Genesis Cancer Care UK Limited

GenesisCare Windsor

Inspection report

Centre for diagnostics, oncology and well-being
69 Alma Road
Windsor
SL4 3ES
Tel: 07741560222
www.genesiscare.co.uk

Date of inspection visit: 02 February 2021, 11 February 2021
Date of publication: 21/04/2021

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

GenesisCare Windsor is operated by Genesis Cancer Care UK Limited. The centre provides diagnosis and treatment to patients over 18 years old.

The centre has a radiology department which provides diagnostic imaging to diagnose new cancers, this includes mammography, ultrasound, computerised tomography (CT), positron emission tomography–computed tomography (PET-CT) and magnetic resonance imaging (MRI).

The service offers a range of chemotherapy treatments in a private suite.

The service delivers therapeutic radiotherapy, involving the planning and delivery of radiotherapy treatments. The service offers advanced radiotherapy techniques for precision targeting of cancers. These include: surface guided radiotherapy treatment (SGRT), image guided radiotherapy (IGRT) and volume modulated arc therapy (VMAT) as a type of intensity-modulated radiation therapy (IMRT).

The service has a theranostics service which uses a radioactive isotope and diagnostic imaging to seek and treat hard to reach cancers.

The service has an outpatient department which provides the following services: a one-stop breast service, urology, haematology, minor operations and biopsy. These clinics offer diagnosis of cancer or other illnesses. The outpatient department also offer patients appointments with their oncology consultant.

The centre offers a wellbeing centre and an exercise clinic.

There are no overnight beds.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 2 February 2021 and an announced inspection on 11 February 2021.

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 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.

The main service provided by this centre was Oncology. Where services relate to Oncology, we have reported under the Medical Care section of the report. Where our findings on Medical Care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the Medical Care service level.

The service also provided non-oncology services, but this was a small proportion of the centre activity. We reported non-oncology services under the Outpatients section of the report.

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

Summary of findings

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available from Monday to Friday, the service had 24-hour telephone triage service 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 vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- In corridors of the centre we found cleaning cupboards which were unlocked. Inside these cupboards cleaning items, subject to control of substances hazardous to health (COSHH) requirements, were found on cleaning trolleys and therefore not locked away securely.
- In the radiotherapy department, we observed a breach of confidential personal information. During our inspection, we observed the list of patients scheduled for the day appear on the screen in the treatment room; whilst the patient was in there.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (Including older people's care)	Good 	Our rating of this service 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 risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • Staff provided good care and treatment and gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available from Monday to Friday, the service had 24-hour telephone triage service 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 vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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

Outpatients

Good 

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

Summary of findings

Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Outpatients was a small proportion of the centres activity. The outpatient service was run by one lead nurse, who was supported by bank staff as necessary. The outpatient service had consultation rooms, two treatment rooms and a recovery room. The outpatient department shared the use of the diagnostic suite which included: mammography, ultrasound, two changing rooms and a reporting room.
The outpatient department provided the following services: a one-stop breast service, urology, haematology, minor operations and biopsy. These clinics offer diagnosis of cancer or other illnesses. The outpatient department also offer patients appointments with their oncology consultant.
The main service provided by this centre was cancer care. Where our findings – for example, management arrangements – also apply to outpatient services, we do not repeat the information but cross-refer to the cancer services report.
We rated this service as good because it was safe, effective, caring and responsive and well-led.

Summary of findings

Contents

Summary of this inspection

Background to GenesisCare Windsor

GenesisCare Windsor is operated by Genesis Cancer Care UK Limited. The centre opened in January 2018 and is a private service in Windsor, Berkshire. The service primarily serves the communities of the Windsor area, however, accepts patient referrals from outside the area.

The centre has had a registered manager in post since January 2019.

GenesisCare have treatment centres and clinics across the United Kingdom (UK), Australia, United States of America and Spain. GenesisCare Windsor is one of 14 UK Genesis Cancer Care UK Limited treatment centres.

The centre is registered to provide the following regulated activities:

• Diagnostic and screening procedures

• Treatment of disease, disorder or injury

• Surgical procedures.

The service was last inspected in June 2019, where it was rated Outstanding overall. The service did not have enforcement action as a result of this inspection.

The service is set out over two floors, the ground floor has the reception with general waiting area. Here staff from each department escort patients to specific waiting areas or treatment rooms.

The ground floor included radiopharmacy, one linear accelerator (LINAC), one positron emission tomography–computed tomography (PET-CT) machine, one single-photon emission computed tomography (SPECT) machine, and one magnetic resonance imaging (MRI) scanner.

The first floor has the chemotherapy suite, with four individual pods for patients. The outpatient department is also located on the first floor. The outpatient department has several treatment rooms, consultation rooms and diagnostic rooms. Equipment for diagnostics included: ultrasound scanner and a mammography machine. The complimentary exercise and wellbeing clinic is also found on the first floor.

There was an additional third floor, which was the Genesis Cancer Care UK headquarters. This was not used by patients and was for administration and staff.

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 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.

Summary of this inspection

How we carried out this inspection

We carried out and unannounced, responsive, comprehensive inspection at this location following actions taken in response to concerns raised in 2020.

During the inspection, we visited all areas of the centre this included the wellbeing centre the exercise and the outpatient clinics, the diagnostic imaging suite and the chemotherapy unit.

We spoke with 17 staff including registered nurses, lead therapy radiographers, allied health professionals, reception staff, medical staff and senior managers. We spoke with four patients.

During our inspection, we reviewed six sets of patient records.

There was an investigation of the centre in the last 12 months by the CQC, but it was now closed. This inspection was a responsive inspection relating to previous concerns. We carried out this inspection as a comprehensive inspection to ask the five questions: are they safe, effective, caring, responsive to people's needs, and well-led?

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

Outstanding practice

We found the following outstanding practice:

- The service 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 staff worked hard to ensure their patients received highly individualised care to support their treatment.
- The service provided patients with surface guided radiotherapy treatment (SGRT). SGRT 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.
- 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.

Areas for improvement

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 substances hazardous to health are stored securely (Regulation 15).
- The service should ensure patient information is confidential in the radiotherapy department (Regulation 17).

We have had assurance from the provider immediately following the inspection that measures had been put in place to address the issues raised during the inspection.

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	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Medical care (Including older people's care)

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

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

Good

Our rating of safe stayed the same. 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 had access to mandatory training by a mixture of e-learning modules and face-to-face sessions. Mandatory training was comprehensive and met the needs of patients and staff. The service set a compliance level of 95% for mandatory training.
- All staff received and kept up to date with their mandatory training. The services rate of compliance with mandatory training was 88% at the time of our inspection. The manager told us the reason some mandatory training had lapsed was due to difficulty accessing face to face sessions during the Covid-19 pandemic. Some staff had been on long-term sick leave due to Covid-19, which was why their mandatory training was out of date.
- E-learning mandatory training modules included: equality and respect, conflict resolution, health and safety, fire safety, manual handling, information governance, duty of candour, modern slavery, infection control, safeguarding, food hygiene, consent, medical gases, radiation protection awareness, Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), preventing and controlling healthcare associated infections and incident reporting.
- Face-to-face mandatory training topics included: basic life support, immediate life support, infection control, mental capacity, IR(ME)R and moving and handling. During our inspection we saw that not all staff had completed face-to-face training in some of these topics. We were told this was because of a lack of face-to-face training due to the Covid-19 pandemic. The service had secured training dates for basic life support and moving and handling in the next couple of months, to ensure staff completed this face-to-face training.
- Clinical staff received training specifically on the management of neutropenic sepsis as part of immediate life support training.
- Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.
- Mandatory training compliance was monitored weekly by the centre leader and they alerted staff when they needed to update their training. Mandatory training was discussed with staff during their monthly one-to-one performance meetings with their manager.
- During the inspection we observed the daily morning huddle and noted that mandatory training compliance levels for the centre was a standard agenda item, along with reminders for mandatory training that was upcoming.

Good

Medical care (Including older people's care)

- The centre employed a resident medical officer (RMO), through an external agency. The external agency provided relevant mandatory training for the RMO. The centre leader told us the RMO provided evidence of mandatory training completion.
- Staff with practising privileges at the service had to provide evidence of their appraisal with their substantive NHS employer, which included training and revalidation dated. During our inspection we reviewed information held on a database which showed all but one member of staff had in date information. The one member of staff which did not have in date information was not working with the service currently. The centre leader told us that if that member of staff wanted to return to work with the service, they would not be able to do so until evidence was provided to ensure practising privileges were in date.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

- The service had a safeguarding adults at risk policy and a safeguarding children and young people policy. Both of which were in date, version controlled and reflected national guidance. Staff knew where to access these policies.
- All staff received e-learning safeguarding training specific for their role. The safeguarding lead received safeguarding training to level three. Clinical staff received safeguarding training for children and adults level one and two. All clinical staff were compliant at the time of our inspection. Non-clinical staff and physicists received level one adults and children safeguarding training. All non-clinical staff were compliant at the time of our inspection.
- Heads of service received training in modern slavery and human trafficking and understood their responsibilities.
- Safeguarding policies referred to radicalisation and outlined what staff had to do if they had concerns someone may be becoming radicalised.
- Safeguarding policies referenced female genital mutilation (FGM) and outlined staff responsibilities for reporting these cases.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff understood their safeguarding responsibilities. All staff knew who to inform if they had safeguarding concerns, in the first instance they would report to their line manager for further advice.
- During the inspection we observed the daily morning huddle and noted that safeguarding concerns was a standard agenda item. We were told staff could raise potential safeguarding concerns during the huddle to gain advice from the clinical team.
- The service completed a monthly safeguarding audit. This was to identify any themes in the way staff completed safeguarding referrals. This was used to highlight if there were additional training needs.
- There were no safeguarding concerns reported to the CQC in the last 12 months.

Cleanliness, infection control and hygiene

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

- The service had in-date, version-controlled policies about infection prevention and control. The service completed an infection prevention and control audit every six months; the last audit completed in September 2020 gave a result of 100% compliance. The service also had guidance on infection prevention and control in the context of Covid-19.
- Staff received e-learning training and face-to-face training on infection prevention and control. Clinical staff were trained to infection control level two in both e-learning and face-to-face sessions. Non-clinical staff and physicists were trained to level one in both e-learning and face-to-face sessions.

- The service was visibly clean. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We observed daily tick lists displayed on walls in the service, to confirm when an area had been clean, these were complete in all tick lists we observed. The service completed an environmental cleaning audit every four months, the most recent audit completed in October 2020 and showed 98.73% compliance.
- Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore fluid-resistant surgical masks, in line with latest government guidance during the Covid-19 pandemic. In clinical areas staff wore fluid-resistant surgical masks and visors. We observed staff using the correct PPE when providing care and treatment to patients. The service had a sufficient stock of PPE, with supplies in each department.
- Staff, patients and visitors had access to hand gel dispensers at relevant points throughout the service. In every toilet we observed wall-mounted handwash and sanitiser; all of which were full. We observed staff regularly wash and sanitise their hands, including between patient contact. We also observed staff clean equipment between patients. The service had a hand hygiene policy and completed a monthly hand hygiene audit, the most recent audit completed in February 2021 had an audit result of 100% compliance.
- The service had additional infection prevention control measures, in-line with national guidance from the government during the Covid-19 pandemic. This included: a screen to cover receptions, a Covid-19 questionnaire for visitors to complete on arrival to the service in order to screen for symptoms and a temperature check upon entry to the service. Staff (including the taxi drivers) had regular lateral flow antigen tests for Covid-19 and patients were tested for Covid-19 using a polymerase chain reaction (PCR) test before their treatment. The service completed a Covid-19 audit, the most recent audit completed in December 2020 gave a 100% compliance result.
- The service had a linen and cytotoxic linen management policy, which outlined how to manage linen used in the service. The service was clean and had suitable furnishings which were clean and well-maintained.
- The service had an agreement with an external service which provided decontamination of reusable equipment. The service had policies for ultrasound probe and cystoscope decontamination, both policies were in date and had version control.
- Patients were screened for Meticillin-resistant Staphylococcus aureus (MRSA) in the chemotherapy department and we saw MRSA screen results in the patient records. The service had a multi-resistant organism management policy.

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 environment was well maintained, all the areas we visited were light, spacious and clutter free. The service had several waiting areas with plenty of seating suitable to meet the needs of patients and their relatives. The service had the Macmillan Quality Environment Mark, which is an award for environments that meet the standards required by people living with cancer.
- The environment of the service Covid-19 secure, in line with latest government guidance.
- Staff carried out daily safety checks of specialist equipment. We saw records which confirmed staff routinely completed quality assurance checks for the machine used for mammograms, and the MRI machine.
- Where radiation was being used, we observed “radiation controlled area” lights on to warn patients and staff that radiation was in use. Access to rooms where radiation is in use was restricted, to ensure patients could not accidentally enter. The LINAC machine was behind a maze structure to minimise radiation exposure.
- Staff who used radiation wore personal radiation monitors to record their level of occupation exposure to radiation. The service monitored the level of occupation exposure of radiation to staff. We saw the annual report of staff dosage for 2020, no staff dose limits were exceeded.
- The service had a spillage management standard operating procedure, which was in date and had version control. Alongside this, the service had a specific policy in the event of a cytotoxic spillage. During our inspection we saw spills kits in the nuclear medicine department and the chemotherapy department. These were easily accessible in the event of spillage.

- Equipment and machines were routinely tested and had stickers on with the last service date. We saw two items of equipment with no service date displayed, we were told these items were new and in the process of having a label applied. We saw records to show that radiotherapy and diagnostic imaging equipment had been serviced in the last year.
- Staff received training on the use of equipment, and we saw a record of one staff member, who had completed training on all the equipment listed.
- All consumable equipment was organised and stored off the floor in line with national guidance. All consumable equipment we checked was in date.
- During our inspection we checked one emergency trolley, which contained resuscitation equipment. Emergency trolleys were available on each floor and were tamper-evident to reduce the risk of equipment being moved and not available in time of emergency. On the top of the emergency trolley was a folder, which contained guidance for staff on emergency procedures. Staff completed a daily check of the equipment in the emergency trolley, we observed that daily checks were complete for the last two months.
- The service had a waste management policy, which was in date and had version control. Staff disposed of clinical waste safely. In all areas we inspected the service complied with regulations for safe management of healthcare waste. All waste was segregated in different coloured bags according to the type of waste.
- The service had a standard operating procedure for the accumulation and disposal of solid radioactive waste, this was in date and had version control. This outlined staff responsibilities, how to log accumulated radioactive waste and how to dispose of radioactive waste.
- Containers were provided for safe disposal of sharp equipment such as needles. We observed these were labelled correctly with a date the container was started. Containers were not overfilled, reducing the potential of needlestick injury.
- There were clearly displayed fire exit signs. All fire extinguishers were tagged, full and in date. Above each extinguisher were clear instructions for their use. All fire exits and doors were kept clear and free from obstruction. All staff completed yearly mandatory fire safety training; all staff were up to date with their training.
- The service had an in-date, version-controlled policy for control of substances hazardous to health (COSHH). The service completed a COSHH audit every six months, the most recent audit completed in July resulted in 100% compliance. During our inspection we found cleaning cupboards which were unlocked, inside these COSHH items were found on cleaning trolleys and therefore not locked away securely. Following our inspection, the centre lead informed us that mitigations had been put in place to rectify which meant keeping the cleaning cupboard doors locked when not in use. We were told the service was also in the process of ordering new storage equipment for COSHH items.

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.

- During the daily huddle each morning, service capacity for the day was discussed. Each department identified how many patients they had on the list for the day. Furthermore, each department identified if they had additional capacity to take emergency patients. This enabled the leaders to make quick decision if an emergency referral came in. These decisions were based on staffing to ensure safe treatment of patients.
- During the daily morning huddle, a dedicated resuscitation team was identified to ensure all staff were clear on who was responsible in the event of patient deterioration. The service allocated specific staff to specific roles such as; lead, airway, breathing, cardiopulmonary resuscitation, intravenous access and runner. Staff told us that if they needed the support of this dedicated team, in the event of patient deterioration, they would alert by pressing a call bell. We saw call bells throughout the service, which meant staff could easily access one. During our inspection we checked one resuscitation trolley, it was organised, and all consumable equipment and medicines were in date.

Good

Medical care (Including older people's care)

- The service had a signed standard operating procedure with a local independent hospital for transfer of patients in the event of patient deterioration. The service also had a policy for medical transfer of patients to a local NHS trust, which was in date and had version control. This policy outlined what staff need to do in the event of patient transfer to the local NHS trust. This policy included what information should be sent with the patient.
- Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service had a neutropenic sepsis policy, which was in date and had version control. The service completed a neutropenic sepsis audit, in the last 18 months no patient attended the centre with suspected neutropenic sepsis.
- The service operated a 24-hour triage service, for patients to call if they had concerns following their treatment. In the event of a patient contacting the service and staff suspecting the patient had neutropenic sepsis, the patient would be referred to the accident and emergency department at the local NHS trust.
- Chemotherapy patients were sent home following treatment with a cancer treatment record, which explained the treatment they had received and potential side effects. The record also contained a red, amber and green grade of potential side effects. This made it clear for patients when they needed to access medical advice or support.
- Patients were also sent home with a national chemotherapy alert card, which gave them the telephone number for the 24-hour triage service. The national chemotherapy alert card also identifies that the patient may be at risk of neutropenic sepsis. This can be taken with the patient to the accident and emergency department at the local NHS trust as a form of alert.
- Staff completed risk assessments for each patient and reviewed this regularly. For chemotherapy patients, pre-chemotherapy risk assessments were completed and documented on the computerised record for each patient. Risk assessments included; falls, venous thromboembolism (VTE) and nutrition. If the outcome of the risk assessment identified a risk, staff would act to minimise the risk. For example, following a nutrition risk assessment if a risk was highlighted, staff would mitigate the risk by referring the patient to a dietician.
- Prior to chemotherapy staff take vital signs for each patient, chemotherapy drugs were only released for the patient when the pharmacist had reviewed the vital signs records for that patient.
- The service had policies for clinical emergencies specific to oncology. The service had a policy for metastatic spinal cord compression which was in date and had version control. Metastatic spinal cord compression is a complication of cancer which requires prompt diagnosis and treatment to reduce the risk of paraplegia.
- The service had a policy for extravasation management which was in date and had version control. Extravasation is a complication from administration of intravenous medicines, where the medicines leak to the surrounding tissue. Extravasation can lead to functional loss of the limb involved. This policy covered what staff had to do in the event of extravasation.
- For patients receiving an MRI, an MRI screening form was completed for each patient to establish that patient's potential risk of deterioration. If a patient was having contrast for the MRI, staff would screen kidney function prior to administering contrast.
- In areas where medical radiation was being used, we saw local rules displayed as required by the Health and Safety Executive who regulate Ionising Radiation Regulations 2017. The local rules include a framework of instructions for staff to follow. All relevant staff had signed to say they had read the rules.
- The positron emission tomography–computed tomography (PET-CT) service had diagnostic reference levels which we reviewed, and they were in date. Diagnostic reference levels are a benchmark for patient radiation dose where certain variables (such as equipment and patient size) are standardised. This is in line with legal requirements of IR(ME)R.
- We saw justification criteria protocols in the PET-CT department, this is in line with legal requirements of IR(ME)R. Justification is the process of outlining the expected benefits of receiving radiation exposure against the potential damage of the radiation exposure.
- The service had a named radiation protection supervisor (RPS) and a named radiation protection advisor (RPA).

- The services had processes to ensure the correct person was receiving the correct scan. With each patient staff went through a 'pause and check' checklist to confirm the patient's: name, date of birth, address, body part, clinical information and previous imaging checks. This is in line with legal requirements of IR(ME)R, to prevent radiation exposure to the wrong patient. The service carried out a patient identification audit every two months, the most recent being January 2021. The audit completed in January 2021 showed 100% compliance.

Staffing

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

- The service had enough staff to keep patients safe. During the Covid-19 pandemic the service had completed a risk assessment with staff. This risk assessment related to their health risk of working during the Covid-19 pandemic. As a result, some staff were working from home during this time.
- Staffing levels were discussed in the morning huddle to ensure staffing was appropriate for the number of patients with appointments that day. Staff on annual leave or off on sick leave were highlighted during the morning huddle so all staff were aware.
- We were told that managers accurately calculated and reviewed staffing levels for each shift in accordance with national guidance. We were told that managers could adjust staffing levels daily according to the capacity of patients booked in for treatment.
- The service worked closely with other Genesis Cancer Care UK centres, providing similar services. This meant that staffing capacity could be increased by moving staff from other centres if necessary. We were told that on two occasions a patient was transported to an alternative Genesis Cancer Care UK location for treatment due to staffing. On these occasions the patient was transported using the services' complimentary taxi service.
- The service operated a 24-hour triage service, for patients to call if they had concerns following their treatment. The staffing rota for this service was covered by one nurse for one week then rotated among the team of nurses. We were told if the nurse on duty had taken a significant amount of calls during the night, they would adjust the rota to account for the duty nurse starting their shift later in the chemotherapy unit.
- The chemotherapy service had an oncology clinical nurse specialist.
- The service did not have a specialised pain team, but we were told staff could refer patients to a pain management team if they were concerned about their level of pain.
- The service had limited use of bank staff. Bank staff have the same induction as permanent staff, this includes; a corporate induction, mandatory training, craft induction, local induction and statutory training requirements.
- The service had low sickness rates. We were told that during the Covid-19 pandemic staff sickness had not been above 8%.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- The service had staff working under practising privileges. The service had enough medical staff to keep patients safe. For new consultants wishing to work at the service under a practising privilege, relevant information was reviewed at the medical advisory committee (MAC). Genesis Cancer Care UK had a dedicated member of staff to monitor practising privilege compliance for all Genesis Cancer Care UK centres. This dedicated member of staff was responsible for contacting those with practising privileges for evidence that they were up to date. This staff member also updated the centre leader with a central compliance spreadsheet. This spreadsheet held the date of expiry for elements required to grant practising privileges.

- The centre leader also ensured practising privileges were up to date. We reviewed the spreadsheet and saw one practising privilege had expired, the centre leader told us this person would not be able to work at the service until they provided evidence to show they were up to date.
- Staff told us that consultants with practising privileges were easily contactable and accessible if staff required advice.
- The service had an agency resident medical officer (RMO) who was on site when the service had patients for nuclear medicine and if contrast was required for diagnostic imaging. The RMO had advanced life support (ALS) training. The agency ensured the RMO had skills and competencies to perform their role such as mandatory training and revalidation.

Records

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

- Patient notes were clear, and all staff could access them easily. The centre recorded patient notes on an electronic system, this meant that when patients transferred between departments in the service, there were no delays in staff accessing their records as all staff could view the records on the system.
- Some paper records were used such as; consent forms which patients had to sign. All paper records were scanned and held in the electronic patient record. Paper records were stored securely in a locked cupboard.
- All consultants with practising privileges had remote access to the electronic system if they were to see a patient elsewhere.
- The chemotherapy service required a minimum dataset of information on the electronic record system before they would begin treatment of a patient. The minimum dataset included: histology report, multi-disciplinary meeting record, chemotherapy referral, clinic letter, chemotherapy consent form and more recently a Covid-19 PCR test result. During our inspection we reviewed four patient records on the electronic system, we observed all of these had the minimum dataset required.
- The electronic patient record system included; patient history, pre-chemotherapy assessment information (which included patient risk assessments such as: falls, venous thromboembolism (VTE) and nutrition), vital signs which were taken each visit, toxicity assessment, scalp cooling information, intravenous access and quick notes where nurses recorded treatment notes for a patient visit.
- Patient allergies were highlighted in a dedicated box on the electronic record, which remained visible when navigating the electronic record.
- Staff told us that if a patient had required additional communication support, they could set up an alert in the electronic record. This alert would pop up on the computer screen when the patients record was accessed. Staff would have to read and close the alert to continue to view the patients record.
- During our inspection the lead chemotherapy nurse was completing a new audit tool that Genesis Cancer Care UK was in the process of trialling. This meant a review of 10 patient records, following the patient journey and auditing the record trail.
- During our inspection, we observed a breach of confidential personal information in the radiotherapy department. In the radiotherapy treatment room patient specific data was displayed on two computer screens while the patient was receiving treatment. The information displayed on these screens mirrored what was displayed on the computers at the radiographer's desk. During our inspection, we observed the list of patients scheduled for the day appear on the screen in the treatment room; whilst the patient was in there. We raised this with the service on the day of inspection. The service took immediate action and issued a 'Rapid Alert' which was sent to all radiographers at Genesis Cancer Care UK. This alert outlined what the problem was in this case, and how to resolve it so that a breach of confidential patient information does not occur again. Furthermore, we were told that future updates to the patient record system would remove the possibility of this issue occurring again.

Good

Medical care (Including older people's care)

Medicines

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

- The service had a version controlled, in-date medicines management policy. This policy outlined how staff in the service: order medicines, store medicines and prescribe medicines. The service completed a medicines management security audit and a medicines management audit; both of which are carried out every six months. The most recent medicines management audit carried out in November 2020, resulted in 100% compliance.
- Staff stored and managed medicines and prescribing documents in line with the provider's policy. The service was supported by a pharmacy team who were the only individuals with the code to the pharmacy dispensary door, this meant that they were the only ones who could access the room in which medicines were stored. The pharmacy team checked medicines prescriptions and dispensed systemic anti-cancer therapy (SACT). Prescriptions were recorded on the electronic patient record and found on the electronic prescribing system.
- The service had an in date and version-controlled policy for safe prescribing, handling and administering of SACT. Patients had specific SACT prescriptions based on their cancer type. SACT regimes were also tailored to patient specific parameters such as; renal function and body weight.
- The pharmacy team ordered SACT medicines from an external company, who prepared medicines specific to individual patient's prescriptions. We were told the pharmacy team held regular discussions with the external company who supply their medicines. This was to discuss and predict medicines supply pressures and create plans to ensure medicines provision is not affected.
- The service used approved protocols for chemotherapy medicines. The service had a standard operating procedure for signing off unlicensed and off-label use of licenced medicines. If a consultant suggested an unlicensed or off-label chemotherapy regime, the consultant must provide evidence of the efficacy of the treatment. This was then sent to an approving body who would either accept or reject the chemotherapy regime. This protocol is then written and approved for use on a specific patient or a group of patients under that specific consultant.
- Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Consultants reviewed and approved administration of SACT to patients on each cycle of chemotherapy. Patients who received SACT signed a consent form, alongside the consultant, which indicated the specific SACT they would be receiving as their treatment; this meant patients understood what treatment they were receiving.
- Patients were provided with a cancer treatment record booklet which contained details about the patient's treatment and what side effects to expect. Take home medicines were provided to patients, these included medicines to ease potential side effects. Take home medicines advice was given to the patient before they left.
- Staff followed current national practice to check patients had the correct medicines. Before medicines were given to patients staff confirmed the patient's; full name, date of birth and address. This was to ensure that the correct medicines were given to the correct patient. The service carried out a patient identification audit every two months, the most recent being January 2021. The audit completed in January 2021 resulted in 100% compliance.
- The service did not keep controlled drugs. Medicines were stored securely and all medicines we saw were in date. Radioactive medicines used for nuclear medicine are ordered by the pharmacy team and stored in accordance with the services standard operating procedure for nuclear medicines. Chemotherapy medicine was stored in a patient specific box, either stored in the fridge or on countertops in the pharmacy dispensary. We observed fridge temperature checks were completed, with no alerts that the fridge temperature was outside of the normal rage. We were told pharmacy staff would also receive an alert on their phone if the fridge temperature went out of the normal range.
- We saw safe management of medical gases throughout the service. All gases were stored securely, were full and in date. Staff received training on medical gases as part of their e-learning mandatory training.
- The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. National medicines safety alerts were cascaded by the compliance manager of oncology at Genesis Cancer Care UK to the centre leader and pharmacists; who then cascaded to staff that needed to be made aware.

Good

Medical care (Including older people's care)

- Genesis Cancer Care UK had a Medicines Management Committee, which discussed how medicines were selected, procured, delivered, prescribed, administered and monitored in accordance with regulation and high-quality patient care. This committee met monthly and was chaired by the head of pharmacy for Genesis Cancer Care UK.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information.

- The service had an incident and risk management policy which was in date and version controlled. This outlined the types of incidents that staff would report and the role of staff in doing so.
- Staff had a good understanding of incidents and showed us how they would report and incident using the online system. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff had received recent training on incidents and how to report them using the online system.
- During the daily morning huddle, incidents from the previous day were discussed as a standard agenda item. This was also an opportunity for staff to receive feedback and learning from investigation of incidents.
- The centre leader was responsible for investigating incidents and completing root-cause-analysis (RCA) for incidents. Major incidents were escalated by the centre leader to the risk and safety committee held weekly at provider level for Genesis Cancer Care UK nationally. This ensured learning was shared more widely between other sites.
- During our inspection we saw that for the month of January 2021, 19 incidents had been raised; four of which had investigations ongoing. Those incidents which had been closed were investigated thoroughly by managers.
- Patients and their families were involved in investigations; when things went wrong, staff apologised and gave patients honest information. Staff understood the duty of candour and described their responsibilities to ensure it is met.
- The service had zero never events in the past 12 months.
- The service had one clinical IR(ME)R incident for nuclear medicine in March 2020 which involved a patient receiving a double dose of lutetium-177 Prostate Specific Membrane Antigen (PSMA) during treatment. PSMA therapy is an innovative molecular therapy used to treat prostate cancer. We saw the investigation of this incident and organisational learning identified. The service had a standard operating procedure for significant accidental and unintended exposures, which was in date and had version control. In the case of the above clinical incident we saw this standard operating procedure was followed in the way the service investigated this incident.
- We saw meeting minutes from: Radiation Safety Committee, Safety & Quality Leadership Forum, Molecular Imaging and Diagnostic Committee, Medicine Management Committee and noted that incidents were regularly discussed.

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

Good

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

Evidence-based care and treatment

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

- Staff had access to up-to-date policies and standard operating procedures to plan and deliver high quality care according to best practice and national guidance. Staff had access to electronic versions of policies, which were regularly reviewed to ensure they reflected current practice. Staff could demonstrate how to access policies.
- Treatment plans for patient care were discussed at a multidisciplinary team (MDT) meeting and treatment plans followed National Institute for Health and Care Excellence (NICE) guidance and pathways. Chemotherapy treatments followed NICE and United Kingdom Oncology Nursing Society (UKONS) guidance.

Good

Medical care (Including older people's care)

- Patient records we reviewed showed staff followed NICE guidance on falls prevention and venous thromboembolism.
- The policies for: medicines optimisation, neutropenic sepsis, metastatic spinal cord compression referenced and followed NICE guidance.
- The service had an exercise clinic which offered exercise to patients as a prescribed individual regime, based on their cancer type. This was promoted to patients to reduce their side effects, tolerance to treatments and chance of cancer recurrence.
- The service offered advanced radiotherapy to improve the accuracy of targeting cancer during radiotherapy treatments. These included: surface guided radiotherapy treatment (SGRT), image guided radiotherapy (IGRT) and volume modulated arc therapy (VMAT) as a type of intensity-modulated radiation therapy (IMRT).
- SGRT uses several cameras to monitor patient movement during treatment. This 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.
- IGRT uses imaging during radiotherapy to improve accuracy of targeting the cancer during treatment. IGRT is typically used for cancer in areas of the body that move more such as the lungs.
- IMRT uses technology to manipulate the radiation to match the shape of the tumour, this helps to reduce long-term side effects of radiotherapy. This was in line with the 'gold standard' recommendations of the NHS commissioning clinical reference group.
- Chemotherapy patients were sent home, following treatment, with a comprehensive cancer treatment record. The record contained a red, amber and green grade of potential side effects. This made it clear for patients when they needed to access medical advice or support. Patients were also sent home with a national chemotherapy alert card, which gave them the telephone number for the 24-hour triage service.

Nutrition and hydration

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

- Staff made sure patients had enough to eat and drink. There were regular stations throughout the service for patients to access tea, coffee and cold drinks. Snacks were also available. For patients who were having chemotherapy we observed staff regularly offer patients drinks and snacks.
- Nurses reviewed patients' blood results and recorded patients' weight before proceeding with chemotherapy treatment.
- Staff completed a risk assessment for nutrition. Staff could refer for specialist support from dietitians if a patient's nutrition risk assessment highlighted a concern.

Pain relief

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

- Staff assessed pain using a numerical pain score. The service did not keep controlled drugs and did not have a specialist pain team. However, if staff were concerned about a patient's pain, they would contact the patient's consultant or GP for an urgent pain medication review. Staff told us that consultants were easy to contact.

Patient outcomes

The service monitored the effectiveness of care and treatment. They used the findings to make improvements.

- The service participated in relevant national clinical audits, such as: National Radiotherapy Dataset (RTDS), Systemic Anticancer Therapy Data (SACT datasets). The radiotherapy department submitted dated to the National Radiotherapy

Dataset (RTDS). The purpose of the RTDS was to standardise the data received from radiotherapy healthcare providers, so information can be compared and used for service planning across England. The chemotherapy department submitted data to a national audit: Systemic Anticancer Therapy Data. This database allows national scale comparison of treatment patterns and outcomes.

- The exercise service collected data to monitor and show evidence that patients showed improved outcomes, when they followed their exercise regime.
- Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time, this was used to identify and drive improvement. The service completed a regular audit schedule on numerous areas throughout the service. At the time of inspection, the service completed 82 separate audits. If the service failed an audit, an action plan was developed to monitor that improvement was occurring.
- Service level audit results were reported to Genesis Cancer Care UK centrally. This allowed the manager to benchmark the audit performance of the service against similar services within Genesis Cancer Care UK.
- The service submitted data to Private Healthcare Information Network (PHIN), for benchmarking against independent providers outside of Genesis Cancer Care UK. PHIN is an independent source of information about private healthcare, aiming to enable patients to make better-informed choices of care provider.
- The service also undertook an audit of patient reported outcome measures (PROMS). This involved a follow up call to the patients, following the end of their treatment which is audited. The centre leader told us patient reported outcome measure data was more difficult to obtain as it relied on patient uptake.

Competent staff

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

- During our inspection we reviewed staff files for four employees, each from a different department. We noted that recruitment checks were in line with Schedule 3 of the HSCA (Regulated Activities) Regulations 2014. All staff had: proof of identity, disclosure and barring certificate, evidence of conduct in previous employment, evidence of qualifications, employment history and where necessary evidence of registration with a professional body.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff received mandatory training and statutory training which was completed regularly to ensure staff were competent. The service had an induction, learning and competency policy which was in date and had version control.
- The service gave all new staff a full induction tailored to their role before they started work. Staff induction was made up of a corporate induction specific to Genesis Cancer Care UK values, a site-specific induction related to site safety and an induction crafted to the specific job role. This induction was completed by permanent staff and bank staff. Agency staff would have their competency and mandatory training confirmed and receive a specific induction based on site safety in the area they work. Completion of induction was monitored by managers.
- Managers supported staff to develop through yearly, constructive appraisals of their work. During our inspection the service had an appraisal completion rate of 90%. In the most recent staff survey, results gave a positive indicator to the question "My manager provides me with feedback that helps me improve my performance".
- Managers supported staff to develop through constructive clinical supervision of their work. All new staff worked under supervision until they demonstrated competency to carry out their role without supervision.
- The service had a competency checklist which was specific for each job role. The service supported the learning and development needs of staff and competencies were assessed by staff who had the relevant competencies themselves. Progress against competency checklists were discussed during each monthly one-to-one conversation with their manager. We were told the frequency of monthly one-to-one would be increased if staff would benefit from more support. Managers identified poor staff performance promptly and supported staff to improve.
- Nursing staff in the chemotherapy department completed training and competencies yearly against a nationally recognised specialist training in administration of chemotherapy medicine.

- All staff working with radiation completed radiation safety training. The service had a 94% completion rate for this training, the one member of staff who had not completed this training was currently in their 90-day probation period.
- New consultants and RMOs completed a registration process at the Genesis Cancer Care UK medical advisory committee (MAC) to be granted practising privileges. Practising privileges were reviewed annually to ensure that consultants and RMOs were up to date with their documentation, their scope of practice at the service remained safe and to ensure there were no issues with integrity of competence.
- During one-to-one conversations managers and staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge.
- Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff had daily huddle meetings, if staff were not able to attend, they could access the meeting minutes on a shared online folder.

Multidisciplinary working

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

- The service required that patients were discussed at a multidisciplinary meeting (MDT) prior to treatment at the service. MDT meetings were the responsibility of the patient's consultant, consultants arranged for patients to be discussed at the MDT held for the consultant at their own NHS trust. A record of the MDT meeting discussion was held on the patient's electronic record.
- If a consultant was recommending an unlicensed or off-label use of a licenced medicine, this would be discussed at the MDT and documented.
- Staff told us they had good working relationships with the consultants, and they were easily accessible if they had concerns about a patient.
- For patients who attended the service from another country, the service would complete an in-house MDT. The service told us they were in the process of implementing an electronic MDT platform, this was currently rolled-out in some Genesis Cancer Care UK centres. The aim for this electronic platform was to facilitate in-house MDT meetings.
- The service offered a one stop breast clinic which included a mammogram, ultrasound and discussion of the diagnostic findings with a breast consultant on the same day.
- Staff worked to ensure an MDT approach to patient care whilst in their treatment. They would refer to specialists for advice and encourage patients to take advantage of exercise clinics and wellbeing support.

Seven-day services

- The centre did not provide overnight beds. The service opened from Monday to Friday from 8am to 5pm.
- Outside of these times, the service had a 24-hour triage phone line for patients to ring if they felt unwell.

Health promotion

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

- The service had relevant information promoting healthy lifestyles and support on display. The service used Macmillan and Cancer Research UK patient information leaflets for patients to take home with them.
- Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Patients benefitted from access to an exercise clinic. Staff in the exercise clinic would prescribe an exercise regime to support healthier lifestyle and aid recovery.

Good

Medical care (Including older people's care)

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.

- The service had a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) policy, which was in date and had version control. Staff could describe and knew how to access this policy and get accurate advice. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. If staff had concerns, they told us they would report to their manager for further advice.
- Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff were up to date at the time of inspection.
- The service had a consent policy, which was in date and had version control. 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 gained consent from patients for their care and treatment in line with legislation and guidance. Consent was obtained during consultations with the patient's consultant, here the patient and consultant signed consent for a specific treatment for the patient; which had been agreed at MDT. At this stage, staff made sure patients consented to treatment based on all the information available. Furthermore, before each treatment the patient signed a form to consent to administration of that treatment.
- Staff clearly recorded consent in the patients' records. Signed paper consent forms were scanned and stored in the patient's electronic record. We saw four patient records in chemotherapy and observed consent forms were complete for all the patient records.
- We saw four consent forms for patients having radiotherapy treatment, we saw these consent forms had all been signed by the consultant and patient.
- The service completed a consent audit every six months. The service had 100% compliance with the most recent consent audit.

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

Good

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.

- The service had achieved the Macmillan Quality Environment Mark. This is an award which recognised cancer environments which go above and beyond to create welcoming and friendly spaces for patients. This award was designed in collaboration with people living with cancer and assesses the service based on the following areas: design and use of space, user's journey, service experience and user's voice.
- We observed that music was played during radiotherapy treatment, to support the patient to feel calm while having their treatment. Similarly, patients having chemotherapy treatment had a choice of music or television in their individual chemotherapy pod.
- Staff ensured patients' privacy and dignity was respected. Staff maintained privacy by closing doors with clear signage indicating rooms were occupied. The radiotherapy department had two private, lockable changing rooms. These changing rooms had two-way entry and exit system which allowed patients to change into their gown and enter the treatment room directly. This promoted patient dignity as it meant the patient did not have to sit in the waiting area in their gown.

- 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. During our inspection, we observed all staff treat patients in a kind, compassionate and respectful way.
- Patients said staff treated them well and with kindness. Feedback from people who used the service was consistently positive about how the staff treated patients. A patient we spoke with during our inspection said that staff were reassuring and gave a personal touch. Written feedback reflected how staff went the extra mile for their patients, an example of feedback was: "Words truly cannot express what you have done for me and how very thankful I am. We have had ups and downs, well I have, but you all have been there with me every step of the way. The laughs, the tears and all the chats. You really have got me through this treatment. I can't thank you enough, words do escape me."
- If patients feeling vulnerable or nervous about their appointment, the service actively promoted chaperone arrangements.
- The service had a bell in the reception which patients could ring following treatment completion, to celebrate living without cancer.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients and their relatives were able to access counselling and wellbeing sessions, provided by wellbeing consultants at a Bristol based cancer charity. During our inspection, a patient told us staff contacted patients regularly to check how they were.
- The service saw emotional wellbeing of patients' being just as important as their physical needs. The service offered complementary therapies such as acupuncture and reflexology, although these had been currently paused due to the Covid-19 pandemic.
- The service offered an exercise clinic. Here patients were given an individualised exercise program to aid recovery. Feedback received about this service was overwhelmingly positive, feedback included: "Thank you so much for all your support and your positive uplifting contribution to my recovery. I have thoroughly enjoyed doing the exercise programme you gave me. It has lifted my spirits and I plan to continue with the exercise in the future.".
- 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. The service had several designated private rooms. Patients could also use these rooms if they needed some privacy when experiencing emotional distress in an open environment.

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 they took time with patients and those close to them, so they understood their care and treatment. When a patient's treatment plan was built the service spoke with the patient to discuss their treatment options and they took into account the patient's wishes.
- Patients we spoke with described knowing who they would contact if they left the service following treatment and were worried about their condition.
- For patients who self-funded their treatment, the service was transparent about pricing of treatments. If a patient wanted a quote for the price of treatment options, it could be requested from a central Genesis Cancer Care UK finance team. This enabled patients to make informed decisions about their treatment.
- Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service had access to translation services to assist with communication with patients where English was not their first language.

Good

Medical care (Including older people's care)

- Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service gave regular opportunity for patients and families to give feedback. Patients gave consistently positive feedback about the service.

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

Good

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

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 local organisations to provide care.

- Managers planned and organised services, so they met the changing needs of the population and ensured flexibility and choice of care and treatment. The service regularly gained patient feedback through focus groups, patient survey's and complaints. The service used this feedback to ensure the service met the patient's needs.
- Facilities and premises were appropriate for the services being delivered. The centre was light and spacious. There were plenty of consultation rooms, treatment rooms and private rooms for patients to use. Staff could use private rooms for breaking bad news to patients. All rooms in the service were clearly labelled and had signs to indicate when they were occupied. Toilets were located throughout the centre and had call bells on red pull cords to call staff, if patients required assistance. The service was easy to get to and the carpark had plenty of parking spaces, free of charge.
- The service offered a complimentary taxi service, for patients to use for transport from their home to the service and back again. This service was to assist patients and their families, so they would not have to worry about how they will get to their treatments. This service had numerous compliments. These compliments said that the taxi service was prompt and the drivers were friendly.
- The service had systems to help care for patients in need of additional support or specialist intervention. If a patient deteriorated whilst in the centre, the service had a clear patient pathway under a service level agreement with a local independent hospital. The service could also refer to the local NHS trust for specialist care.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

- The service provided a holistic view of patients care. Staff and patients discussed individual patient preferences when building their treatment plan. The service completed a patient centred care audit every six months to monitor the services compliance with a patient centres approach to care. The service worked with a Bristol based cancer charity who provided complementary wellbeing services.
- The service had information posters available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to an online interpretation service, staff told us they rarely had to access this service.
- The service offered information to support those with communication requirements. For example, they had leaflets in different languages for those who English is not their first language, easy read for those with learning difficulties and large font for those with visual impairments.
- The service's environment met the needs of individual people. The centre had an induction loop for individuals who were hard of hearing and had clear signage throughout the service.

- The service was easily accessible for disabled individuals, for example; there was ramp to the main entrance of the service and a lift to all floors of the service. Within each department of the service there were accessible disabled toilets with a red emergency pull cord which patients could easily reach. The service carried out an environmental audit around the ease of access for disabled individuals around the service, the result of the most recent audit completed was 100%.
- The chemotherapy service offered specialist treatment such as scalp cooling treatment, which helps to minimise hair loss from chemotherapy treatment.

Access and flow

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

- Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. For example, the target following a CT scan was to be treated within five days. The services current position was treatment within seven days.
- The service had an online tool which monitored access and flow within the service, focusing specifically at 'time to treat'. This tool identified trends and we were told this information was used to monitor key performance indicators against other Genesis Cancer Care UK centres.
- The centre monitored wait times whilst patients were in the centre, the service aimed for the patient to be seen within five minutes of their appointment time.
- Managers worked to keep the number of cancelled appointments and treatments to a minimum. If the service experienced technical problems with equipment, which resulted in the need to cancel appointments the service would aim transfer patients to a nearby Genesis Cancer Care UK centre for their treatment that day. The service would use their complimentary taxi service to transport patients to the alternative centre.
- The service offered patients a choice of appointments. If a patient did not attend an appointment the service contacted the patient to ascertain the reason for non-attendance.

Learning from complaints and concerns

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

- The service had a concerns and complaints policy, which was in date and had version control. The policy referred to the opportunity for independent resolution of the complaint through the Independent Healthcare Sector Complaints Adjudication Service (ISCAS).
- The service welcomed complaints as feedback to improve the service and treated complaints seriously. The service aimed to acknowledge a complaint within two working days of receiving it and provide a full written explanation within 21 working days.
- Staff understood the policy on complaints and knew how to handle them. Staff aimed to resolve complaints at the time with the patient, if this was unsuccessful staff escalated complaints. Staff recorded complaints on an electronic record system and assigned to the centre manager for investigation.
- The centre manager investigated complaints and identified themes. When themes arose, this would be highlighted to the safety and risk committee at Genesis Cancer Care UK to ensure learning is shared across Genesis Cancer Care UK centres.
- Managers shared feedback from complaints with staff and learning was used to improve the service. The service had received one complaint in the 12-month reporting period. Investigation of this complaint identified learning around communication, which was shared with staff.

Good

Medical care (Including older people's care)

- Lessons learnt from complaints were shared using safety alert bulletin and staff meetings. We observed that during the daily morning huddle, complaints were a regular agenda item. If complaints were received the previous day, they were discussed in the following morning's huddle.
- Patients we spoke with knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas, for example there was a folder in the reception area directing patients how to make a complaint. Information about the services complaint process was present on their website. The service clearly directed complaints through the relevant process, as this differs between private and NHS patients. Leaflets explaining these processes were sent to every individual who made a complaint.
- Patients were involved in the investigation of their complaint and they received feedback from managers after the investigation into their complaint.

Are Medical care (Including older people's care) 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 service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

- The centre had a clear accountability and leadership structure. Staff knew who they had to report to and who reported to them. Results from the most recent staff survey, showed a positive result for the question: "I would recommend my direct manager to others".
- Managers at all levels had the right skills and abilities to run the service. The centre had a specific lead member of staff for each clinical division, who reported to the centre manager. The centre manager reported to the director of operations at Genesis Cancer Care UK. Managers completed relevant mandatory training similarly to the staff they manage, this was to ensure they were up to date with the right skills and abilities to run the service.
- Staff told us the centre manager was visible and always approachable. The centre leader worked with the staff to address issues, the daily contact point for these was during the daily morning huddle. During this discussion staff would raise issues and they would work together as a team to solve them.
- Managers worked with staff to develop their skills, if they desired to move into leadership the service managers supported staff to do this. The service had recently had four experienced members of staff promoted internally to regional roles with Genesis Cancer Care UK. The service identified that this was the current challenge to quality and sustainability, since these members of staff where very experienced and their replacements would need to be integrated into the team and build confidence in the new team working effectively together.
- However, the service did not have a named member of staff who acted as an end of life care lead. The service did not have a named member of staff who acted as a sepsis lead.

Vision and Strategy

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

- Genesis Cancer Care UK had an overall vision to design care experiences that get the best possible life outcomes for patients. This vision was underpinned by a set of values for staff to show in their everyday work. These included:

1. Empathy for all
2. Innovation ever day
3. Partnership inside and out
4. Bravery to have a go
5. Integrity always.

- Alongside the vision, Genesis Cancer Care UK had a strategy for all UK centres to align with. This overarching strategy was called 'Service of the Future' (SOF). The principle for SOF was to deliver the most advanced oncology pathway in the UK. Each centre had their own location strategy to align with the SOF. At GenesisCare Windsor these strategies included: world class patient satisfaction, strong referrer engagement, strong employee engagement, increased platform utilisation and world class time to treat. For each of these, the service had developed a measurement of success which managers would monitor.
- During our inspection staff we spoke with were aware of the vision and strategy for the service and how this affected their daily work.

Culture

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

- The service had a whistleblowing and raising concerns policy, which was in date and had version control. Staff were aware of this policy and the procedure for raising concerns. One member of staff we spoke with told us they had raised a concern, following this policy and they felt the leadership team took the concerns seriously. This member of staff felt the concern was resolved in an appropriate manner. Staff told us they felt able to raise concerns without fear of retribution.
- The centre manager, department leads, and staff worked together to ensure staff felt safe to raise concerns, ask questions and seek support when they needed it. Staff told us they felt managers were committed to their staff and their wellbeing. Staff had access to wellbeing and mindfulness activities through a Bristol charity which the patients also had access to. Staff also had access to an employee assist program.
- There were cooperative, supportive and appreciative relationships among staff. The service had a social committee for staff to join, the purpose of this committee was to create social events for staff to participate in. These events helped bring a sense of belonging and heightened teamworking.
- Staff felt supported, respected and valued. Staff we spoke with where overwhelmingly positive about their role and felt proud to work for the service for example, one member of staff told us "I feel part of the company" and "It's the best job I've ever had". The service had a culture centred on the needs of the patients using the service, staff told us this was the reason they were proud to work for the service.
- The service promoted equality and diversity in daily work and career progression. Staff had regular opportunities to discuss developmental needs, including career developments conversations. If training needs were identified through these conversations, the service aimed to support these. Equality and diversity were promoted, and staff were encouraged to raise ideas to support this. For example, one member of staff put forward the idea of a prayer room. We were told the centre manager was currently looking into making this idea happen.
- Where necessary, action was taken to address behaviour and performance that was inconsistent with the service's vision and values. The centre leader gave an example of this in practice, which involved a member of staff who had since left the organisation.

Good

Medical care (Including older people's care)

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.

- Genesis Cancer Care UK had new governance structure for the organisation which had only recently been implemented at the time of the inspection.
- Genesis Cancer Care UK had effective structures, processes and systems of accountability to support the delivery of the strategy. Genesis Cancer Care UK had a structure with several committees, each with a defined responsibility. This meant that the right information was discussed regularly at the relevant group by staff with relevant knowledge. Staff we spoke to felt this worked effectively as each committee interacts with each other appropriately, compared to previous iterations of the structure.
- Technical Support and Oversight Committees (of which there are four committees with five subcommittees) and Clinical Support and Oversight Committees (of which there are four committees with four subcommittees) fed into the Safety and Risk Committee. The Safety and Risk Committee fed upwards into the Safety and Quality Leadership Forum (SQLF).
- The Genesis Cancer Care UK structure meant that individual centres fed back issues for escalation directly to SQLF. We reviewed the meeting minutes from this committee meeting for November 2020 and January 2021, we saw these followed a standard agenda and were a clear record of the discussion. The SQLF fed upwards to the UK Leadership Team (UKLT) and upwards to the UK Board. UKLT have responsibility for all UK strategy and operational activities. The UK board has the ultimate responsibility for the UK quality and safety.
- Alongside the SQLF, Genesis Cancer Care UK also had a Medical Advisory Committee (MAC) and Research Governance Committee. The MAC met monthly chaired by the chief medical officer and advised on matters concerning clinicians with practising privileges provide the final sign-off of consultant and RMO practising privileges. The Research Governance Committee met monthly chaired by the research director and aimed to promote, assess and evaluate research that will improve patient care.
- Genesis Cancer Care UK had a Radiation Safety Committee as part of Technical Support and Oversight Committees. The Radiation Safety Committee aimed to oversee the management of radiation protection and monitor the requirements for all uses of ionising radiation and consider and assess safety and quality performance of all relevant services. We reviewed meeting minutes from the last three committee meetings; we saw these followed a standard agenda and were a clear record of the discussion.
- Genesis Cancer Care UK also had Clinical Reference Groups (CRG), which fed into the Clinical Leader Forum (CLF). This forum reviewed strategies, approval of protocols and escalation from CRG. We reviewed meeting minutes from this forum for November 2020, December 2020 and January 2021 we saw these followed a standard agenda and were a clear record of the discussion. The CLF fed upwards to the UKLT and upwards to the UK Board. Information at board or committee level relevant to the GenesisCare Windsor is fed-back to the centre through the manager.
- Within GenesisCare Windsor, the service held monthly senior management team meetings for all division managers with the centre leader.
- The service had arrangements with other healthcare providers, in the event of patient deterioration. The service had a service level agreement with a local independent hospital and a policy for transfer to the local NHS Trust. We reviewed both documents which were clear and set out the scope, purpose and how the effectiveness and compliance would be monitored, in the case of the local independent hospital.

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.

- The service had an incident and risk management policy, which was in date and had version control. This outlined how staff manage incidents and risks and what their responsibilities are.

- Genesis Cancer Care UK had a Safety and Risk Committee which was the primary escalation point for major risks and incidents at centres. The Safety and Risk Committee also carried out data analysis and deep dives for trends and system wide issues. This meant they had oversight of Genesis Cancer Care UK centres performance in relation to risk. Where learning from other sites was identified it was shared with the other UK centres.
- The service had a site level risk register which identified, recorded and managed risks. The risk register was reviewed, at site level, during the monthly senior management team meeting. At the time of our inspection, there were five records on the risk register. For each risk a risk level score is indicated against a target risk score. For each risk there were current mitigating actions to reduce the impact of the risk. All risks on the local risk register were identified as being reviewed and rated as low or medium. The risks records on the risk register were in line with what the centre leader identified their risks were, and what we saw during the day of our inspection.
- All staff were actively encouraged to add risks to the risk register for the center manager to review. The risk register records align with what the staff told us they saw as their risks.
- The service had a regular systematic program of clinical and internal audits. Audits results were used by the service to monitor the quality and safety of the service. Performance in these audits was recorded centrally by Genesis Cancer Care UK, which meant the service could compare their audit performance against other UK centres. We were told this meant learning around how to improve performance could be shared between centres.
- Patient specific performance was recorded on an online tool, which created a dashboard. Data includes, patient wait times in the service and referral to treatment wait times. The service can monitor their performance against other Genesis Cancer Care UK sites. At the time of inspection, the service did not currently monitor performance against other healthcare providers.

Information Management

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

- The service collected data on the quality of the service from a variety of sources and used this to improve performance. The service had a robust regular audit process to ensure data quality was up to a standard. These standards were: accessibility, accuracy, completeness, consistency, coverage, relevance, reliability, timeliness and validity. The service made improvements and shared learning when the results of audits showed data was not up to the expected standards.
- The service had an information governance policy, which was in date and had version control.
- Genesis Cancer Care UK had a named Caldicott guardian, the Caldicott Guardian has responsibility for ensuring personal identifiable data is safe and secure.
- The service had robust arrangements to ensure integrity and confidentiality of data, records and data management systems. Genesis Cancer Care UK had a Privacy Policy displayed on their website for patients to access. This clearly outlined what information Genesis Cancer Care UK collect and use, what the information is used for, who they share information with and how long they keep information for. Genesis Cancer Care UK's policy stated that most medical records are held for 30 years.
- All medical records were stored on an electronic record system. Computers were password protected and staff access to medical records could only be accomplished with a staff-specific login and password. The service held limited paper records, but these were stored in a locked cupboard.
- Data or notifications were consistently submitted to external organisations as required. It was the responsibility of the centre manager to submit data or notifications to external organisations.

Good

Medical care (Including older people's care)

Engagement

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

- Patients were provided with opportunity to provide feedback in a number of ways for example, informal verbal feedback, feedback questionnaires, complaints and compliments. The service ensured all feedback was logged on an electronic recording system. The service held regular meetings to review patient feedback and look for any trends to improve service delivery.
- The service had an average response rate of 100% for patient questionnaires. The questionnaire rated on key questions which included: respect and dignity, involvement in decisions, explanation of side effects, waiting time and experience of the service. These key questions were combined to give an overall excellency score, which was 91.8% for the location at the time of inspection.
- Prior to the Covid-19 pandemic, the service also gained patient feedback through 'open mornings', whereby the service invited patients to the centre to discuss their experience whilst receiving care and treatment at the service.
- The centre manager engaged daily with staff during the morning huddle. Managers formerly engaged with staff during monthly one-to-one discussions. The service also gained staff feedback through a questionnaire; the most recent response rate was 53%.
- The service had a social committee, this currently had five members of staff involved. They arranged a quarterly staff social to enhance staff engagement.
- The service engaged with a local private hospital to create a service level agreement to plan and manage services for its patients, should admission be required.

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.

- Staff learning and continuous improvement was discussed and encouraged regularly in monthly one-to-one conversations with their manager. If staff and managers felt additional training or further education would improve services, Genesis Cancer Care UK supported them to complete it.
- New starter staff were asked for feedback on the induction and how they could improve it to ensure staff could deliver services.
- The service did not participate in any research studies or clinical trials.

Good

Outpatients

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

Are Outpatients safe?

Good

Our rating of safe stayed the same. 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 who worked in the outpatient department had access to mandatory training by a mixture of e-learning modules and face-to-face sessions. The mandatory training was comprehensive and met the needs of patients and staff. The service set a compliance level of 95% for mandatory training. All staff in the outpatient department received and kept up-to-date with their mandatory training.
- See information under this sub-heading in the medical care service section.

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 staff received e-learning safeguarding training specific for their role. Clinical staff received safeguarding training for children and adults level one and two. All clinical staff were compliant at the time of our inspection.
- See information under this sub-heading in the medical care service section.

Cleanliness, infection control and hygiene

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

- The service was visibly clean. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We observed daily tick lists displayed on walls in the outpatient department to confirm when an area had been clean, these were complete in all tick lists observed. We saw, “I am clean” stickers on the doors outside of rooms and on equipment which had been cleaned.
- Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore fluid-resistant surgical masks and visors, in line with latest government guidance during the Covid-19 pandemic. The department had sufficient stock of PPE.

Good

Outpatients

- In the outpatient department each consultation and treatment room had a hand wash sink with wall mounted hand wash and hand sanitiser products. Staff, patients and visitors had access to hand gel dispensers in the outpatient department. In the toilet situated in the outpatient department, we observed wall-mounted handwash and sanitiser; all of which were full.
- See information under this sub-heading in the medical care service section.

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 environment was well maintained, the outpatient areas were light, spacious and clutter free. The outpatient department had three waiting areas with plenty of seating suitable to meet the needs of patients and their relatives.
- The environment of the service Covid-19 secure, in line with latest government guidance.
- The outpatient department was easily accessible for disabled individuals, for example; there was a lift to the first floor where the service was located. The outpatient department had an accessible disabled toilet with a red emergency pull cord which patients could easily reach.
- Equipment and machines were routinely tested and had stickers on with the last service date. We saw records which showed that all staff in the outpatient department had been trained to use individual equipment.
- Clinics were planned to ensure each room had the appropriate medical equipment present. Consultants did not bring in their own equipment but used that provided by the service.
- All consumable equipment was organised and stored off the floor in line with national guidance. All consumable equipment we checked were in date.
- Containers were provided for safe disposal of sharp equipment such as needles. We observed these were labelled correctly with a date the container was started. Containers were not overfilled, reducing the potential of needlestick injury.
- Staff disposed of clinical waste safely. Areas of the outpatient department complied with regulations for safe management of healthcare waste. All waste was segregated in different coloured bags according to the type of waste.
- There were clearly displayed fire exit signs within the outpatient department. All fire extinguishers were tagged, full and in date. Above each extinguisher were clear instructions for their use. All fire exits and doors were kept clear and free from obstruction. Staff completed yearly mandatory fire safety training; all staff were up to date with their training.
- See information under this sub-heading in the medical care service section.

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.

- Patients who had an outpatient procedure were sent home with patient information leaflets to explain the procedure and possible side effects.
- Patient records for procedures in the outpatient department followed the World Health Organisation's (WHO) surgical safety checklist, this included: pre-procedure checks, sign in, drugs given by the consultants, diagnostic intervention, specimen check, skin closure, sign out and post procedure checks. This was procedure minimised the risk to patient safety, as individual patient risk factors would be highlighted in the pre-procedure checks.
- See information under this sub-heading in the medical care service section.

Good

Outpatients

Staffing

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

- The outpatient department was run by one whole time outpatient lead nurse. Managers regularly reviewed staffing levels. The outpatient lead nurse had access to three bank staff for additional support if there was a high capacity of patients booked into the outpatient department.
- The outpatient department had use of bank staff. Bank staff had the same induction as permanent staff, this included; a corporate induction, mandatory training, craft induction, local induction and statutory training requirements.
- The service had staff working under practising privileges. For new consultants wishing to work at the service under a practising privilege, relevant information was reviewed at the medical advisory committee (MAC). Genesis Cancer Care UK has a dedicated member of staff to monitor practising privilege compliance for all Genesis Cancer Care UK centres.
- See information under this sub-heading in the medical care service section.

Records

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

- Patient notes were clear, and all staff could access them easily. The outpatient department recorded patient notes on an electronic system, this meant that when patients transferred between departments in the service, there were no delays in staff accessing their records as all staff could view the records on the electronic system. Staff told us there had not been an incident where patient notes were unavailable.
- All consultants with practising privileges had remote access to the electronic system if they were to see a patient elsewhere.
- Staff updated the patient electronic record to note what had occurred at the outpatient appointment. If this was a procedure, the procedure record included: pre-procedure checks, sign in, drugs given by the consultants, diagnostic intervention, specimen check, skin closure, sign out and post procedure checks.
- The outpatient lead nurse kept a logbook with records of procedures which had been completed at the outpatient service, to follow up on the results of a procedure. This book was stored in a locked room. Specimens for investigation were sent to an external company. When the investigation results were returned the report was added to the patient's electronic record.
- Some paper records were used, particularly for consent forms which patients had to sign, but these were scanned and held in the electronic patient record. Paper records were stored securely in a locked cupboard.
- Patient allergies were highlighted in a dedicated box on the electronic record, which remained visible for staff when navigating the electronic record.
- Following the outpatient appointment, the consultant's secretary (not based at the service but often at their NHS Trust site) would complete a summary of the outpatient appointment. This summary letter would be sent to the patient and their GP. The letter would also confirm the next appointment date, if necessary. This process would be the same if a patient was being discharged from the care of that consultant.
- See information under this sub-heading in the medical care service section.

Medicines

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

- The outpatient department administered limited medicines. We saw a medicines cupboard which was locked. Medicines in the cupboard were in date. We saw a book to record medicines stock.
- We observed a fridge for storing medicines. We observed fridge temperature checks were completed, with no alerts that the fridge temperature was outside of the normal range.

Good

Outpatients

- During an outpatient consultation, consultants could prescribe medicines for patients. These were filled on prescription forms for the patient to take to the local pharmacy. Consultant prescriptions were not dispensed from the pharmacy at the service. Staff stored outpatient prescription pads safely in locked cupboards.
- See information under this sub-heading in the medical care service section.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information.

- Staff in the outpatient department had a good understanding of incidents and received recent training on incidents and how to report them using the online system.
- See information under this sub-heading in the medical care service section.

Are Outpatients effective?

Inspected but not rated

Our rating of effective had not been previously rated. We did not rate effective.

Evidence-based care and treatment

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

- Staff had access to up-to-date policies and standard operating procedures to plan and deliver high quality care according to best practice and national guidance. Staff had access to electronic versions of policies, which were regularly reviewed to ensure they reflect current practice.
- The service used a range of evidence-based guidance and policies and procedures to deliver care and treatment.
- See information under this sub-heading in the medical care service section.

Nutrition and hydration

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

- The outpatient area had a drinks machine, water and biscuits for patients and their relatives when visiting the department.
- See information under this sub-heading in the medical care service section.

Pain relief

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

- Typically, the outpatient service did not provide pain relief to patients who attended outpatient consultations, but during a procedure it could be prescribed.
- Following a procedure, patients were provided with information leaflets which explained about what to do if pain was experienced following the procedure.
- See information under this sub-heading in the medical care service section.

Good

Outpatients

Patient outcomes

The service monitored the effectiveness of care and treatment. They used the findings to make improvements.

- This outpatient service saw a small number of patients, as a result we did not collect evidence on patient outcomes during our inspection.

Competent staff

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

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff received mandatory training and statutory training which was completed regularly to ensure staff were competent. The service had an induction, learning and competency policy which was in date and had version control.
- The service gave all new staff a full induction tailored to their role before they started work. Staff induction was made up of a corporate induction specific to Genesis Cancer Care UK values, a site-specific induction related to site safety and an induction crafted to the specific job role. This induction was completed by permanent staff and bank staff. Completion of induction was monitored by managers.
- Managers supported staff to develop through yearly, constructive appraisals of their work. During one-to-one conversations managers and staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge.
- Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff had daily huddle meetings, if staff were not able to attend, they could access the meeting minutes on a shared online folder.
- See information under this sub-heading in the medical care service section.

Multidisciplinary working

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

- Following receipt of an investigation result, the consultant referred the patient to be discussed at the MDT held for the consultant at their own NHS trust. A record of the MDT meeting discussion was held on the patient's electronic record.
- See information under this sub-heading in the medical care service section.

Seven-day services

- The service opened from Monday to Friday from 8am to 5pm. However, every two weeks when the one stop breast clinic had a service running, this often finished in the evening. The service had relevant staffing support when this happened.
- See information under this sub-heading in the medical care service section.

Health promotion

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

- See information under this sub-heading in the medical care service section.

Good

Outpatients

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.

- The service had a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) policy, which was in date and had version control. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff could describe and knew how to access this policy and get accurate advice. If staff had concerns, they told us they would report to their manager for further advice.
- Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff were up to date at the time of inspection.
- The service had a consent policy, which was in date and had version control. 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.
- We saw two patient electronic records in the outpatient department. On both records we saw a consent form which was signed by the patient before an outpatient procedure.
- See information under this sub-heading in the medical care service section.

Are Outpatients caring?

Good

Our rating of caring had not been previously rated. 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 ensured patients' privacy and dignity was respected. Staff maintained privacy by closing doors with clear signage indicating rooms were occupied.
- If patients feeling vulnerable or nervous about their appointment, the service actively promoted chaperone arrangements.
- 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. During our inspection, we observed all staff in the outpatient department treat patients in a kind, compassionate and respectful way.
- Patients said staff in the outpatient department treated them well and with kindness. Feedback from people who used the service was consistently positive about how the staff treated patients. A patient we spoke with during our inspection said they felt relaxed and staff made them feel at ease.
- See information under this sub-heading in the medical care service section.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- 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 explained treatment options and encouraged patients to be part of the decision making. For example, a patient we spoke with told us staff had offered natural remedies as they understood that the patient preferred non-invasive treatment.
- See information under this sub-heading in the medical care service section.

Good

Outpatients

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 they took time with patients and those close to them, so they understood their care and treatment. A patient we spoke with during our inspection told us that staff took time to explain the procedure, in their case three times to ensure they understood the procedure. The patient told us this felt very thorough and this supported them to feel in control.
- Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service had access to translation services to assist with communication with patients where English was not their first language.
- Staff took time to explain when patients would receive results from a diagnostic test and how they would receive their next appointment.
- Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service gave regular opportunity for patients and families to give feedback. Patients gave consistently positive feedback about the service.
- See under this sub-heading in the medical care service section.

Are Outpatients responsive?

Good

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

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.

- The service planned and organised services, so they met the changing needs of the population and ensured flexibility and choice of care and treatment. The outpatient service offered patients planned appointments for consultations, diagnostic scans or procedures with a choice of appointment date and times to suit patients' needs.
- Facilities and premises were appropriate for the services being delivered. The department was light and spacious. There were plenty of consultation and treatment rooms. All rooms in the service were clearly labelled and had signs to indicate when they were occupied.
- See information under this sub-heading in the medical care service section.

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.

- The service had information posters available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to an online interpretation service.
- The service offered information to support those with communication requirements. For example, they had leaflets in different languages for those who English is not their first language, easy read for those with learning difficulties and large font for those with visual impairments.
- See information under this sub-heading in the medical care service section.

Good

Outpatients

Access and flow

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

- The outpatient service aimed carry out relevant steps towards a diagnosis in one appointment, staff gave an example of a patient who had attended the Urology clinic. Within two hours of being in the service the patient had several tests and received the results at the time. If this was not possible or the patient did not want to stay for a length of time, the service would arrange another appointment for the patient.
- Staff told us there were no wait times for outpatient appointments to be made, the service would typically be able to see the patient within two weeks. The centre monitored wait times whilst patients were in the centre, the service aimed for the patient to be seen within five minutes.
- See information under this sub-heading in the medical care service section.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

- Staff understood the policy on complaints and knew how to handle them. Staff aimed to resolve complaints at the time with the patient, if this was unsuccessful staff escalated complaints. Staff recorded complaints on an electronic record system and assigned to the centre manager for investigation.
- See information under this sub-heading in the medical care service section.

Are Outpatients 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 service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

- The outpatient department had one lead nurse, who reported to the centre manager directly. The outpatient department employed three bank nurses on an ad-hoc basis. They were in the process of recruiting one part time permanent nurse to support the outpatient service.
- See information under this sub-heading in the medical care service section.

Vision and Strategy

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

- See information under this sub-heading in the medical care service section.

Good

Outpatients

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.

- Staff received training in the duty of candour, every two years, as part of their mandatory training. At the time of our inspection, all staff had completed duty of candour mandatory training. All staff we spoke with understood their role within the duty of candour.
- See information under this sub-heading in the medical care service section.

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.

- See information under this sub-heading in the medical care service section.

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.

- See information under this sub-heading in the medical care service section.

Information Management

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

- All medical records were stored on an electronic record system. Computers were password protected and staff access to medical records could only be completed with a staff-specific login and password. The outpatient department held limited paper records, but these were stored in a locked cupboard.

Engagement

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

- See information under this sub-heading in the medical care service section.

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.

- The outpatient department were due to begin a new treatment called the MonaLisa Touch, this is a minimally invasive medical laser treatment for vaginal and urinary symptoms that come with menopause and following breast cancer treatment. The service would be the first Genesis Cancer Care UK centre to provide this.
- See information under this sub-heading in the medical care service section.