Genesis Cancer Care UK Limited

Genesis Care, Southampton

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We rated it as outstanding 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 provided a high level of care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. There was a strong, visible, patient centred culture. 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 to support timely patient care.
- Staff consistently 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 exceptional emotional support to patients, families and carers. Patient emotional and social needs were seen as being as important as their physical needs.
- The service planned care to meet the needs of local people, and always took account of patients' individual needs, and made it easy for people to give feedback. Patient individual needs and preferences were central to the delivery of tailored services. People accessed 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. There were consistently high levels of engagement with staff and people who use services. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (Including older people's care)	Outstanding ☆	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Genesis Care, Southampton

Genesis Cancer Care Southampton is operated by Genesis Cancer Care UK Limited. It is an independent radiotherapy service in Southampton, Hampshire.

They provide a service to self-paying or insurance paying adults over the age of 18. The hospital primarily serves the communities of the Southampton area and the Channel Islands. It also accepts patient referrals from outside this area.

Genesis Cancer Care Southampton delivers targeted external beam radiotherapy treatments to accurately treat many types of cancers including but not limited to; prostate, breast, colorectal, head and neck cancers. The service also provides care for benign conditions such as Dupuytren's contracture (one or more fingers permanently bent towards the palm).

The service registered with Care Quality Commission in 2010. They are registered to carry out the regulated activity: treatment of disease, disorder or injury.

The service has a registered manager who has been in post since March 2021.

How we carried out this inspection

We carried out this unannounced inspection using our comprehensive inspection methodology on 20 December 2021.

We spoke with two patients, and seven staff. We reviewed patient records. We reviewed patient feedback from the previous 12 months.

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 went out of their way to give care and support which often exceeded patient's expectations.
- The service actively sought feedback from all patients and acted upon all comments received.
- The service provided patients with taxi transfers from home to the service, for their treatment so, patients and those close to them did not have to worry about how they would get to the service or the financial impact of a cancer diagnosis.
- The service provided patients with surface guided radiotherapy treatment. Surface guided radiotherapy allows patients to receive tattoo-less treatment.
- The service supported patients from the Channel Islands to undergo treatment by supporting them with costs for travel and accommodation.
- The lead radiographer provided patients with an out of hours contact to support them during treatment.
- Staff supported patients who required medicines by collecting them from the pharmacy, so they were ready when a patient attended.

Summary of this inspection

- All patients and their families could benefit from wellbeing support services such as reflexology, counselling, relaxation techniques and cognitive behavioural therapy (CBT).

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should work to develop a service level agreement with the local NHS Trust to ensure a smooth admission process for patients who are acutely unwell and at risk of deteriorating.
- The service should consider the wider benefits of submitting data to the Private Healthcare Information Network.
- The service should consider the patient and service benefits of participating in national clinical trials.

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

Outstanding

Medical care (Including older people's care)

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

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

Good

We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training; we saw that there was 100% compliance with mandatory e-Learning for all staff.

The mandatory training was comprehensive and met the needs of patients and staff. A wide range of topics included equality and respect, manual handling and sepsis management. The majority of this was online, with practical sessions also for subjects such as basic life support, mental capacity act, and moving and handling.

Clinical staff completed training on recognising and responding to patients with mental health needs and dementia and on the management of neutropenic sepsis. Sepsis is a life-threatening condition when the immune system overreacts to an infection and starts to damage your body's own tissues and organs, patients receiving cancer treatment can be vulnerable to sepsis.

Compliance was monitored and leaders alerted staff when they needed to update their training. Mandatory training was also discussed with staff during monthly one-to-one performance meetings with their manager.

Staff told us they received emails telling them when training was due to be updated. At the time of inspection some practical training had expired, this was delivered by the provider who told us this was due to social distancing restrictions impacting the delivery.

We saw that basic life support practical sessions for all clinical staff was overdue by one month, the service advised this was scheduled to take place the following month. There was also practical session planned in moving and handling for a new staff member and those requiring an update.

Outstanding ☆

Medical care (Including older people's care)

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.

Clinical and administrative staff received training specific for their role on how to recognise and report abuse. Safeguarding training formed a part of mandatory training with clinical staff trained to level two.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an up to date safeguarding policy and staff showed us how they accessed it easily. The policy detailed types of abuse and the role of service staff when raising a safeguarding concern.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a designated safeguarding lead at provider level. We spoke to staff who told us they would contact them in they had concerns and also make their designated line manager aware.

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.

Waiting areas were clean with suitable furnishings. Environmental cleaning was performed by housekeeping staff in the evenings. Staff used a communications log to communicate any concerns. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

The service performed well for cleanliness. We saw audits records that monitored environmental cleaning had recorded 100% compliance for the four months prior to inspection.

Treatment areas were clean and had suitable furnishings which were clean and well-maintained. There was a policy that detailed responsibility for cleaning and identified the products that should be used.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE in line with provider policy. We saw that staff wore gloves and gowns for all patient contact, these were changed between patient contact. Staff washed their hands between patients and audits showed compliance with hand hygiene was 100% for the seven months prior to inspection. Staff cleaned equipment after each patient contact following provider policy.

Environment

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

The design of the environment followed national guidance. The treatment area was accessed through a secure door. There were radiation controlled area lights and interlocked gates to restrict access when the machine was being used.

Staff carried out daily safety checks of specialist equipment at the beginning of the day before patients attended, these were recorded on the treatment system. Radiotherapy machines had servicing schedules and we saw these had been completed for the year preceding inspection.

The service had enough suitable equipment to help them to safely care for patients. Due to the precise targeting required for accurate radiotherapy, patients must remain as still as possible, for this, radiographers use immobilisation equipment.

Immobilisation equipment is medical equipment that keep a body part in a fixed position for an extended period of time. There were duplicates all immobilisation equipment to ensure that if damage occurred these could be replaced immediately. Staff told us they contacted another provider location who would supply spare equipment until repairs could be made.

Staff completed weekly immobilisation equipment checks to monitor for damage and anticipate potential risks. We saw these had been completed for the full month prior to inspection.

Staff disposed of clinical waste safely. There were designated bins for clinical and general waste, and these were labelled. All sharps bin's we saw had been correctly assembled and labelled.

The service had a machine handover and maintenance policy for staff to follow when handing over radiotherapy ionising radiation equipment to both internal and external service providers. The policy detailed the actions designated staff should take in the event of a machine being taken out of clinical use for servicing or repair to prevent radiation errors.

Radiotherapy uses high-energy radiation from a machine called a linear accelerator. It is recommended that these machines are replaced after ten years to maintain reliability and to improve patient outcomes. The linear accelerator for the service although regularly maintained, was over ten years old.

At the time of inspection, staff told us that the business case for a replacement machine was awaiting approval at board level. However, following inspection we were told this had now been approved and replacement of the machine was due to be completed by September 2022.

There were call bells and staff responded quickly when called. In treatment areas call bells were located appropriately so staff could call for support. Call bells for all areas were checked on a daily basis, however when we reviewed the previous months records these showed that on two consecutive occasions three of the five areas had not been checked.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on admission. Patient risk assessments were completed by clinical consultants (CCO) when patients were referred to the service. Staff also reviewed this information when patients attended.

Staff knew about and dealt with any specific risk issues. Staff had training in sepsis awareness to support patients. There was a sepsis policy and staff knew how to access this. The sepsis policy had been developed following best practice guidance from National Institute of Clinical Excellence (NICE) and the United Kingdom Oncology Nursing Society (UKONS).

Radiographers followed a standard operating policy to weekly record radiation-induced skin reaction (RISR). The policy had been developed following best practice guidance. In addition to this they visually checked skin in treatment areas during patient positioning on a daily basis. RISR is a common side effect that affects the majority of cancer patients receiving radiation treatment. RISR is often characterised by swelling, redness, pigmentation, fibrosis, and ulceration, pain, warmth, burning, and itching of the skin.

The department used a three-point identification check with patients before undertaking each radiotherapy session. In control areas there were Pause and Check' posters in radiation controlled areas that prompted staff to verify information

and dose details before exposing patients to radiation. 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 three months, the most recent being December 2021 which showed 100% compliance.

Patients were reviewed by specialist nurses on a weekly basis. Staff also told us that CCO's reviewed patients if staff felt they needed this or a patient requested it.

The service had a named radiation protection supervisor (RPS) and a named radiation protection advisor (RPA). Illuminated signs identified when radiation was being delivered in controlled areas, this warned people not to enter.

Staff used a provider-wide standardised approach to identify deteriorating patients and escalated them appropriately. The service was supported by the independent hospital it was based within to provide immediate medical support. Staff could contact the resident medical officer (RMO) who was based in the attached independent hospital as required, to review clinically unwell patients or if they had concerns.

Staff handovers included all necessary key information to keep patients safe. There were daily morning huddles to discuss the upcoming working day, this was attended by both clinical and administrative staff. The notes from these huddles were recorded electronically and accessible by all staff in the service. We reviewed notes from the previous ten huddles and saw that they contained areas to record risks and provide staff with an oversight of the day's tasks. There were details regarding patient advice to be communicated and also note any new rapid alerts or incident reporting.

There was an emergency 'grab bag' in case of patient collapse, this contained a defibrillator, oxygen and suction equipment. We saw that this had been checked on every clinical day for the past month. The service had access to a full resuscitation trolley that was stored in the independent hospital attached to the service. In the case of a patient collapse staff alerted the crash team from the independent hospital. The service completed yearly resuscitation scenarios as part of mandatory training, and we saw this was last performed in December 2020 and appropriate improvements identified and implemented. This practical session was planned to be repeated in January 2022.

The service had a provider level policy for medical transfer of patients to the local NHS trust. Patients that required non-urgent medical care were admitted to the independent hospital on the same site. However, there was no service level agreement in place for patients requiring urgent medical treatment, if this was required patients would be admitted through presentation at the emergency department.

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. Agency staff had a full induction.

The service had enough staff to keep patients safe. Therapeutic radiographers worked on a treatment machines as a pair, this was in line with IR(ME)R guidance. Staff told us they sometimes struggled to manage additional tasks due to insufficient staff hours.

The staff matched the planned number. There were two therapeutic radiographers who worked full time and an additional member of staff four days a week.

The service had reduced the rate of agency staff. The service had recently employed an agency member of staff on a permanent basis, this meant no agency staff were used in the service at the time of inspection.

Outstanding ☆

Medical care (Including older people's care)

Managers made sure all bank and agency staff had a full induction and understood the service. We reviewed staff records and saw that new staff completed corporate and local inductions when joining the service.

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

The service had no vacancies at the time of inspection.

The service had clinical nurse specialists available to support patients.

The service had a daily huddle in the morning to assess staffing levels. We were told how if sickness or absence impacted on staffing numbers then other locations would offer staff cover to allow for safe staffing levels. We saw how staff shortages had been discussed and agreements to support other locations had been made. While we were on site, we saw planned numbers of staff matched the actual numbers.

The service did not employ a resident medical officer (RMO), as medical support was provided by the independent hospital on the same site. The RMO was available at all times and staff told us they had not experienced difficulties in contacting them.

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 comprehensive, and all staff accessed them easily. The service stored all notes electronically on the patient management system. Only authorised staff were able to access these records, using a password protected system. When records were created in paper, for example referral forms, these were signed and scanned into the electronic system to maintain a single complete record. Paper copies of records were then securely destroyed.

When patients transferred to a new team, there were no delays in staff accessing their records. Patient notes were accessed by all relevant provider staff by sending them through the management system.

Records were stored securely. We saw that staff locked computers when leaving them to keep information secure. There was an information governance module as part of all staff mandatory training. As part of the audit programme, designated staff completed an information governance audit to check staff were following policies and keeping patient records secure, the two most recent audits had recorded compliance of 100%.

When a patient completed their treatment, Radiographers sent a discharge summary to their GP with a copy to the patient. We reviewed these discharge summaries and saw that they contained appropriate information details and means to contact the service if the GP required specialist follow up information to support ongoing care.

Medicines

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

Outstanding ☆

Medical care (Including older people's care)

Staff followed systems and processes when safely prescribing medicines. There were limited medicines stored at this service. A moisturiser was provided to prevent RISR during radiotherapy treatment, this was supplied by another service with the identified service level agreement. The service stored this in a secure cupboard and there was a record to show when this had been issued to a patient.

There was a securely stored prescription pad, and staff were able to trace the serial numbers for each prescription and completed records to prevent loss or misuse of prescriptions.

The service checked what medications patients were taking during the initial patient assessments.

The service was supported by a pharmacy on the same site within the independent hospital. There were notes in daily huddles when patient medications were waiting in the pharmacy. This prompted staff to collect these medicines on a patient's behalf by showing their identification badge and avoided any delay. This supported patients by reducing the amount of time spent in the service and time waiting for medicines. These medicines would also be stored in a locked cupboard until the patient's treatment appointment and then handed to the patient.

Incidents

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

All staff knew what incidents to report and how to report them. Incident reporting formed a part of mandatory training and all staff completed this.

Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed the 5 most recent incidents and saw they had been reported correctly. These incidents ranged from treatment machine requiring repair to an administrative error. The records we reviewed showed staff providing detailed information to assist with effective incident investigation.

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. This ensured learning was shared more widely between other sites. The service had reported no serious incidents or major incidents in the 12 months prior to inspection.

The service had no 'never events'. Managers shared learning with their staff about never events that happened elsewhere. Staff told us there were 'flash updates" which informed them on and serious incidents or never events within the provider group.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Duty of Candour formed a part of staff mandatory training and we saw that all staff had completed this.

Managers investigated incidents thoroughly. Patients and their families were involved in investigations; when things went wrong, staff apologised and gave patients honest information. We reviewed information from an incident where staff error had led to a delay in treatment. An investigation had been completed and the patient and their family had been kept informed. Staff also sent flowers to the patient on their last treatment day.

Outstanding ☆

Medical care (Including older people's care)

Staff received feedback from investigation of incidents, both internal and external to the service. In addition to “flash updates”, staff told us that learning from incident investigation was shared at the Radiation Safety Committee, Safety and Quality Leadership Forum.

In addition to this, recent incidents were also discussed at the morning huddle. This gave staff a chance to reflect and receive feedback from incidents.

There was evidence that changes had been made as a result of feedback. Following an incident where a patient complementary therapy was administered without the correct referral, additional copies of relevant procedures and policies were created in a place accessible by therapists. This was because therapists did not normally have access to the patient information system in line with information governance, as their role did not require this. This occasion had identified that therapists would have benefitted from reviewing the standard operating policy before administering a treatment.

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

Good

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

The service used a range of evidence based guidance, legislation, policies and procedures to plan, deliver treatment, care and support patients. We saw the staff had access to all policies and all policies we saw were in date or under review.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw care pathways followed the National Institute for Health and Care Excellence (NICE) guidance, for example neutropenic sepsis, prostate radiotherapy and colorectal radiotherapy.

The service stored policies electronically and these were accessible for all clinical and administrative staff.

Staff told us the quality team worked at provider level to monitor policies, when a policy was approaching the review date, they contacted authors to alert them. The team also checked the sources used following a review were the most recent. Following a review, when a policy was reissued all staff were informed through the clinical escalation group. There were also footnotes in policies to advise staff where changes had been made.

The service offered advanced radiotherapy as standard to improve accuracy 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 cameras to monitor patient movement during treatment. This allows patients to receive treatment without needing to have a permanent tattoo.

IGRT uses imaging before treatment so therapeutic radiographers can accurately determine radiation is being given correctly.

IMRT ensures radiation is delivered to correct area whilst helping to protect surrounding tissues. IMRT treatment is in line with the 'gold standard' recommendations of the NHS commissioning clinical reference group.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. All patients who attended the service were offered free drinks and snacks. The service had a hot and cold drinks dispenser where patients and relatives accessed drinks as required.

The food items on offer were specially chosen to ensure they did not create and digestive issues with patients that may affect their treatment.

Specialist support from staff such as dieticians and speech and language therapists were available for patients who needed it. Patients who required specialist nutritional foods were supplied these items through the independent hospital that operated on the same site. Staff also referred patients to the local trust.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools.

The service did not provide prescribed pain relief to patients who attended radiotherapy sessions. Staff told us they checked with patients that they were comfortable before, during and after their treatment. Staff told us if a patient was experiencing pain they contacted the RMO from the independent hospital at the same site to review the patient. Patients could also discuss any pain or discomfort during weekly reviews with specialist nurses, support and advice could then be provided. We were told if a patient required additional medicines then staff could contact the named consultant, and this would be electronically prescribed and sent to the pharmacy.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audit results were compared with other services across the provider to learn from them. Regular audits included patient pathway, patient identification and dose optimisation.

Managers and staff carried out a comprehensive programme of repeated audits to improve care and to check improvement over time. There was a clear provider level audit schedule in places that showed the audits the service should complete over a 12 month period. At the time of inspection, the service completed 20 separate audits.

The service reported audit results at provider level. This allowed audit performance benchmarking against similar services within the provider group. There were also provider level clinical audits in radiation protection.

Audit outcomes were discussed at provider level in the safety quality and leadership forum. Centre leaders and lead radiographers were able to attend this meeting if work commitments allowed. Staff told us if the service failed an audit, an action plan would be developed to monitor that improvement was occurring.

The service offered all eligible patients' rectal spacers to reduce both acute and long term toxicity from prostate radiotherapy.

The service participated in relevant national clinical audits, such as the National Radiotherapy Dataset (RTDS). The purpose of the RTDS is to collect comparable data across all English providers of radiotherapy or private facilities where the NHS funds delivery, to produce a timely and definitive resource of radiotherapy services across England.

The service was accredited with the Macmillan Quality Environment Mark. The service also held ISO9001 quality management system accreditation.

The service did not submit data to Private Healthcare Information Network (PHIN). PHIN is intended to improve the availability of information to patients for private healthcare services, making the information comparable with that which is already available for the NHS.

At the time of inspection, the service did not participate in national clinical trials, managers advised us this was being developed at provider level.

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. Therapeutic radiographers delivered all radiation treatment and were qualified to degree level or equivalent.

The service also employed radiation physicists and dosimetrists, these staff were qualified to a degree level or higher. These staff also completed provider competency based assessment to perform the complex tasks required of their role. We reviewed records for these staff and saw they had been completed in line with provider policy.

Dosimetrists are a medical professional who are certified to develop and calculate radiotherapy treatment plans to accurately deliver doses of radiation to cancer patients.

Radiation physicists ensure that radiation machines deliver the correct amount of radiation during a patient's treatment, they also monitor the procedures and consider the protection and safety of patients and others involved in the treatment process.

Managers made sure staff received any specialist training for their role. Therapeutic radiographers were required to complete competency based training in areas of their role such as administrative tasks, pre-treatment checking, treatment delivery, and making thermoplastic face masks for immobilisation during treatment for head and neck cancer.

Managers gave all new staff a full induction tailored to their role before they started work. We saw there was an induction learning and competency policy that defined the induction process their role required.

Medical care (Including older people's care)

Managers supported staff to develop through yearly constructive appraisals of their work. We reviewed records that showed all staff that had completed probationary periods had received an appraisal. Staff also told us they had monthly one to one catch ups and six monthly reviews with their manager.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. In some instances, these calls were also recorded, and staff could watch these at a later date. We saw staff newsletters that contained links to meeting notes and recordings.

We reviewed notes from a range of meeting such as the annual end of year meeting, the safety and quality leadership forum, and the radiation protection committee. The meeting notes we reviewed contained detailed information in a clear and simple format.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they were assigned a development project which gave the them the opportunities to develop their own knowledge and helped improve services for patients.

Managers identified poor staff performance promptly and supported staff to improve. The service had a provider level performance management policy, but the lead radiographer told us they had not had to use it.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients.

Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. Daily morning huddles were attended by all staff in the service including therapeutic radiographers, dosimetrists, patient administration officers, and physicists. These huddles included staff from across the whole service, both clinical and nonclinical. Staff were able to discuss their day and it was an opportunity to delegate tasks and discuss the patient list. We reviewed the last 10 huddle meetings and saw staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Patients receiving wellbeing treatments that day were discussed and the wellbeing consultant attended meetings when they were based at the service.

At provider level there were multidisciplinary group meetings in areas such as the safety and quality leadership forum, we reviewed minutes from these meetings and saw that a wide range of professionals attended. However staff at the service said it was not always possible to attend meetings due to other commitments of their role, for example the lead radiographer for the service had not attended any of these meetings.

As patients had often been seen NHS setting first, there had already been a formal MDT meeting where treatment options had been discussed. Records of these meetings were included in every patient's record to demonstrate the discussion had taken place. For patients who were not discussed in an NHS MDT meeting there was a central group at provider level where these patients were discussed before treatment was started. Evidence of MDT discussion formed part of the minimum dataset required before a patient had treatment planned.

Seven-day services

Key services were available to support timely patient care.

Staff received support from other services, for example when they were concerned about a patient's general health. Staff could call for support from doctors and other disciplines such as specialist nurses when needed, during the working week.

Staff told us although the service opened Monday to Friday, they were flexible to open on a Saturday to meet the needs of patients, or if for example equipment had broken down in another location or to increase appointments following bank holiday weekends. For example, staff were working on the second bank holiday of the Christmas period to ensure patients received the amount of treatment sessions required over week to maintain clinical effectiveness.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support available. There were leaflets about stopping smoking and other support services on request.

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.

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. The service had an in date consent policy which was comprehensive and referenced the best practice guidance at the time of review.

Staff made sure patients consented to treatment based on all the information available. There were standardised consent forms for common treatment areas such as breast and prostate. Standardised consent forms are considered best practice, this is because they ensure continuity in patient information regarding acute and possible long term side effects. Standardisation of consent form also improve legibility of documents and enable staff to be able to view information for patient bookings more clearly.

Staff clearly recorded consent in the patients' records. Staff told us patient consent forms were often created electronically but some consultants still used paper copies. Where paper copies were used these were scanned into the patient management system to form the electronic patient record.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Due to the daily need to attend for appointments, staff felt they developed close relationships with patients that enabled them to be alerted to changes in capacity.

Staff were clear if they had concerns about a patient's capacity, they contacted their doctor, or the RMO, for support. They also told us the patient notes could always be reviewed to understand if this was new or a previously known lack of capacity.

Outstanding ☆

Medical care (Including older people's care)

Staff described and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. There was a Mental Capacity Act and Deprivation of Liberty Safeguards policy, which was under review at time of inspection, but staff still accessed the current policy. The service had a designated mental capacity lead at provider level. We spoke to staff who told us they would contact them in they had concerns and also make their designated line manager aware.

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

Outstanding ☆

We rated it as outstanding.

Compassionate care

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

Patient care between people who use the service, those close to them and staff was caring, respectful and supportive. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw staff talking with patients about how their treatment was affecting them so they could monitor this. We saw staff taking time to discuss patient's lives outside of treatment and things they had been doing. Patients told us this made them feel cared for and an individual.

Patients said staff treated them well and with kindness. We spoke with one patient who told us they felt staff 'could not do enough' and they had fully supported them through their treatment. Patients felt that their care and support exceeded their expectations, patient feedback for areas of improvement often stated they felt nothing required improvement.

Staff followed policy to keep patient care and treatment confidential. Treatment information screens and CCTV monitoring were positioned in a way so they could not be viewed by unauthorised persons.

Patients were called by first name only or if requested surname and title. Conversations to confirm identify details such as date of birth and address were held only once in a private area. Patient reviews took place in consultation rooms and conversations in these rooms were not overheard.

Patients individual preferences and needs were reflected in how care was delivered. There was music in treatment rooms and waiting areas, some patients brought their own music to be played during radiotherapy sessions. This helped patients feel relaxed during treatment and one patient had commented thanking staff for the music.

Patients whose first language was not English accessed interpreting services and all information leaflets were as needed, produced in an alternate language. Arrangements were also made for patients who required signers to attend for British Sign Language (BSL) translation. , The service also had a hearing aid loop available for those who wore a hearing aid.

The service had been awarded the Macmillan Environment Quality Mark (MEQM). The MEQM award champions cancer environments that "go above and beyond to create welcoming and friendly spaces for patients". MEQM was designed in collaboration with people living with cancer.

Outstanding ☆

Medical care (Including older people's care)

Emotional support

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

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. Provider level feedback stated that 98% of patient felt supportive services made a difference to them. Patients also fed back that over 80% had a reduction in cancer related concerns.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patient emotional and social needs were seen as being as important as their physical needs. All patients receiving cancer treatment benefitted from wellbeing support services such as reflexology, counselling, relaxation techniques and cognitive behavioural therapy (CBT). Evidence provided from the service showed that in the 4 months prior to inspection 117 patient support sessions were provided to 35 patients.

Radiotherapy treatment requires patients to maintain a stable position throughout, relaxation techniques help patients to maintain this and further supported their mental health post diagnosis.

Patients' families were also entitled to supportive services such as mindfulness and relaxation, this helped further support the patient by ensuring their families were given tools to be mentally able to support them.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. There were quiet rooms, used if a patient became distressed and needed additional support. The service had a designated wellbeing rooms for patients to use if they were distressed. There was clinical equipment in these rooms, but this was shielded by screens. This room was designed to be comfortable and soothing and to not feel clinical.

The treatment area was also separated from the waiting area so any distress during treatment was kept confidential.

Staff demonstrated empathy when having difficult conversations. As part of mandatory training staff completed patient experience training which supported difficult conversations.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients chose their appointment times based on their own personal, social and religious commitments and were able to alter these if needed.

Staff also provided all patients with a mobile contact number for outside of treatment sessions if any support was required. Staff told us this made patients feel supported and that staff cared. We also heard how patients away from home said felt it made them less isolated.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients were provided with printed information leaflets at the appointment where radiotherapy treatment was discussed, and a referral was made. Staff told us they contacted the patient by telephone to inform them they had received the referral and to outline the patient pathway. Staff told us this also gave patients an opportunity to further request any additional support such as translation services.

Outstanding ☆

Medical care (Including older people's care)

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service accessed printed information in an 'easy read format' and signers were available to attend patient appointments. Although patients were advised to attend appointments alone, staff told us patients who required carers could bring them to all appointments.

Patients and their families gave feedback on the service and their treatment and staff supported them to do this. Patients completed weekly feedback forms regarding aspects of their care such as their experience on being welcomed on arrival, cleanliness, and explanation of treatment. Staff told us these feedback forms often gave instant areas for improvement that benefited the patient. For example if a patient disagreed with the statement the "temperature was comfortable during treatment" then staff could provide blankets or fans as appropriate. Patients were also contacted following treatment completion to provide feedback on action the service had taken.

We saw there was also a digital feedback computer in reception. We reviewed feedback given through this computer that rated the service at the highest level in friendliness, wait time, and cleanliness.

Patient feedback was overwhelmingly positive in nature. Patients used terms such as kindness, compassion and professionalism routinely when referring to the service.

We reviewed patient compliments for the four months prior to inspection and saw that patients praised staff and the support they gave. One patient compliment stated, "Thank you for looking after me and being a friend in difficult times" and another "Thank you so much for everything you have done and all your support throughout".

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

Outstanding ☆

We rated it as outstanding.

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

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

Facilities and premises were appropriate for the services being delivered. The service offered free parking spaces if patient wished to drive themselves and the service was accessible to patients who used a wheelchair.

The service had systems to help care for patients in need of additional support or specialist intervention. Specialist nurses reviewed patients on a weekly basis. Staff told us they contacted the patient's clinical consultant if patients requested specialist intervention not provided by the specialist nurses.

Managers ensured patients who did not attend appointments were contacted.

Staff told us if they required additional support with administrative functions such as record checks this was requested from another service under the provider; they had also offered support to other services in this way.

Outstanding ☆

Medical care (Including older people's care)

The service treated some patients who were resident in the Channel Islands, due to the need for daily treatment attendance these patients stayed in local accommodation during treatment. Administrative staff provided patients with advice on booking accommodation and preferred suppliers.

Patients whose insurance did not cover accommodation and flights were reimbursed by the provider. The service also provided transport to accommodation from the airport, this further reduced the financial impact on a patient during cancer treatment. The service also supplied details of restaurants local to the area, to support patients in an unfamiliar environment. We reviewed patient feedback for this group of patients and saw it was overwhelmingly positive and contained praise for staff and the support provided.

Meeting people's individual needs

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

All patients were provided with door to door transport to appointments and this was funded by the provider. This supported person-centred care to support with side effects such as radiation fatigue. Radiation fatigue is a well-known and common side effect for all radiotherapy treatment and this measure reduced the impact of fatigue of daily travelling to appointments. This also relieved the financial impact a cancer diagnosis can have, and in the case of patients who did not drive the burden on their families.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.

The service had access to information leaflets available in languages spoken by the patients and local community. In the waiting area there was a sign in multiple languages regarding the risks of pregnancy and radiation.

Managers made sure staff, and patients, loved ones and carers got help from interpreters or signers when needed. The service used a telephone interpretation service and told us they did not use patient family members to translate as they recognised this was not best practice.

Patients were given a choice of snacks and drink to meet their cultural and religious preferences. The service considered the impact on digestion with snacks it offered as patients are sometimes required to maintain a low fibre diet during treatment. Staff also told us if patients were delayed for long period of time, they could order meals from the independent hospital restaurant on the same site, this catered for a wide range of dietary restrictions and allergies.

Waiting rooms and consulting room had signs to inform patients they could ask for a chaperone if they felt they required one.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Staff completed treatment summary letters and sent these to the patient and their GP, this informed them of the treatment area and radiation dose received.

The service offered patients a rapid access for palliative radiotherapy and were seen in clinics had CT planning and were treated within 24 hours of the outpatient's appointment.

Managers monitored waiting times and made sure patients accessed services when needed and received treatment within national targets. The service did not however always meet internal provider timeframes.

We reviewed referral to treatment data for the previous six months which showed the median referral to treatment time was below five days, this was in line with provider target. The service met or was lower than the provider average for CT to treatment turnaround. However, evidence supplied by the provider showed for the previous six months of patient treatments 59% did not meet the provider turnaround timeframe.

Patient individual needs and preferences were considered in the delivery of tailored services. Treatment times could be amended, and specific times requested.

Managers worked to keep the number of cancelled appointments to a minimum. When equipment failure occurred, staff contacted engineers and if necessary, manufacturers. Where possible, staff prioritised patients who were required to have full bladders for treatment following equipment repair.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

There was a policy in place for the management of treatment interruption that outlined the methods to account for this. These included

- Extending the normal working day.
- Transfer to another service with a matched machine.
- Treating on the weekend.
- Where possible delivering two treatments on the same day with a minimum gap of six hours.
- Increasing the radiation dose for the remaining treatments whilst maintaining treatment over the same period of time.
- Considering additional treatment to compensate for any missed.

Staff told us if patients needed to be treated at another location, the service used their complimentary taxi service to transport patients to the alternative service.

However, the closest service with matched machine was over 80 miles distance from the service and resulted in patients travelling for a considerable time. This may increase anxiety and may create long waits depending on the patient numbers at the matched service. This had been identified on the services risk register and plans to replace the treatment machines business plans for this had been submitted.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke with told us they knew how to raise a complaint. They felt confident that if they complained, they would be taken seriously and treated compassionately. However, they also all told us they did not feel they needed to raise any complaints.

Outstanding ☆

Medical care (Including older people's care)

The service clearly displayed information about how to raise a concern in patient areas. There were leaflets for patients to take which explained the complaints process clearly in the waiting area. The provider also gave guidance on making a complaint or raising concerns on their website.

The service had a clear, in date complaints policy which outlined the expected way complaints were to be investigated. Staff were all able to access this policy if they needed.

The policy referred to independent resolution of the complaint through the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) if a patient felt their complaint had not been investigated appropriately.

Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were clear about their responsibilities when patients complained. They told us they offered the patient advice on how to complain formally and made the centre leader aware.

The centre lead had the overarching responsibility for investigating complaints. The provider supplied details of all complaints received by the service for the past 12 months. We saw these had been investigated in line with provider policy and the responses were appropriate and compassionate.

The centre manager investigated complaints and identified themes. Staff told us themes were communicated to the safety and risk committee at provider level to ensure learning was shared across the provider.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service had received two complaints in the 12-month reporting period. Investigation of these complaints identified learning around cross site working, MDT processes and patient pathways. We saw that in both cases these complaints were discussed in morning huddles and in the monthly staff meeting.

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

Good

We rated it as good.

Leadership

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

Leaders were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were, and how to address them. The service had a clear structure. The treatment and physics planning area had a lead who in turn reported into the centre leader. At the time of inspection, the leadership of the service was undergoing a transition and staff were positive about this. The centre leader reported into the provider leadership team and shared information from them with the team.

The clinical area leads usually had a regular one to one meeting with the centre lead.

Clinical area leaders worked closely with staff and were accessible to support staff who had questions or concerns throughout the day. Staff told us they felt their clinical lead was approachable and at any point, if they wanted to discuss concerns or seek advice they could.

A member of the wider senior leadership team also supported the service. Staff said this leader regularly came to the service and spoke with them to ensure they had access to senior leadership.

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.

Staff told us they were happy working at the service and were a close team. Staff were passionate about providing high quality radiotherapy care and treatment.

All staff spoke of a sense of working together and towards a common goal. Staff were aware of the corporate values of the company, these were

- Empathy for all.
- Innovation every day.
- Partnership inside and out.
- Bravery to have a go.
- Integrity always.

There were provider values posters on display in staff areas. The service vision embedded these values with the goal of creating a 'service of the future'. The service had clear benchmarks for achieving the vision and staff had highlighted those they had achieved to celebrate their progress.

There were eight workstreams for implementing the vision, these had designated project leads. Centre leads were also allocated to workstreams. Each workstream had clear initiatives with performance indicators for meeting these.

We saw how progress against delivery of the strategy and local plans was monitored and reviewed. There was a strategy document in the centre leader's office which was highlighted to show the areas the service had achieved. This had been shared with staff, so they understood and supported the vision, values and strategic goals and understood how their role helped in achieving this.

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. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff we spoke with said they enjoyed and were proud to work at the service. Staff were asked what they were most proud of and the majority of staff told us it was the team that they worked in and spoke highly of the culture. Staff in all areas spoke of good collaboration, team-working and support across all of the service. There was a common goal on improving the quality and sustainability of care and people's experiences.

Staff accessed the wellbeing service that also supported patients. They were able to benefit from mindfulness and relaxation services.

Staff at all levels were actively encouraged to speak up and raise concerns, and policies and procedures positively supported this process. The service had an in-date whistle blowing policy and staff knew how to raise concerns with managers. The policy outlined the responsibilities of staff and managers when concerns were raised. There was a provider level people and culture team who supported managers in discharging their responsibilities with regard to whistleblowing and raising concerns.

Patients told us they knew how to raise concerns and would feel comfortable complaining if they needed to. However, they all told us they had no reason to raise a concern.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had clear systems of governance and this aligned with the global provider model. The clinical staff caring for patients reported into an area specific lead, these leads reported into the centre lead, the centre lead reported to the wider senior leadership team.

There were two oversight committees, and these were divided into technical and clinical support. The service fed into the professional leader's forum for clinical oversight. They also fed into the radiation oncology committee for technical oversight. There were also channels of communication from the area specific leads with other leads of the same area across the provider.

There was a radiation safety committee as part of technical oversight committee. The Radiation Safety Committee oversaw radiation protection and monitored the requirements for the use of ionising radiation and the safety and quality performance of this. We reviewed meeting minutes from the last two committee meetings; we saw these followed a standard agenda and were a clear record of the discussion.

The nominated individual for the service had overall responsibility for governance and quality at provider level. Governance arrangements were proactively reviewed, and policies reflected best practice. There were designated working groups for patient and service development. All policies we reviewed contained dates for review, referenced the best practice documents used to inform them, and showed the person with overall responsibility for that document. Leaders told us that a team at provider level reviewed documents following ratification to ensure the most recent versions of best practice documents were used.

All staff told us they were clear about what their responsibilities and roles were. These channels of communication were the same for administrative staff.

There were clear communication processes to make staff aware of incidents both locally and across the whole provider. Locally staff were told either in person or over an email that there had been an incident and caution was required.

Nationally incidents were discussed monthly and learning outcomes recognised and the shared across all the provider services. If an incident was deemed to be of serious level, then a "fast alert" was sent out across all services via email. This meant all members of staff were instantly informed of an incident and any immediate changes and impact to practice.

Staff we spoke to were aware of recent rapid alerts and the changes to practice required. We reviewed the previous three rapid alerts and saw there were appropriate learning outcomes and changes made.

Outstanding ☆

Medical care (Including older people's care)

There was a central Medical Advisory Committee (MAC) which was run by a multidisciplinary team. The MAC had oversight of all consultants with practising privileges and reviewed all applications from doctors to apply for new practising privileges. Practising privileges are granted to doctors who are not directly employed by a service but allow them to work there to carry out certain, defined roles. The MAC reviewed doctors' competencies, experience and scope of practice to make decisions about whether to grant practising privileges or not. We were told that decisions made by the MAC were final and could not be overturned locally.

The scope of practice for doctors with practising privileges was available for other clinical staff to check to ensure they were not working outside of their area of expertise. Staff were able to show us where to find practicing privilege information.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a local risk register. The risk register contained one item, this was that there was not a matched treatment machine on the south coast and the closest machine was over 80 miles away. There was a business plan submitted to replace this equipment. Staff also told us new patient plans could be produced to be treatment on a closer machine. As this step would require additional time so would also not be ideal for patients whose treatment had already started.

There was a clear approach to audit and performance management at the service. The audit programme was thorough and clearly laid out timescales for audits to be repeated to ensure compliance. The results of the audits were fed into the provider leadership team to allow for benchmarking across all sites. We were told there were plans for services to be paired up and to begin auditing each other, to ensure there was a fresh set of eyes carrying out the audit so and that nothing could be missed.

The service carried out environmental risk assessments. The health and safety representative carried out regular walkarounds to ensure there were no new environmental risks.

There were regular safety and quality meetings which covered a variety of topics and included appropriate members of the organisation.

The service reviewed the performance regularly. For example, they reviewed the time from referral to scan and also referral to first treatment. This was also monitored at provider level and services benchmarked their waiting times.

The service did not have a service level agreement with the local NHS hospital to enable smooth transfer of care of patients who were acutely unwell and deteriorating. There was a process in place to transfer patients to the independent hospital on the same site, but acutely unwell patients would be admitted through the emergency care pathway of the local NHS Trust. This was not on the risk register for the service.

The service did not submit data to the Private Health Information Network (PHIN) to allow them to benchmark against other organisations nationally.

Outstanding ☆

Medical care (Including older people's care)

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.

We were told the service complied with information protection laws and saw that all members of staff were careful to lock computers when they were leaving the area to make sure patient data was kept private and secure.

Meeting minutes were made available to staff if they were not able to attend meetings, meaning they were able to keep up to date with changes.

The service had a fully integrated quality system that meant staff could access all provider policies easily and in their most current format. The purpose of a quality management system is to ensure every time a process is performed, the same information, methods, skills and controls are used and applied in a consistent manner. The quality system enabled staff to search by keyword or topic to find the information they required and was maintained by the governance team.

Leaders told us that policies approaching a review date were flagged to the author and the

Engagement

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

The service actively asked patients for feedback while they were using the service. They were also clear about the complaints process, if patients felt the need to complain.

There were staff surveys and these fed into the action plan for the service. Staff survey results for the service had been incorporated with those for another local provider site. Staff feedback had raised that communication could be better and managers had said they were improving communication by sharing more feedback.

Surveys showed 82% of staff disagreed with the statement 'I feel my workload is manageable', in response to this a business case was submitted for increased staffing.

The service did not have a direct link to local cancer alliance but worked closely with the local independent hospital who fed into this network.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Staff learning and continuous improvement was discussed and encouraged regularly in monthly one-to-one conversations with their manager. Staff identified areas they felt would improve services and if their manager agreed they requested this.

The service allocated an individual improvement project to all staff their own knowledge and help improve services for patients.

Outstanding ☆

Medical care (Including older people's care)

At provider level there was a designated stereotactic ablative radiotherapy (SABR) lead and reference group to support the implementation of SABR across all sites. SABR is a way of giving radiotherapy to precisely target certain cancers and is recognised as being gold standard treatment.. The SABR lead visited the site to complete staff training and told us they would provide guidance when the site began delivering SABR treatments.

The service did not participate in any research studies or clinical trials, but leaders told us they planned to develop their involvement in this area.