to prescribe outside of these regimes, they had to request approval for this from a panel.
- The pharmacy team had worked closely with their suppliers to develop a safe system for delivery of medicines throughout the pandemic. This kept the supplier delivery drivers, staff and patients at the centre safe.
- Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. In chemotherapy 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 number to call to seek advice if they were worried about anything. This number was manned by the trained chemotherapy nurses who were able to support and give advice to patients who were experiencing side effects.
- The pharmacy team described a secure process for prescribing and dispensing medicines that were being used off their original license. When a medicine is licensed it is done so for a certain set of illnesses, following that it may be found to be useful for other illnesses. These new illnesses are not always added to the original medicine license but can be prescribed off license. There was a standard process by which clinicians could request to use medicines off license, this went to an external panel for approval. It was not possible for clinicians to prescribe off license medicines without this approval on the chemotherapy prescribing system as they were locked until approval had been granted. This ensured patients were kept safe and any usage of medicines off their original license was considered thoroughly.
- The centre had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. All members of the pharmacy team received safety alerts from the medicine's regulator. Within the team they had one member who was responsible for any actions required, this person would then email the team to confirm they had carried out the actions to avoid duplication of work.
- Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were safely stored in locked storage cabinets, only members of staff authorised to access these cupboards knew the access codes. We saw records that demonstrated all drug fridges and warmers had their temperatures checked daily to ensure medicines were stored at safe temperatures, where this was required.
- The clinic had recently introduced new pumps for the intravenous injection of chemotherapy drugs. These pumps used a built-in electronic drug library and these systems were known to reduce drug errors.

Incidents

The centre 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.

- Staff knew what incidents to report and how to report them. All staff we spoke with were able to tell us how and what they would report on the electronic reporting system.
- Staff raised concerns and reported incidents and near misses in line with provider policy. We saw that a number of incidents were reported over the past 12 months. None of the incidents reported were serious incidents, meaning staff were regularly reporting incidents which caused low or no harm. This enabled learning to be identified and changes to be made before harm was caused to a patient.

Medical care (Including older people's care)

- Staff understood the 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 if things went wrong. All clinical members of the team were able to explain what duty of candour meant and how it applied to their roles.
- Managers investigated incidents thoroughly and in a timely manner.
- Staff received feedback from investigation of incidents, both internal and external to the centre. There were monthly meetings when centre managers met to discuss their centres. At this meeting any serious incidents and the outcomes from them were discussed so all other centres were aware of what had happened and any actions that had arisen. In addition to this the centre received “rapid alerts” from the UK wide leadership team. Staff told us rapid alerts were used to make them aware that something had happened, and they needed to be aware of it and possibly to outline any immediate changes they needed to make. Staff were able to tell us about the most recent rapid alerts they had been sent.
- There was evidence that changes had been made as a result of feedback.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good because:

Evidence-based care and treatment

The centre provided care and treatment based on national guidance and evidence-based practice.

- Most staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. However, we found that in CT the current policies could not easily be accessed. Staff were able to find the unsigned printed policies; however these were not version controlled and so could possibly not be the most up to date version. We were later shown the correct policies electronically. However, we were not assured all staff would be able to access these if they needed to refer to them as it took a number of hours for them to be found.
- All policies and procedures we looked at online were in date and had been recently reviewed. However, we found printed policies that staff used for quick reference that were out of date. We highlighted this to the staff present who confirmed they would dispose of the out of date policies.

Nutrition and Hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

- Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.
- Patients who were on long chemotherapy regimens were provided food and drink throughout the day to keep them well-nourished and hydrated. Patients told us they were offered a good selection of food and were happy with the choices they had.
- Staff fully and accurately completed patients’ fluid and nutrition charts where needed.
- In all the waiting rooms there was a selection of drinks available for patients. We were told that normally there would also be snacks available, however due to the COVID-19 restrictions these had been removed to follow infection control guidance.

Medical care (Including older people's care)

Pain relief

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

- Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We spoke with the resident medical officer who assessed patients when their doctors were not on site. They told us they would take care of the patients and were careful to put any courses of treatment past the overarching consultants. This ensured the core team were aware of the care the patient had received but the patient did not have to wait for the team to be contacted to be assessed.

Patient outcomes

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

- Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audit results were compared with other centres across Genesis Care UK to learn from them. Regular audits were wide ranging and included department specific audits to ensure the safe running of each area. For example, chemotherapy audited the use of scalp cooling, aimed at reducing hair loss. The radiotherapy team audited their adherence to IRMER processes.
- Managers used information from the audits to improve care and treatment.
- The centre was regularly audited by their radiation protection advisor to ensure safe practices when using radiation for imaging or for treatment purposes.
- The centre audited their radiation exposures to ensure they were not routinely over exposing patients to radiation. These were compared with the national dose reference levels (DRL). At the time of inspection there were no local DRLs, for the specific equipment used at the centre. We were told these were being developed by the physics team and in the interim they used the national DRL.
- The diagnostic imaging lead audited the image reporting turnaround times and we were told the centre averaged between 24 to 48 hours. They also told us if an image needed an urgent review this could be flagged, and the image review would be prioritised.
- Managers shared and made sure staff understood information from the audits. All staff we spoke with were aware of the regular audits that were carried out and were aware of any changes to practice that arose from them
- Improvement was checked and monitored. The regular audit committee meetings ensured there was oversight of proposed improvements being implemented and monitored by the wider Genesis UK team. This meant there was accountability for the improvements.
- The centre was accredited by the Macmillan Quality Environment Mark Level Four. The centre also held the ISO9001 quality management system accreditation.

Competent staff

The centre 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. All staff who required professional registration held the appropriate current registrations, these were checked at time of employment and were reviewed in line with the professional bodies set time frames.
- Managers made sure staff received any specialist training for their role.
- All nurses who worked in chemotherapy were trained chemotherapy nurses and had completed local competencies to demonstrate they understood the local ways of working. They had completed the systemic anti-cancer therapy passport. This gave further training specific to the care of patients undergoing a chemotherapy regime.

Medical care (Including older people's care)

- Radiographers working in radiotherapy were all health care professions council (HCPC) registered and worked through an extensive competency framework which ensured they were competent to carry out each type of treatment. Staff had to be signed off by the lead therapeutic radiographer for each treatment technique before they could work unsupervised.
- Radiographers working in diagnostic imaging were all HCPC registered and worked through an extensive competency framework for each imaging technique they carried out. These competencies had to be signed off by a senior member of the team before the member of staff could work unsupervised. The centre had a member of staff who was training to be a mammographer, this member of staff was constantly supervised, and their images were assessed locally and at the university they were undertaking their training with.
- Managers gave all new staff a full induction tailored to their role before they started work. All staff told us they had received a full induction when they started with Genesis Care UK. This included a corporate induction to understand how the whole company works, local training and time to complete their statutory and mandatory training.
- Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us their appraisals were useful and they could set new targets each time. They also told us they were able to approach their line managers to raise training needs at any time, if necessary. At the time of inspection all staff had had an appraisal meeting within the past 12 months.
- Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

- Staff worked across health care disciplines and with other agencies when required to care for patients.
- Staff across all areas in the centre told us they had good working relationships with the clinicians and could contact them to ask questions or to raise concerns if they needed to. Clinical staff also told us if they needed medical assistance quickly, they could always call the RMO who was able to provide immediate medical assistance.
- We were told by staff in chemotherapy they worked closely with the pharmacy team.
- Staff in the outpatient clinic told us they worked with other areas of the centre to ensure patients could have chaperones, if requested. We were told chemotherapy would support by asking one of their health care assistants to help the clinic when required.
- Patients could see all the health professionals involved in their care in one-stop clinics. The centre ran a one stop breast clinic for patients, this was a service contracted by the local NHS hospital. At this clinic patients were seen by a range of health care professionals and underwent a number of procedures. This meant, what may otherwise be several trips to the hospital was reduced into single trip. We were told the clinic normally ran smoothly and patients were not kept waiting unduly long between steps in the process. The mammographers told us they felt the clinics ran smoothly for patients and being able to see so many professionals in one day meant potential diagnoses were sped up and people could be treated quicker.
- There were daily huddles each morning for all staff to attend to discuss staffing levels for the day and other duties. Due to the pandemic these had been moved to an online platform to ensure staff safety was maintained. These huddles included staff from across the whole service, both clinical and nonclinical. Staff were able to discuss their day and it was an opportunity to decide who would respond to emergency calls, if required.
- As patients had often been seen first in an NHS setting generally there had already been a formal multidisciplinary team meeting where treatment options had been discussed. Records of these meetings were included in every applicable patient's record to demonstrate the discussion had taken place. For patients who were not discussed in an NHS multidisciplinary team meeting there was a central group at Genesis Care UK level where these patients had to be discussed before treatment could be started. Evidence of multidisciplinary discussion was part of the minimum dataset required before a patient could have treatment.

Medical care (Including older people's care)

Seven-day services

Key services were contactable seven days a week to support timely patient care.

- The centre was normally open Monday to Friday only. They also provided a 24-hour phone line for patients undergoing chemotherapy treatments. If these patients were concerned about a side effect of treatment outside the centre's normal opening hours, they were encouraged to call the phone number for support and advice. This phone line was run by trained chemotherapy nurses who were taught to triage patients.

Health Promotion

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

- The centre had relevant information promoting healthy lifestyles and support available. There were leaflets about stopping smoking and other support services throughout the centre.

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 Health Act, Mental Capacity Act 2005 and they knew who to contact for advice. Staff were clear on how they would proceed if they felt a patient did not have the capacity to consent to treatment or a procedure. We were told about an instance where a patient who lacked capacity required a scan at the centre. The patient's carer accompanied them and proved their power of attorney before signing the consent form. In addition to this the staff made sure they explained the procedure to the patient and asked them if they were happy to proceed, noting that the patient still had a right to understand what was happening.
- Staff gained consent from patients for their care and treatment in line with legislation and guidance. The centre had an in date and comprehensive consent policy. They regularly audited compliance with this policy.
- Staff clearly recorded consent in the patients' records. Where records were electronic patients were asked to sign the consent form and this was then scanned into the system to retain a secure record of the consent form.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Clinical staff in all areas were clear if they had concerns about a patient's capacity, they would contact their doctor, or the RMO, for support. They included that that would read back in the patient notes to understand if this was new or a known lack of capacity.
- Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

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

Compassionate care

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

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw patients being taken into side rooms to be spoken with and that confidential conversations were not held in the waiting room.

Medical care (Including older people's care)

- Patients said staff treated them well and with kindness. All patients we spoke with were complimentary about the way the staff treated them. Saying they felt “well supported” and that staff were “wonderful, nice people who were doing a good job”.
- We observed patients being cared for as individuals. For example, when a patient had a sore shoulder while having a scan the radiographer ensured they checked in with the patient throughout the scan and did everything they could to make the scan as efficient as possible to minimise the pain.
- Patients who were undergoing chemotherapy regimes commented that the staff had called them at home to check that they were feeling ok and while they were on site they felt safe as staff checked on them regularly.
- Staff members told us they liked working at the centre as they could build up relationships with patients and get to know them over time. They felt this was not always possible in larger settings so felt it helped with the care they delivered.
- Staff followed policy to keep patient care and treatment confidential. We saw this across the location from the moment patients were greeted by the receptionist to when they attended their appointment.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. We did not observe staff caring for any patients with mental health needs. When staff spoke about previous experiences, they described being supportive and doing all they could to support the patient to make a choice about their care.
- Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. In the waiting rooms and the consultation rooms there were clear signs offering chaperones if patients were uncomfortable.
- Patients were offered a holistic needs assessment to understand their needs outside their cancer treatment. This enabled the centre to tailor care to the patients’ needs as a whole and not just to treat their diagnosis.

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. The centre was partnered with a charity aimed at supporting the patient. Previously this charity had been able to offer services such as reflexology and acupuncture to support patient wellbeing. During the COVID-19 pandemic these hands-on services had been stopped, due to infection control concerns. However, they were under review and we were told they would be started as soon as was safe. The charity also offered counselling services, these would normally be face to face but had been moved to online calls, for safety.
- Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.
- 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 were all aware of the life changing impact of a cancer diagnosis and cared for patients in a supportive manner.

Understanding and involvement of patients and those close to them

Staff supported and involved 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 told us they understood the potential side effects of their treatment, and that these had been explained well in advance. Patients also told us they felt that they would be able to ask questions about their treatment if they had any and that these would be answered clearly.

Medical care (Including older people's care)

- Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. During the COVID-19 pandemic patients were asked to attend on their own, to comply with government guidelines. However, the centre took a flexible approach to this and allowed family members or carers to attend appointments, if their support was required. In addition to this if appointments were held on the telephone or as a video chat then patients were welcome to have their loved ones with them to make decisions on their care.
- Patients and their families could give feedback on the centre and their treatment and staff supported them to do this. There was a clear method for patients to give feedback about the centre. While on site staff could give patients a tablet with a survey on. This was offered to as many patients as possible and for patients on long courses of chemotherapy it was offered at multiple points throughout their treatment course, in case their opinion had changed.
- Patients told us they knew all the staff by name and felt that staff knew them too.
- Patients gave positive feedback about the centre.
- The centre helped patients to understand their private insurance, the administration team did as much as they could to support patients. We heard patients telling members of staff they were not sure which forms were needed and members of staff explaining everything had been sorted for them and that they did not need to worry.

Is the service responsive?

Good 

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

Service delivery to meet the needs of local people

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

- The centre minimised the number of times patients needed to attend by ensuring patients had access to the required staff and tests on one occasion. Twice a week the centre offered a one stop breast clinic for patients, as part of an NHS contract. This allowed patients to see multiple health care professionals on one day, as opposed to having multiple appointments across several days
- Facilities and premises were appropriate for the services being delivered. The centre offered free parking spaces and was accessible to patients who used a wheelchair.
- Patients were offered the option of a taxi service to attend appointments to relieve the stress of having to get themselves to each appointment.
- Managers ensured that patients who did not attend appointments were contacted.

Meeting people's individual needs

The centre 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 supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.
- The centre had information leaflets available in languages spoken by the patients and local community. We saw posters in the waiting rooms in multiple languages informing patients to tell the radiographers if they thought they might be pregnant before their scan or treatment.

Medical care (Including older people's care)

- Managers made sure staff, patients, loved ones and carers could get help from interpreters when needed. The centre had access to a telephone interpretation service. Staff were able to explain a recent time they had used it and told us they always used the interpretation service and did not allow relatives to translate for them. This meant they knew patients were being told accurate information, particularly if there were more complex medical words which needed translating.
- Patients were given a choice of food and drink to meet their cultural and religious preferences.
- The centre had access to a hearing loop, if patients were hard of hearing. At the time of inspection there was no access to sign language interpretation. However, managers told us they were looking into arranging this and had found a charity that may be able to support.
- Patients who were on a chemotherapy regime were provided with a 24-hour hotline number they could call if they had any concerns about their side-effects.
- In every waiting room and consulting room there were signs to remind patients they could ask for a chaperone if they felt they needed one.
- We inspected during the COVID-19 pandemic. We saw there were cards in reception for patients to take to prove to shops they were “at risk” and needed access in the priority time slots many supermarkets were offering to keep vulnerable people safer.
- The centre had designated quiet rooms for patients to use if they were distressed. These rooms had no clinical equipment in and were designed to be comfortable and soothing and to not feel clinical.

Access and flow

People could access the centre when they needed it and received the right care promptly. Waiting times from referral to treatment were monitored by managers.

- Managers monitored waiting times and made sure patients could access services when needed. This included auditing the time it took to review images and to get patients into an appropriate clinic. The centre had no waiting lists for any area.
- Managers and staff worked to make sure patients did not stay longer than they needed to. Patients commented how quickly they were seen, and how they very rarely had to wait more than a few minutes to be taken to their appointment.
- Staff told us if patients were late for their appointments, they contacted them to ensure they were safe and well.
- Managers worked to keep the number of cancelled appointments to a minimum. There were very few cancelled appointments in the centre. If a service was short staffed a nearby service would share staff to ensure clinics could still run safely. Chemotherapy staff told us they never cancelled clinics.
- Staff in diagnostic imaging told us they occasionally had to cancel patients. This was only for clinical reasons, because the patient was not well enough for the scan and not due to staffing reasons.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The centre treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

- Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke with told us they know how to raise a complaint and would be comfortable doing so. However, they also all told us they did not feel they needed to raise a complaint.
- The centre clearly displayed information about how to raise a concern in patient areas. In the main waiting room, we saw leaflets for patients to take which explained the complaints process clearly.
- Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were clear about their responsibilities when patients complained. They told us they would listen to the complaint, offer the patient advice on how to complain formally and would involve a manager, if needed.
- The centre had a clear, in date complaints policy which outlined the expected way complaints were to be investigated. Staff were all able to access this policy if the needed.

Medical care (Including older people's care)

- The centre lead had the overarching responsibility for investigating complaints. We saw examples of responses to complaints. These had been investigated by the centre lead and the responses were thorough and compassionate. Themes of concern were identified and changes to practice were identified as a result of the complaints process.
- Managers shared feedback from complaints with staff and learning was used to improve the service.

Is the service well-led?

Good 

Our rating of well-led went down. We rated it as good because:

Leadership

Leaders had the skills and abilities to run the centre. They understood and managed the priorities and issues the centre faced. They were visible and approachable in the centre for patients and staff. They supported staff to develop their skills and take on more senior roles.

- The centre had a clear structure. Each clinical area had a lead who in turn reported into the centre leader. Staff were clear who their line manager was, and all told us they were approachable and willing to listen. The centre leader reported into the Genesis Care UK leadership team and shared information from them with the team.
- All the clinical area leaders worked closely with staff and were accessible to support staff who had questions or concerns throughout the day.
- The clinical area leads had regular one to one meetings with the centre lead. Ordinarily they were held monthly however, as the centre lead was new in their role, they were meeting with area leads more regularly to offer support and to gain a full understanding of the centre and any support that was required.
- In chemotherapy staff told us they were being trained to take on more senior roles. In addition to this the service was supporting a therapeutic radiographer to retrain as a mammographer.
- The centre had been buddied up with a member of the wider senior leadership team. This leader regularly came to the centre and spoke with staff to ensure they had access to senior leadership.

Vision and Strategy

The centre had a vision for what it wanted to achieve. The vision was focused on sustainability of services.

- The centre had a longer-term vision for the facilities it wanted to offer in the future, however at the time of inspection there was not a strategy for how to get there. Senior leaders told us their primary goal at the time of inspection was to maintain a safe, sustainable service during the pandemic.
- Staff were aware of the corporate values of “empathy for all, partnership for all, innovation every day and bravery to have a go”.

Culture

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

- Most staff told us they enjoyed working at the centre. They felt listened to and valued and liked that they were able to build up relationships with patients that were not always possible in larger organisations. However, not all staff told us

Medical care (Including older people's care)

they felt concerns they raised were addressed by senior members of the team. We were given an example where staff had raised concerns but felt that they were not taken seriously and that things would not change unless there was an incident that impacted on a patient. We were told some staff felt the service had a culture of, “If you don’t like it, you can leave.”.

- The centre had an in-date whistle blowing policy and staff knew how to raise concerns with managers. There were no whistleblowing concerns raised to CQC in the past 12 months.
- Patients told us they knew how to raise concerns and would feel comfortable complaining if they needed to. However, they all told us they had no reason to raise a concern.
- Staff survey results had led to changes in the way the senior leadership team interacted with the local centres. As a result of staff highlighting they felt senior leaders were inaccessible, each centre had been buddied up with a senior leader who visited the site regularly.

Governance

Leaders operated effective governance processes, throughout the centre. 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 centre.

- The centre had clear systems of governance. The clinical staff caring for patients reported into an area specific lead, these leads reported into the centre lead, the centre lead reported to the wider senior leadership team. There were also channels of communication from the area specific leads also had regular meetings with other leads of the same area across Genesis Care UK, for example the chemotherapy lead spoke regularly with other chemotherapy leads across the country. All staff told us they were clear about what their responsibilities and roles were. These channels of communication were mirrored for non-clinical staff members also.
- There were clear communication channels to make staff aware of incidents both locally and across the whole of Genesis Care UK. Locally staff were told either in person or over an email that there had been an incident and extra caution was required. Nationally incidents were discussed monthly and learning drawn out and shared across all the Genesis Care UK services. If an incident was deemed to be of serious level, then a “rapid alert” was sent out across all services via email. This meant all members of staff could be instantly informed of an incident and any immediate changes to practice required to ensure safety moving forwards. Staff we spoke to were all aware of any recent rapid alerts and the changes to practice required.
- There was a central Medical Advisory Committee (MAC) which was run by a multidisciplinary team. The MAC had oversight of all consultants with practising privileges and reviewed all applications from doctors to apply for new practising privileges. Practising privileges are granted to doctors who are not directly employed by a service but allow them to work there to carry out certain, defined roles. The MAC reviewed doctors’ competencies, experience and scope of practice to make decisions about whether to grant practising privileges or not. Although the committee was called an “advisory committee” we were told that decisions made by the MAC were final and could not be overturned locally.
- The scope of practice for doctors with practising privileges was available for other clinical staff to check to ensure they were not working outside of their area of expertise. However, not all members of staff were able to find this and therefore would not be able to check if doctors were only carrying out procedures they were contracted to, as defined by their experience. We reported this to the senior leadership team who confirmed they would investigate this and would ensure the process was clarified with clinical staff.

Medical care (Including older people's care)

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.

- The centre had a local risk register. The risk register contained most of the risks we found on inspection. It was clear on the risk register that it was being regularly reviewed with clear actions and had future review dates for actions that had an accountable manager assigned. We were told the extra concerns we found on inspection, such as the finding the current scanning protocols in diagnostic imaging and that staff in outpatients were not able to easily find consultants practising privileges were going to be looked into.
- The centre still did not have a service level agreement with the local NHS hospital to enable smooth transfer of care of patients who were acutely unwell and deteriorating. There was a process in place to transfer acutely unwell patients, but the senior leaders of the centre acknowledged this could be made smoother with a service level agreement. This was on the risk register.
- There was a clear approach to audit and performance management at the centre. The audit programme was thorough and clearly laid out timescales for audits to be repeated to ensure compliance. The results of the audits could be fed into the wider Genesis Care UK team to allow for benchmarking across all sites. We were told there were plans for services to be paired up and to begin auditing each other, to ensure there was a fresh set of eyes carrying out the audit and that nothing could be missed.
- The centre carried out environmental risk assessments. The health and safety representative and centre leader carried out regular walkarounds to ensure there were no new environmental risks.
- There were regular safety and quality meetings which covered a variety of topics and included appropriate members of the organisation.
- The centre reviewed the performance regularly. For example, they reviewed the time from referral to scan or first appointment.
- We were previously told the centre intended to start submitting data to the Private Health Information Network (PHIN) to allow them to benchmark against other organisations nationally. We were told this had not happened yet.

Information management

The centre collected 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.

- We were told the centre complied with information protection laws and saw that all members of staff were careful to lock computers when they were leaving the area to make sure patient data was kept private and secure.
- Meeting minutes were made available to staff if they were not able to attend meetings, meaning they were able to keep up to date with changes.
- The centre used computer programmes with the facility to create teams to ensure information was shared with pertinent staff members only, but that all staff members had access to all the information they needed. This ensured privacy was maintained but that information was shared efficiently and securely, when required.

Engagement

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

- The centre had started patient forums in 2020, however, due to the pandemic meaning groups of people could not meet these had been put on hold. The centre was reviewing this decision senior leaders told us they intended to bring them back as soon as was safely possible. The aim was to hold one or two patient forums a year to ask patients for input into changes to the centre or possible areas for improvement.
- The centre actively asked patients for feedback while they were using the service. They were also clear about the complaints process, if patients felt the need to complain.

Medical care (Including older people's care)





- The centre regularly carried out staff feedback surveys to give staff an opportunity to anonymously comment on how they felt about the service. The last survey was carried out in November 2020 and another was planned for July 2021.

Learning, continuous improvement and innovation

The centre was committed to improving services. They had a good understanding of quality improvement methods and the skills to use them.

- The pharmacy team and the senior leaders told us about a new project to bring new syringe pumps into use for delivering chemotherapy treatments. These syringe drivers worked with the electronic prescribing system to add another level of safety check into the procedure. The drivers logged the medicines delivered (using a bar code), the time they were started and finished and the rate of flow throughout the administration. This not only increased the safety of the processes but also would help identify any concerns early on, as changes to flow rates would be immediately visible and therefore would also help increase the precision of any incident reporting, if this were needed.
- The centre was also looking into the possibility of installing a permanent Magnetic Resonance Imaging (MRI) machine on site. At the time of the inspection the centre had a contract for a portable machine to be used once a week. It was hoped that by having their own it would increase the access and flexibility of appointments for patients.

Outpatients

Safe	Good 
Effective	Inspected but not rated 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

Our rating of safe went down. We rated it as good because:

Mandatory Training

- Please see this subheading in the main report. A small proportion of the work of the centre is non cancer work and staffing was the same for both cancer and non-cancer patients.

Safeguarding

- Please see this subheading in the main report. A small proportion of the work of the centre is non cancer work and staffing was the same for both cancer and non-cancer patients.

Cleanliness, infection control and hygiene

- Please see this sub heading in the main report. A small proportion of the work of the centre is non cancer work and the environment and infection control procedures were the same for both cancer and non-cancer patients.

Environment and equipment

- Please see this subheading in the main report. A small proportion of the work of the centre is non cancer work and the environment and was the same for both cancer and non cancer patients.

Assessing and responding to patient risk

- Please see this subheading in the main report. A small proportion of the work of the centre is non-cancer work, patients were cared for using the same policies, procedures and risk assessments as those who were being treated for cancer.

Staffing

- All consultants worked under practising privileges granted by a panel at Genesis Care UK. Practising privileges are granted to doctors who are not directly employed by a service but allow them to work there to carry out certain, defined roles. All consultants had a scope of practice that had been agreed based on their previous experience, they were always expected to work within this.

Is the service effective?

Outpatients

Inspected but not rated 

We do not rate effective in outpatients.

Evidence based care and treatment

- Nursing staff were clear about the processes by which patients were seen and what they could be seen for. Clinics were led by the clinicians who were seeing the patients.
- Nursing staff explained they would not accept referrals from patients for blood tests privately unless there was a referral from a specialist doctor or their GP. They explained this was because they needed somewhere to send the results to in case there was any follow up required. If a patient could not prove the test was requested by a doctor, or had a doctor to send the results to, then they were not able to access blood tests at the centre.

Nutrition and hydration

- Patients being seen in the outpatient clinic had access to a range of hot drinks and water. We were told by a member of the reception team they would normally also provide biscuits or snacks in addition to the drinks. However, due to the increased infection control guidance as a result of the COVID-19 pandemic these were not able to be offered at the time of inspection.

Pain relief

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the same policies and procedures are followed for these patients.

Patient outcomes

- For more information on this please see this subheading in the main report. A small proportion of the work of the centre is non cancer work and there were no specific outcomes audits for patients on this pathway.

Competent staff

- Clinics were led by doctors. Doctors working at the centre were granted practising privileges and were only permitted to work within their scope of practice. The scope of practice was agreed before practising privileges were granted and was based on the doctor's experience and provable competencies or training. Applications were reviewed by a multidisciplinary team and doctors were not allowed to work at the centre unless they had been approved by the team.

Multidisciplinary working

- Clinics were led by doctors but relied upon the support of nursing and support staff to run smoothly.
- Nurses explained that when they undertook blood tests on behalf of GP services, they had clear processes to request a reply from the GP to ensure the results had been acknowledged and were being actioned.

Seven-day services

- Outpatient clinics were available Monday to Friday.

Health promotion

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the same policies and procedures are followed for these patients.

Outpatients

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the same policies and procedures are followed for these patients.

Is the service responsive?

Good 

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

Service delivery to meet the needs of local people

- See information under this subheading in the medical care section

Meeting people's individual needs

- See information under this subheading in the medical care section

Access and flow

- Patients were not able to self-refer to the service for things like a blood test, without a doctor's support. Nursing staff explained this was to prevent patients having test results that needed actioning but not having a mechanism to initiate that action. This was to keep patients safe following the results of tests.

Learning from complaints and concerns

- See information under this subheading in the medical care section

Is the service well-led?

Good 

Our rating of well-led went down. We rated it as good because:

Leadership

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the leaders oversaw the outpatient work for both non cancer and cancer pathways.

Vision and strategy

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the centre vision included those patients.

Culture

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the same staff cared for these patients.

Outpatients

Governance

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the same governance policies and procedures are followed for the outpatient department.

Management of risk, issues and performance

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the same approach to risk management is used.

Information management

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the same policies and procedures are followed for these patients

Engagement

- For more information on this please see this subheading in the main report. A small proportion of the work at the centre is non cancer work and the patients and staff were included in the same feedback mechanisms as patients on cancer pathways.

Learning, continuous improvement and innovation

- Non cancer work made up a very small proportion of the centre's workload. We were not told about any new innovations that were being brought into the outpatient pathway.