

Cancer Centre London LLP







Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Overall summary

Cancer Centre London LLP (CCL) is operated and managed by Aspen Healthcare Ltd, but part-owned by a limited liability partnership of group of consultants working at the centre.

Cancer Centre London LLP provides outpatient cancer treatment including chemotherapy and radiotherapy services. CCL is a specialist oncology day treatment centre registered to treat adult cancer patients (18 years

and older). It is located in Wimbledon in the London borough of Merton and mainly treats private patients from south west London, Surrey and the neighbouring areas.

We inspected this service using our comprehensive inspection methodology. The inspection was unannounced on 18 September 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's

Summary of findings

needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

Our rating of this centre stayed the same. We rated it as **Good** overall.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- The service controlled infection risk well and had suitable premises and equipment and looked after the general environment well.
- Staff completed and updated risk assessments for each patient and kept detailed records of patients' care.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided best practice when prescribing, dispensing, recording and storing medicines.
- The service managed patient safety incidents well by completing investigations and learning from outcomes. The service used safety monitoring results well and used them to initiate change of practice.
- Staff cared for the patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and provided emotional support.
- The service planned and provided services in a way that met the needs of patients. The service took account of patient's individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff.
- Managers at all levels had the skills and ability to run a service and shared a corporate strategy, vision and values with the staff of what it wanted to achieve.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Nigel Acheson

Deputy Chief Inspector of Hospitals (South & London)

Summary of findings

Our judgements about each of the main services

Service

Medical care (including older people's care)

Rating Summary of each main service

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

- The service provided mandatory training in key skills to most staff. Staff were trained in a variety of mandatory training subjects sufficient to provide key skills for their roles.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. Staff completed appraisals and completed competencies for individual skill sets.
- Staff provided emotional support to patients to minimise their distress. We observed that staff were sensitive and respectful of patients.
- Staff involved patients and those close to them were involved in decisions about their care and treatment. Patients told us they felt listened to during their consultations and that their preferences had been taken in to account.
- The service planned and provided services in a way that met the needs of local people. The service took account of patients' individual needs. Identifying individual need was part of the assessment process.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.
- The service had a vision for what it wanted to achieve. The strategy was developed by the corporate senior management team, with objectives cascaded to the cancer centre staff.
- There were clear lines of leadership and accountability in the cancer centre.

Good



Summary of findings

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Good



Cancer Centre London LLP

Services we looked at

Medical care (including older people's care)

Summary of this inspection

Background to Cancer Centre London LLP

Cancer Centre London LLP is operated by Aspen Healthcare Limited. The centre was opened in 2003. It is a private cancer centre in Wimbledon, in the London borough of Merton. The centre primarily serves the communities of south west London, Surrey and the neighbouring towns and cities across the south of England. It also accepts patient referrals from outside this area.

There are no inpatient beds at CCL. However, there is a formal arrangement for CCL patients needing inpatient treatment to be treated on a ward at Parkside Hospital,

which is under the same management. The ward is specifically for oncology patients and has oncology trained nurses. Both CCL and Parkside Hospital have the same registered manager. The registered manager for CCL had been in post since April 2019.

The centre offers a range of oncology services, radiotherapy, chemotherapy, nuclear medicine and patient support services such as complementary therapy; dietitian; psychosocial services and a patient information centre.

Our inspection team

The inspection team comprised of one CQC lead inspector, specialist advisor in oncology nursing and clinical pharmacist with special interest in cancer and chemotherapy. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection for London.

Information about Cancer Centre London LLP

The Cancer Centre London LLP is registered to provide the following regulated activities:

- Treatment of diseases, disorder and injury.
- Diagnostics and screening

During the inspection, we spoke with staff including registered nurses, health care assistants, reception staff, medical staff and senior managers. We spoke with six patients and three relatives. We reviewed six sets of patient records.

There were no special reviews or investigations of the centre ongoing by the CQC at any time during the 12 months before this inspection. The centre was last inspected in 2016, where we found the centre was meeting all standards of quality and safety it was inspected against.

Activity (March 2018 to February 2019)

- In the reporting period from March 2018 to February 2019, there were 2226 day case episodes of care recorded at the centre; of these 1% was NHS-funded and 99% privately funded patients.
- There were 6349 outpatient total attendances in the reporting period; of these 98% were privately funded and 2% were NHS-funded patients.

There were 30 medical and clinical oncologists and three nuclear medicine radiologists who worked at the centre under practising privileges. One resident medical officer (RMO) worked from 8am – 6pm, Monday to Friday.

There were 55.26 WTE staff, which included seven registered nurses, three healthcare assistants, seven receptionists, seven pharmacists, three pharmacy technicians, five physicists, seven radiographers and one assistant practitioner. The centre also had its own bank staff. The accountable officer for controlled drugs (CDs) was the registered manager.

Summary of this inspection

Track record on safety

Track record on safety from March **2018 to February 2019:**

- No reported never events.
- No reported incidences of healthcare acquired MRSA.
- No reported incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- No reported incidences of healthcare acquired Clostridium difficile.
- No reported incidences of healthcare acquired E-Coli.

- No reported complaints.

Services provided at the centre under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- RMO provision
- Radiation Protection and Radioactive Waste Advisors
- Support services
- Linen services
- Maintenance of fire extinguishers and smoke alarms

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Our rating of safe stayed the same. We rated it as **Good** because:

- The centre provided mandatory training in key skills to all staff and made sure all staff completed it. There was a good level of compliance with mandatory training across the centre by all staff groups.
- 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 knew how to apply it in practice.
- The centre controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used infection control measures to prevent the spread of infection.
- The centre had suitable premises and equipment and looked after them well. The environment of all areas of the centre appeared well maintained.
- 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.
- There was a good incident reporting, investigation and feedback system. Staff were aware of their responsibilities in relation to reporting incidents there was evidence that learning took place.

Good



Are services effective?

Our rating for effective remains the same. We rated it as **Good** Because:

- The centre provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and treatment protocols.
- 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.

Good



Summary of this inspection

- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Are services caring?

Our rating of caring stayed the same. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- All patients we spoke with told us they fully understood why they were attending the centre and had been involved in discussions about their care and treatment.
- Patients told us they felt supported and informed about all stages of their care and commented positively about the care and treatment provided to them by the staff.

Good



Are services responsive?

Our rating of responsive stayed the same. We rated it as **Good** because:

- The service planned and provided services in a way that met the range of needs of patients accessing the centre and its services.
- The service took account of patients' individual needs, it had a proactive approach to understanding individual needs, was accessible and promoted equality.
- Patients could access the service in a way and at a time that suited them. There were no waiting times for appointments and patients were booked to suit their individual needs. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were better than national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.
- The service had a complaints policy and treated concerns and complaints seriously. The registered manager investigated complaints and shared outcomes with all staff.

Good



Summary of this inspection

Are services well-led?






Our rating of well-led stayed the same. We rated it as **Good** because:

- Managers at all levels in the service had the right qualifications and skills to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for good clinical care to flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, their families and local organisations to plan and manage appropriate services.
- The service was committed to improving services by learning from when things went well or wrong and promoting training.

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 

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

Mandatory training

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

Mandatory training included subjects such as infection control, health and safety, fire safety, conflict resolution, information governance and safeguarding. All staff were trained in sepsis and the recognition and treatment of neutropenic sepsis. We saw evidence of staff compliance of mandatory training ranged between 95% to 100%. The service target for mandatory training was 95%. All nursing and radiotherapy staff had undertaken basic and intermediate life support training for adults.

All staff had access to an online system for training. The system gave the registered manager an overview of performance and gave prompts to staff, when they were due to re-take or refresh their training. The centre manager could also see mandatory training performance and would send emails to department managers reminding them if any staff were approaching their due dates.

Safeguarding

Staff understood how to protect people 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 safeguarding processes and procedures in place for safeguarding adults and children. All policies were available to staff in an electronic format. Although staff reported they had not had any safeguarding concerns to raise they were aware of the correct pathways to follow to raise safeguarding concerns.

At the time of our inspection, 100% of staff were compliant with safeguarding training. All staff we spoke with had received training in levels two or three for children's safeguarding as appropriate. The lead nurse was trained to level three and could access advice from the local council's safeguarding teams if required. This met the intercollegiate guidance 'Safeguarding children and young people: roles and competences for health care staff' (January 2019).

Staff were aware of their responsibilities if they identified a woman who had undergone female genital mutilation (FGM). Staff could describe the escalation process if they were to have safeguarding concerns and were aware of the policies and where to find them. The service had an FGM policy.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept equipment and the premises visibly clean. They used control measures to prevent the spread of infection.

All staff we saw in the Cancer Centre were bare below the elbows to prevent the spread of infections in accordance with national guidance. Hand cleansing gel was available at the main entrance of the centre and in all areas of the Centre. We spoke with patients who told us they saw staff

Medical care (including older people's care)

clean their hands before their treatment. Cancer Centre staff received infection prevention and control training as part of their mandatory training package. We saw that 100% of staff had completed this training.

We reviewed all areas and consulting rooms of the centre and found no concerns. We saw that in all these areas including consulting rooms, waste was segregated, 'I am clean' stickers were used to indicate equipment that was ready to use, hand sinks were available for hand washing and sharps bins were signed and dated in line with best practice. Personal protective equipment such as gloves and aprons were available, and consumable items were checked and found to be within their expiry dates.

The centre was cleaned in the evening and overnight to minimise disruption to patients and staff during the day when clinics and treatments were being held. All medical equipment was the responsibility of the nursing and healthcare assistants to clean after each use, and everything else was the responsibility of the housekeeping team.

There were cleaning checklists in all areas of the centre and we saw that daily checks had been documented. The housekeeping manager audited the cleanliness of the centre on a monthly basis. We saw the most recent cleaning audit in December 2018 which scored 96%. The house keeper explained that any score from 90 – 100% was considered very good, 80-90% was good, and a score lower than 80% would require significant improvements.

The lead oncology nurse was the lead infection prevention and control officer and there was an infection prevention lead nurse for the centre as well. We saw flowcharts displayed on the centre's safety board for what to do in the event of a sharps or splash injury. The lead nurse told us that there had been no sharps injury to staff in the last 12 months.

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 was appropriate. It was spacious and fully accessible to patients who had additional mobility needs. The consultation rooms were all

well-equipped. They included a treatment couch and a trolley for carrying clinical equipment required. The treatment 'pods' and treatment rooms in the centre were clean, well-kept, spacious and bright.

The service had enough suitable equipment to help them to safely care for patients. This included equipment required to complete patient observations, such as; blood pressure and temperature monitoring and weighing scales.

A full maintenance contract was in place to support the ongoing running of the radiotherapy machine. Other daily quality assurance checks, such as accuracy and radiation output, were recorded for medical physics to review any trends or outlying results. We observed staff undertaking these checks.

We saw competency checklists to ensure staff were properly trained in the use of the radiotherapy treatment equipment. There was a radiotherapy machine checklist completed by the radiographers and the medical physicist every morning before the start of the session. The radiotherapy equipment had regular servicing carried out by manufacturer engineers. We saw evidence of the completed servicing reports. Staff carried out regular safety checks of specialist equipment. This included checks of the patient observation equipment referred to above and emergency equipment such as resuscitation trolleys.

There was resuscitation equipment available. We looked at the resuscitation trolley checklists over the previous month and found them to be checked and signed on a daily basis. The equipment followed national resuscitation council guidelines. We observed call bells being answered immediately in the chemotherapy unit.

Emergency call bells were located around the centre. Staff told us how this call bell system had recently been successfully used to raise the alarm in response to medical emergency in the centre.

Access to the radiotherapy department was via the receptionist at the main entrance of the centre. Clear warning signs were in place to warn of the danger of being exposed to radiation. We saw the radiation warning lights were present and in working order. These were checked as a part of daily quality assurance checks.

Medical care (including older people's care)

There was adequate seating space in both chemotherapy and radiotherapy areas of the centre. The chemotherapy and day care unit were located on the ground floor of the centre.

We observed radiotherapy staff wearing specialised personal protective aprons. These were available for use within all radiation areas. Staff were also seen wearing personal radiation dose monitors, which were monitored in accordance with the relevant legislation.

Staff disposed of clinical waste safely and effective systems were in place to ensure this waste was removed from the centre in an appropriate and safe manner. There was a cytotoxic spill kit available to manage and contained cytotoxic spills and waste.

Staff told us they completed a checklist each day to ensure the areas were well stocked with all the necessary documentation and equipment. We saw these completed forms kept in a folder. We noted the rooms were well stocked.

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.

All patients attending the chemotherapy suite had a face to face pre-admission assessment. This assessment would identify any risks to the patient based on their medical history, whether these risks could be minimised and if the day unit could safely care for them. There was evidence of risk assessments being completed with patients and care plans in place to manage the risk.

All patients treated at the centre were provided with an 'out-of-hours' contact information card. The cards had details of when to seek help, who to contact, information about their condition and the relevant telephone numbers. Patients were told to contact their local accident and emergency department to reduce the delay of managing potential sepsis.

In the radiotherapy unit, staff we spoke with knew who their Radiation Protection Supervisor (RPS) and Radiation Protection Advisor (RPA) were. We noted that there were local rules and radiation regulations available and accessible for staff to consult. The Radiation Protection Supervisor (RPS) within the radiotherapy department

carried out risk assessments. These were easily accessible to all staff to read and review. We saw electrical testing stickers on equipment, which indicated the equipment was in date and safe to use.

Staff responded promptly to any sudden deterioration in a patient's health. Staff completed patient observations, such as; blood pressure readings, oxygen saturation readings and patient temperatures to assess and monitor patient's health. They also used a nationally recognised tool called the National Early Warning Score 2 (NEWS2), to identify deteriorating patients and escalated them appropriately. Staff showed us a sepsis toolkit that was in the Cancer Centre. This kit contained sepsis screens, equipment required for obtaining blood cultures and the pathway to follow if sepsis was suspected.

Nurse and radiology staffing

The service had enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.

There was dedicated nursing, patient support staff and radiographers across the chemotherapy and radiotherapy units. These staff had the right qualifications, skills and experience to meet the needs of the patients.

The centre had a mixture of nurses and clinical nurse specialists (CNSs) in oncology. Staff could utilise cross-cover arrangements with the in-patient ward of the Parkside Hospital if required. There were currently no vacancies for registered staff. There were eight radiology staff in radiotherapy at the unit, seven radiographers and one assistant practitioner.

Senior staff told us they could adjust the number of staff needed to cover the centre to help during busy times, or where patients had greater needs. The service used its own acuity tool to determine and adjust staff numbers on each shift. Sickness rates for nurses were 0% in 2018/19 reporting period. There was minimal use of agency staff. There were no vacancies for healthcare assistants on the day of our inspection and no staff turnover for this staff group from March 2018 to February 2019.

Medical staffing

Medical care (including older people's care)

The Centre had access to a range of medical staff who could provide appointments across a range of specialities. A resident medical officer was available to provide medical cover to the cancer centre patients.

Consultants who held clinics were responsible for the care of their patients. Administrators organised the clinic lists around consultants' availability. There were 30 consultants recorded as having practicing privileges at the Cancer Centre. Of this number, 79% worked regularly at the centre undertaking 100 or more consultations from March 2018 to February 2019. A further 21% of consultants undertook between 10 and 99 consultations in the same time period.

There was a substantive resident medical officer dedicated to the Cancer Centre. They worked from 8am to 6pm, Monday to Friday. The centre did not open on weekends.

There was a medical advisory committee (MAC) responsible for consultant engagement. For a consultant to maintain their practising privileges at the hospital, there were minimum data requirements with which a consultant must comply. These included registration with the General Medical Council (GMC), evidence of insurance, and a current performance appraisal or revalidation certificate. The MAC chair told us about their robust recruitment process including interviewing each consultant, obtaining references and checking with the GMC for any performance issues with the consultant before offering them a practicing privileges contract.

Records

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

From March 2018 to February 2019, we were told by the lead nurse that no patients were seen at the Cancer Centre without the full medical record being available. This included medical records from previous visits and any other previous diagnostic and test results.

Patients records were kept securely in locked cupboards and made available for clinics whenever it was needed. Electronic records could only be accessed by authorised personnel. Computer access was password protected and staff used individual login details to access patients record. All imaging, histology and blood results were available electronically.

Staff and consultants were not permitted to remove any patient records from the site without prior permission from the registered manager. All consultants were registered with the Information Commissioner's Office as data controllers.

We saw that the radiographers had completed their records accurately by checking patient identification and recording patient dose information. We also saw evidence that the radiographers had checked and documented patient pregnancy status, in line with departmental protocol.

We reviewed six patient records which were completed with no obvious omissions. Records were legible and signed and contained referral letters, results and discharge letters. All staff we spoke with had completed information governance training. Records showed 100% of staff had completed this training.

Medicines

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

Chemotherapy was prepared onsite by the pharmacy team. All chemotherapy was prescribed on an electronic system. A clinical screening and checking procedure were followed to ensure the medicines were safely prescribed and administered. Safe procedures for chemotherapy drug administration were followed, including separate storage, training and the maintenance of a register of practitioners.

Chemotherapy drugs were prescribed by doctors authorised to do so. All chemotherapy prescribing was evidence-based. Pharmacy staff did not release chemotherapy drugs to nurses until a doctor had confirmed satisfactory results for patient's blood tests. Chemotherapy medicines were safely transported from pharmacy to the chemotherapy unit using standard protective equipment, yellow padded bags for cytotoxic drugs or a square box for transfusions. Only trained chemotherapy nurses were allowed to administer chemotherapy medicines.

All medicines were stored safely and appropriately. The medicines cupboards we inspected were locked and secure. All medicines were within expiry date and there was evidence of stock rotation. Cupboards containing

Medical care (including older people's care)

substances hazardous to health were also locked. There were no controlled drugs (CDs) kept or administered in the radiotherapy department. Only authorised staff had access to keys for the medicines' cupboard.

They centre had a separate anaphylaxis and sepsis kit to deal with life threatening emergencies and allergic reactions requiring immediate treatment. Suitable emergency medicines, extravasation and spill kits were available and checked regularly. Extravasation is the leakage of intravenous fluids and/or drugs into the surrounding tissue around the site of the infusion.

Staff were aware of the policies involving medicines management and knew where they were located in the department and on the staff intranet. Emergency drugs were kept on the resuscitation trolley and checked daily. Fridge temperatures were monitored daily. We checked the previous month's records and noted that they were all completed correctly.

Pharmacists were involved in multidisciplinary (MDT) meetings and daily planning sessions with nursing staff. They were seen as an integral part of the clinical team. Each patient had an individual medicine record prepared before their first treatment. Where the patient's first language was not English, the pharmacy worked with the service's International Office to ensure they understood any instructions regarding their medicines.

A medicines management committee met regularly. This was chaired by the lead pharmacist. One of the roles of this committee was to discuss new protocols and medicines. All new protocols were supported by clinical evidence and were checked and signed off by two consultants and a pharmacist. Drug alerts were actioned by the pharmacy. We saw one recent staff bulletin which outlined changes implemented as the result of an alert.

Incidents

The service had appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.

The service used an electronic incident reporting system and all staff had been trained to use it. The registered manager was responsible for conducting investigations into all incidents. The registered manager used the incident report to identify any themes and learning and shared with

staff at their team meetings. Staff we spoke with knew how to report incidents and could give examples of when they would do this. 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.

The centre did not report any never events related to chemotherapy or radiotherapy in the period between March 2018 to February 2019. 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.

There were a total of 92 clinical incidents and 48 non-clinical incidents reported between April 2018 to March 2019. Of the clinical incidents reported, 85 were no harm and seven reported as low harm. Trends of incidents reported were monitored and lessons learned shared with staff. For example, some staff told us they had noticed a trend for patients being discharged without a follow up appointment in place. The team reviewed the process and implemented a new procedure to make improvements to the system.

We spoke with staff about the number of incidents reported and were assured that the incident reporting process was robust. Staff we spoke to were able to accurately describe the process and the use of the electronic incident reporting system. Members of staff were able to explain the reporting and documentation process and the subsequent investigation that took place after a medication incident. They were also aware of learning and changes in practice that happened as a direct result of the incident.

All reported incidents within the centre were fed back at the senior nurses monthly meeting. Learning from incidents was also shared with wider teams at regular monthly team meetings. We saw minutes of all these meetings, which evidenced this.

Under regulation 4(5) of the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000, providers are obliged to submit notifications of exposures 'much greater than intended' to the CQC. We received no such notifications between April 2018 and March 2019.

Medical care (including older people's care)

Staff understood their responsibilities of the Duty of candour regulations. All staff described an open and honest culture. All staff we spoke with confirmed they apologised to patients when care and treatment was not as it should have been and gave example of when they did that with a patient who had a delayed blood result.

Are medical care (including older people's care) effective?

Good 

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

Evidence-based care and treatment

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

We saw National Institute of health and Care Excellence (NICE) guidance was implemented on a range of areas including neutropenic sepsis, infection prevention, chemotherapy preparation and administration. The centre maintained a database of all policies. New NICE guidance and actions relevant to the service were reviewed monthly at clinical governance meetings to support the implementation of evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedure guidelines relevant for chemotherapy and radiotherapy services were accessible for staff on computers, stored in a shared document folder. The policies we sampled were aligned to national guidance and were in date, with review dates documented.

Guidelines were followed for patients receiving Intravenous (IV) fluid therapy and patients were assessed to determine their level of risk of venous thromboembolism (VTE) in accordance with NICE guidance.

Patients receiving intravenous (IV) medication and fluids were cared for by healthcare professionals competent in administering and assessing fluids and medications. Patients had the site of their IV medication checked and documented on the observation chart, which followed the

NICE quality statement 66. Staff explained that they were able to document, fluid, nutrition, VTE assessments electronically. Charts within the patient records highlighted trends and flagged abnormal results.

The radiotherapy unit had a radiation safety policy in place, which met with national guidance and legislation. The policy set down certain roles, responsibilities and duties of designated committees and individuals. The service took account of newly and emerging treatments, this was governed by the Medical Advisory Committee who provided approval for its use at the centre. The radiotherapy unit carried out quality control and physics checks to ensure the service met expected standards.

There was a range of 'work instructions' within chemotherapy and radiotherapy unit. Any new 'work instructions' were cascaded to staff for reading and signing. Work instructions were also known as the standard operating procedures.

Clinical staff knew of and used the relevant National Institute of Health and Care Excellence (NICE) guidelines relevant for their departments. These guidelines could be accessed easily through the intranet.

Nutrition and hydration

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

In the waiting area, there was a water dispenser available free of charge and a vending machine dispensing cold drinks and snacks. Tea and coffee were also available free of charge from a machine which was also located in the waiting area. Patients who had longer treatments were provided with food suitable for their condition and treatment they were undergoing during lunch.

Patients we spoke to on the day of inspection were complimentary about the food. They said they had a choice of meals and these took account of their individual preferences, including religious and cultural requirements. The centre rated themselves as being compliant with 10 key characteristics of good nutritional care in hospitals as defined by Council of Europe Alliance.

Staff followed best practice as patient needs were continuously assessed in line with national guidance. For example, staff assessed patients using the nationally

Medical care (including older people's care)

recognised Malnutrition Universal Screening Tool (MUST). Records also documented use of nationally recognised tools such as the assessment of skin integrity using the Waterlow risk assessment tool.

Pain relief

Staff assessed and monitored patients to see if they were in pain.

Consultants assessed patients in their clinics and prescribed pain medication accordingly. Patients received pain medicine for minor procedures performed at the centre, for example if they were having an intravenous line inserted for their treatment.

Staff used a recognised tool based on a numeric rating scale to assess patients' pain and the effectiveness of pain relief administered.

The resident medical officer (RMO) was also available in the event of a patient requiring a review of their pain management and prescribed pain relief in cases requiring urgent attention.

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 monitored patient outcomes and experience through their monthly clinic audits and patient satisfaction feedback cards.

There was a good range of local audits and initiatives within the chemotherapy, radiotherapy and outpatient department to monitor and report on patient outcomes. Audits included record keeping, patient satisfaction, consent, infection prevention, positioning and CT planning. The centre performed better than expected in all the audits undertaken. The centre provided evidence of benchmarking against other similar organisations on patient outcomes. We looked at the audit schedule for 2018/19, which covered audits such as chemotherapy regimen, doses, documentation and radiotherapy doses.

The centre did not participate in any national audits related to medical care or end of life care as the numbers of

patients who would be eligible to be included was very small. However, the centre aimed to review national audit reports for recommendations and incorporate best practice into their policies and procedures.

Information about the outcomes of people's care and treatment were routinely reviewed by staff. The digital patient care records collected data on venous VTE assessment, methicillin-resistant *Staphylococcus aureus* (MRSA) swab checks and these were reviewed by staff and action taken appropriately.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Effective recruitment systems were in place to ensure staff were suitably skilled to work in their roles. Managers gave all new staff a full induction tailored to their role before they started work. Staff told us this included face to face meetings with the heads of each department within the centre. They said they found these very helpful in helping them to understand how all the departments within the centre worked together to provide effective, joined up patient care.

Managers supported staff to develop through yearly, constructive appraisals of their work. The staff appraisal rate at the time of our inspection was 100%. Nursing and allied health professional staff we spoke with confirmed they were encouraged to undertake continual professional development and were given opportunities to develop their skills and knowledge through training relevant to their role. This included completing competency frameworks for areas of development and they were also supported to undertake specialist courses.

The lead oncology nurse monitored the nursing revalidation process, but staff were supported in collating their evidence for revalidation. Revalidation is a new process since 2016, where nurses and midwives need to demonstrate to the Nursing and Midwifery Council that they can practice safely and effectively.

We saw evidence that nurses, radiographers and other professionals had appropriate skills, knowledge and experience to carry out their roles effectively. We looked at

Medical care (including older people's care)

competency check lists and saw these were completed and signed. Staff administering radiation were appropriately trained to do so. We spoke with radiotherapy staff who showed us records demonstrating their compliance with the Ionising Radiation Medical Equipment Regulation (IRMER) regulations.

Any concerns related to the consultants around their competency was dealt with via the medical advisory committee (MAC) guidelines. Ongoing compliance with practising privileges was monitored on a monthly basis by the MAC.

Managers made sure staff attended team meetings or had access to full minutes of the meetings when they could not attend. This ensured staff were kept updated about changes in practice.

Multidisciplinary working

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

There was evidence of good team working. Staff felt the small team sizes meant they all got to know each other well and worked well together. We attended the outpatient daily huddle meeting which was attended by the nursing team, the RMO and the pharmacist to discuss and review patient care and treatment. This meant the patient pathway was reviewed by all key staff involved and issues were addressed prior to the patient starting treatment.

Weekly consultant-led multidisciplinary team meetings (MDT) were held to discuss patient's treatment. We were told by managers that nursing staff, allied health professionals and managers attended MDT meetings. Staff told us consultants were approachable and always willing to give help and advice. One member of staff in radiotherapy told us they felt confident to challenge a consultant decision, in the best interests of patient safety, if required to do so.

We heard positive feedback from staff of all grades about the excellent teamwork. Staff worked towards common goals, asked questions and supported each other to provide the best care and experience for the patients.

Seven-day services

The centre did not provide seven-day services.

As the centre did not provide urgent or acute services, it was not available seven days a week. The centre operated between 8am and 6pm, Monday to Friday.

There was always a resident medical officer (RMO) present during service hours. The RMO was responsible for reviewing patients daily and communicating with the patients' lead consultant.

There was a documented escalation and out of hours contact process. Patients had access to support from staff at any time and were also provided with out of hours contact number to call Parkside Hospital during out of hours to speak with senior nurse or the RMO on call.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support for every patient treated at the centre. Each patient had an individualised program of health promotion to support their care and treatment needs.

Staff assessed each patient's health when they checked in on the day for their treatment and provided support for any individual needs to live a healthier lifestyle. Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.

Patients who needed extra support were identified during initial assessment. Through the patient safety questionnaire, family members or carers were permitted to accompany patients and provide support during their treatment at the centre.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

We saw consent documented in the medical records. This showed patients had consented to treatment and knew the expected benefits and risks. Staff told us they were aware of the centre's consent policy. Consent was sought from patients prior to the delivery of care and treatment. In the radiotherapy unit, radiographers confirmed written consent from all patients before commencing treatment.

Medical care (including older people's care)

We saw completed consent forms in the consultation rooms but did not directly observe consent being obtained at the centre. One patient on the day unit told us the doctor had undertaken the consent process thoroughly and explained the risks and side effects of their procedure. They had been given a copy of the consent form.

Staff also sought consent to share information with the patient's GP. The patient would also receive a copy of any correspondence. One patient commented how useful this was, as it kept them informed as they were often unable to recall all the information given to them during consultations. There were written consent noted within the radiotherapy service. The consent process included a discussion of the risks to the patient and an opportunity for the patient to ask further questions. Radiographers confirmed consent with patients before providing treatment.

The provider had a policy in place to guide staff in the correct use and interpretation of the Mental Capacity Act 2005 (MCA). Staff completed this training as part of the mandatory training programme and understood issues in relation to capacity and the impact on patient consent.

Are medical care (including older people's care) caring?

Good 

Our rating of caring stayed the same. 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.

Patients told us they were treated with kindness, dignity, respect and compassion. We observed staff treating patients in a kind and considerate manner. It was evident from all our conversations with staff that the patients were at the centre of everything they did. This was supported fully by the patients we spoke to, as they all expressed positive views about their experiences at the centre. One of the patients we spoke to during the inspection said, "the nurses are great, and the doctor is brilliant. They are all so supportive and caring."

We observed staff assisting patients in the department, approaching them rather than waiting for requests for assistance. For example, asking them if they needed help and pointing people in the right direction.

All the treatment units had curtains, which could be pulled across to provide a level of visual privacy, although all conversations could still be heard. Staff told us they would use a private room for when confidential conversations needed to take place.

The cancer centre used their own patient satisfaction survey. This was given to patients at the end of their treatment. The results from the survey showed 100% of patients rated the service as excellent. The results were taken from a response rate of 77%.

Emotional support

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

Patients told us staff were approachable and had time to explain things. One patient told us, "the staff always go over and beyond their duty so that I feel supported." We observed and heard staff speaking with patients in a kind and caring manner. We also observed staff giving reassurance to patients both over the telephone and in person.

All staff provided support for the patients and their carers to cope emotionally with their condition, treatment and outcomes. Patients reported that if they had any concerns, they were given the time to ask questions. Staff made sure that patients understood any information given to them before they left the centre.

Staff told us a quiet room would be made available for breaking bad news if required. Nursing staff were trained on breaking bad news, they also knew who they could always ask for advice and get support from other staff members when breaking bad news. They also said if families became distressed following bad news, they felt the team had the skills to deal with the immediate distress.

Understanding and involvement of patients and those close to them

Medical care (including older people's care)

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

Patients fully understood their care and treatment and were involved in making decisions. One patient told us of the options they were given with regards to treatment and another told us they were able to choose the start date of their treatment to fit with other personal plans.

Patients we spoke with were able to describe who to contact if they were worried about their condition after they had left the centre. Staff supported patients and their relatives prior to, during and after their appointment. Patients accessed specialist support if needed and care was tailored to each individual, dependent on their preferences.

We saw staff spent time with patients, explaining care pathways and treatment plans. All patients we spoke with told us they fully understood why they were attending the centre and had been involved in discussions about their care and treatment.

All patients we spoke with felt well informed about their care. One patient said, "I know all about my care plan", and another said, "I was given two different ways of treatment and I went towards my preferred option based on my own research." Patients told us they were given time to make decisions and staff made sure they understood the treatment options available to them.

Are medical care (including older people's care) responsive?

Good 

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

Service delivery to meet the needs of local people

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

The chemotherapy and radiotherapy services were available to meet the needs of the patient group. The

centre planned and provided services in a way that met the needs of the local patients, NHS trusts and other external stakeholders. In the previous 12 months, there had been no cancelled appointments due to non-clinical issues.

The service provided a tailor-made service for the individual who required private cancer treatment. Patients were given appropriate information and support regarding their care and treatment prior to receiving treatment at the centre.

The environment was appropriate and patient-centred, with comfortable seating, refreshments and suitable toilets. There was a visitor's waiting area which was available for families and carers to rest and make refreshments whilst the patient was undergoing treatment.

The cancer centre offered responsive on-site phlebotomy, pharmacy, chemotherapy and radiotherapy services.

The international team which looked after the interest of foreign patients were available from 9am to 5pm, Monday to Friday.

There was on-call cover twenty-four hours a day, seven days a week via an emergency number for patients undergoing chemotherapy or radiotherapy 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 told us face to face interpreting services were available for patients attending outpatient chemotherapy or radiotherapy appointments and that they could also use a dedicated language line service. Other supportive services available to patients included cultural support, psychology and counselling, complementary therapies, occupational therapy, physiotherapy and a dietetic advice.

We spoke with staff in the catering team and they told us they catered for cultural and religious needs and other patient preferences such as halal, kosher, gluten free and pureed foods. The service had suitable facilities to meet the needs of patients' families including quiet rooms, hot and cold drinks. There was adequate seating for patients and their families.

Medical care (including older people's care)

Within the radiotherapy and chemotherapy areas, there was a range of information leaflets and literature available for patients to read about a variety of conditions and support services available. The information we observed were only in English, but we were told that all information was able to be received in any print size, language, braille and audio loops. A range of health education leaflets were available and given to each patient. Some of these were available in other languages and could also be translated if required. The service had access to a telephone and face to face translation service.

Access and flow

People could access the service in a way and at a time that suited them. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were better than national standards.

People could access services and appointments in a way and at a time that suited them. All the patients we spoke with told us they had arranged appointments that were organised to meet their needs during the opening hours of the service.

People were able to access outpatient chemotherapy and radiotherapy services at a time that was convenient for them. All patients we spoke with found it easy to arrange an appointment and many told us the service was very accommodating. One patient told us chemotherapy staff were aware that they lived a distance away, and therefore would try and offer an appointment that met with convenient travel times.

GPs and consultants could refer patients electronically via email. The booking staff would confirm the date and time of the appointment with the patient and send a follow-up letter and map for directions. We were told that patients can be seen within 48 hours of their referral and treatment commenced within a week. Patients we spoke with told us they were offered appointments quickly and these were flexible to meet their needs. Appointment cancellations made by the centre was rare and the lead nurse told us that there was no cancellation in the last 12 months.

Booking and reception staff told us that any patient who did not attend an appointment, were followed up by a phone call from the nursing staff to rearrange an alternative date. Staff told us that patients rarely did not attend their appointment.

During our inspection, we noted that patients could have their bloods taken on the same day as the appointment and all nursing staff were trained to do this. This meant patients did not have to return for a separate appointment to have bloods taken.

The chemotherapy and radiotherapy services flexed capacity and staffing to meet the demand on the service. Staff told us they could offer different appointment times if the patient requested them.

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 centre treated concerns and complaints seriously, investigated them, learned lessons and used the learning to improve the service. There was a clear process in place for the management of complaints. Staff were able to explain the action to take when they received formal and informal complaints.

We saw a complaints policy which reflected best practice, and this was easily accessible to staff. The centre had systems to ensure patients' comments and complaints were listened to and acted upon effectively. Patients could raise a concern, and have it investigated and responded to within a time frame as set out in the complaints policy. Comments and complaints were used by the management team to improve the quality of the service provided. The service had a complaint leaflet available as part of the patient information pack.

Patients who had concerns about any aspect of the service were encouraged to contact the centre in order that these could be addressed. These issues were managed through the complaint's procedure. The registered manager was responsible for the management of complaints at the centre. Information on how to make a complaint was highlighted in the information booklet given to patients. Patients we spoke with were aware of how to make a complaint.

Medical care (including older people's care)

Are medical care (including older people's care) well-led?

Good 

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

Leadership

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

Staff were aware of the executive team and told us about good communication, especially with the registered manager/hospital director. Staff told us the hospital director was visible and approachable, visiting the centre daily. Staff felt valued and supported by local leaders and found them to be approachable and visible. The centre management were proactive, visible and highly valued by staff.

Nursing staff knew the management structure and felt senior managers were approachable, visible and listened to their concerns and ideas. One member of staff told us their manager had an "open door policy". Staff also felt they were encouraged to progress and work towards a promotion within the centre. A number of staff had been with the organisation for many years and had been promoted. An example of this was an overseas trained radiographer who was recruited as a band 5 and over the years had progressed to a head of department. They told us they were supported educationally to achieve this by the organisation.

Radiotherapy staff told us the senior staff were very visible and supportive and took the time to visit their unit.

Many staff told us they loved working at the centre and were proud of what they could achieve individually and collectively.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with

all relevant stakeholders. The vision and strategy were focused on sustainability of the services. Leaders and staff understood and knew how to apply them and monitor progress.

All staff we spoke with could tell us about the centre's vision and values that included care being delivered with compassion, dignity, respect, and equality. Staff stated quality was a key priority for the centre. The centre had a vision for what it wanted to achieve and workable plans to turn it into action. Managers and staff we spoke with during the inspection were clear about the vision and the values that underpinned their work at the centre.

The overarching vision and strategy for the centre was to help individuals to achieve and maintain the level of health and wellbeing they aspire to by being a trusted provider and partner in their care and treatment. We were told that staff contributed to the development of the strategy and the centre management team overseen and monitored the implementation of the strategy.

The overall strategy was aligned with the Parkside hospital strategy. The hospital had strategic objectives to improve services through improved facilities and patient outcomes, as well as exploiting new technology, strengthening the culture of quality and safety of their services.

The registered manager described that since being in post they had tried to ensure staff were more focussed in the delivery of cancer services, rather than being an additional service of the main hospital. Staff we spoke with confirmed that they felt the focus at the centre had changed and was more focussed on them working in their own department.

Culture

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

All staff were aware of the need to be open and honest with patients. Staff felt the organisation and centre had a culture of openness and honesty and was open to ideas for improvement. Staff told us they would recommend the Cancer Centre as a place to work.

Medical care (including older people's care)

There was a whistleblowing policy available on the main hospital's intranet and a freedom to speak up guardian available for staff to contact and they report to the hospital director. Senior managers told us the service was committed to continuously improving patient safety and staff experience by ensuring that all staff could speak openly about things that went wrong or the things that worried them. Staff told us they felt comfortable to raise concerns, particularly on patient safety issues with their manager, during their team meetings or one to ones. They also felt comfortable with raising issues with senior management within the organisation.

Leaders were inspiring and focussed on providing high quality care. This was evidenced through the enthusiasm and passion displayed by staff who told us about their development opportunities and the opportunities to develop or participate in new ways of working such as reduced hours, staggered shift patterns and compressed hours.

There was a strong sense of teamwork. We saw evidence in both departments that the culture of the services was centred on the needs of the patient. Many staff described how the patients' experience of the service was paramount.

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.

The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. There were clear governance structures in place where a number of groups and committees, such as; the health and safety committee, the medicines management group and the infection prevention committee that fed into the quality and safety committee which in turn reported directly to the board.

There were quarterly clinical governance meetings attended by senior staff members, service leads and service managers. Minutes of the clinical governance meeting confirmed audit results and quality improvement

programs were discussed at clinical governance and quality meetings. Additionally, the meetings looked at comments, compliments and complaints by patients and staff.

A practicing privileges policy was in place that outlined the requirements consultants needed to follow so as to maintain practicing privileges provisions at the centre. This included annual submission of insurance and appraisal and a formal two-yearly review of their practicing privileges by the Medical Advisory Committee (MAC). We were told by the MAC chair that all consultants selected to work at the centre were suitably skilled and competent to deliver care and treatment, and there was documented evidence of this in their personal files kept by the human resource department.

Partnerships, joint working arrangements and shared services were clearly set out through service level agreements (SLAs). Staff informed us that they understood their roles and accountabilities under these SLAs and partnership working.

Team meetings took place every month. We viewed minutes of the meetings which showed good attendance and discussions involved the whole team. Meetings discussed topics such as company guidelines, feedback from patients and infection control. Minutes were circulated to staff by email.

Clinical audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns and service performance issues. We saw that several audits were completed by staff. This included; medicines audits, records audits and provider led quality assurance visits. The report showed 98% compliance with the audit framework. This meant the service was providing safe care and treatment.

One member of staff spoke about a drug audit they were involved with and how the results and learning were shared with other colleagues. Another member of staff spoke about an infection control audit they had been involved in and the lessons learnt as a result of the audit.

Managing risks, issues and performance

Medical care (including older people's care)

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 Cancer Centre management and staff used systems to monitor and manage performance effectively. This included safety thermometer data and compliance with agreed quality improvement goals, such as; ensuring staff gave appropriate health promotion advice to patients. Feedback about performance was shared appropriately with staff to thank them for their work and/or share plans for improvement.

Staff performance issues were escalated to the appropriately through the Centre's structures and processes. This included concerns about individual staff. Records showed that concerns about individual staff members were appropriately reported, managed and investigated to protect patients from any risks associated with poor or unsafe performance.

Staff told us there was a process in place to escalate any risks that could not be resolved locally. The service had a detailed, up-to-date and well organised set of risk assessments and policies for the environment, equipment and consumables used. We observed a proactive approach to risk and quality improvement. The service maintained a risk register. This identified the impact of the risk, relevant control measures and ongoing ownership and review dates.

A risk register for the centre was maintained that incorporated the risks for the radiotherapy and chemotherapy departments. This fed into an overall provider risk register and which had oversight from the board. The radiotherapy and chemotherapy department recorded risks on the clinical services risk register. We were shown the risk registers which did not contain any major risk apart from general healthcare associated risks. The radiotherapy department risk register also only had standard radiotherapy related risks. This meant the service managed and contained its risks well.

There was a strong emphasis on radiation protection and monitoring of radiation doses within the radiotherapy department. There were 'do not enter' signs when treatment was in progress to protect patients and staff at the unit. There was an effective and comprehensive

process to identify, understand, monitor and address current and future risks. Staff knew how to identify and escalate relevant risks and issues and identified actions to reduce their impact.

Managing information

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 registered manager informed us they were General Data Protection Regulation (GDPR) compliant and considered Caldicott principles when making decisions on how data protection and sharing systems were designed and operated.

We were told by the registered manager that all staff (100%) had completed data protection training as part of their mandatory training, and this was corroborated by the training date. This meant the service was compliant with the commercial third parties information governance toolkit published by the Department of Health and Social Care which says, all staff should have training on information governance requirements.

Information governance, general data protection regulation, internet, email and social media and cyber security were part of mandatory training. Data provided showed 100% compliance of The Cancer Centre staff with this training. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Patients consented for the service to store their records. This was part of their signed agreement within the form detailing the type of cancer treatment they were undergoing. This demonstrated the service's compliance with the general data protection regulation (GDPR) 2018. There was sufficient information technology equipment for staff to work with across the service.

Engagement

Medical care (including older people's care)

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

Patient feedback was also gained from patients writing in to the centre to say thank you or with issues that have arisen during their treatment at the centre. Patients were also encouraged to comment on the service.

The staff survey was completed annually. The most recent survey was conducted in October 2018. The management team and other leaders consistently engaged with staff through a variety of communication methods to ensure their views on care and treatment were obtained and they were updated about best practice and changes to policies and processes. The senior leadership team held regular mornings meetings where members of staff were invited to attend to promote communication and staff engagement.

Staff within the chemotherapy and radiotherapy units engaged in regular informal development meetings to discuss issues affecting the service. They told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management.

In 2019 CCL launched “Greatix”, which provided a method of recognition of staff members and or organisational process(s) which go beyond the expected and demonstrated excellence.

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.

Staff were supported to access specialist training to develop their skills and improve patient care. This included training in; leadership, management, cancer nursing and chemotherapy courses. Staff were empowered to find creative and innovative solutions to improve patient care.