

Genesis Cancer Care UK Limited

# Genesis Care, Birmingham

## Inspection report

Little Aston Hall Drive  
Little Aston  
Sutton Coldfield  
B74 3BF

Tel: 01213533055

[www.genescare.co.uk/cancer-centre/maidstone](http://www.genescare.co.uk/cancer-centre/maidstone)

Date of inspection visit: 18 January 2022

Date of publication: 28/02/2022

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

Genesis Care Birmingham is operated by Genesis Cancer Care UK Limited. The centre provides radiotherapy treatment to patients over 18 years old. This was the first rated inspection for Genesis Care Birmingham.

Radiotherapy is delivered by Genesis Care UK Limited, working to the standards developed for the existing Genesis Care UK (GCUK) services.

Services and equipment provided:

The radiotherapy service delivers external beam treatments including intensity modulated (IMRT) assisted by image guided (IGRT), surface guided (SGRT) and deep breath hold (DIBH) radiotherapy to accurately treat various types of cancers including prostate, breast and some benign conditions of the hands and feet.

All patients are seen for out-patient treatments, the service has no overnight beds. Patients are referred from oncologists working in the surrounding hospitals.

This was the first rated inspection of this location. 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet patients' individual needs and made it easy for them 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.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Medical care (Including older people's care)</b>	Good 	For a summary of our findings please see the overall summary at the beginning of this report.



# Summary of findings

## Contents

### Summary of this inspection

Background to Genesis Care, Birmingham

Page

5

Information about Genesis Care, Birmingham

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

---

# Summary of this inspection

## Background to Genesis Care, Birmingham

Genesis Care Birmingham is operated by Genesis Cancer Care UK Limited. The service is situated within the grounds of an independent hospital which is referred to within this report as the host hospital. The service provides image guided radiotherapy treatment for privately funded patients with a confirmed diagnosis of cancer and or some benign conditions.

The service was registered in July 2011 and is registered to provide the following regulated activity:

- Treatment of disease, disorder and injury

Genesis Care Birmingham had a registered manager who had been registered since April 2019. They are also the registered manager of another Genesis Care site. Genesis Care Birmingham has been inspected twice and was last inspected on 28 January 2014; with no regulatory breaches. This was the first rated inspection of the service.

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

## How we carried out this inspection

We carried out an unannounced, scheduled comprehensive inspection at this location. We looked at the five key questions: is the service safe, effective, caring, responsive and well led. The team that inspected the service included a CQC lead inspector and one specialist advisor with expertise in radiotherapy treatment. The inspection team was overseen by Sarah Dunnett, Head of Hospital Inspection.

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

## Outstanding practice

We found the following outstanding practice:

- The centre offered an advanced radiotherapy services and had installed a Surface Guided Radiotherapy Treatment (SGRT) system which used a system of cameras to check patient movement during treatment. SGRT is a rapidly growing technology used to improve accuracy with radiation treatment. This piece of equipment meant the service could provide tattooless treatment which was positive for many patients who viewed their tattoos as a constant reminder of their radiotherapy treatment.
- The SGRT enabled the service to use 'faceless' shells or also known as a mask or mould for head and neck radiotherapy treatment. A mask or mould is used to ensure that the treatment area of the body remains still to enable treatment to be as accurate as possible. This was a more comfortable experience for patients as they no longer needed to wear full face masks and could open their eyes and feel less restricted.
- The centre provided deep inspiration breath hold for breast radiotherapy to minimise risk of damage the heart and lungs (left sided treatment) alongside the lungs and liver (for right sided treatment).

# Summary of this inspection

## Areas for improvement

No areas for improvement were identified.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (Including older people's care)	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Medical care (Including older people's care)

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

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

Good 

This was the first rated inspection of the service. We rated it as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training which was comprehensive and met the needs of patients and staff. Staff had access to mandatory training by a mixture of e-learning modules and face-to-face sessions. Staff had completed all required mandatory training (except for one topic by one staff member and arrangements were in place for them to complete it).

Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training compliance was monitored weekly by the centre leader and the human resources team. Systems were in place to flag and alert staff when mandatory training was due to expire within 60 days, giving them an opportunity to book onto a training course. Mandatory training was discussed with staff during their monthly one-to-one performance meetings with their manager, by email and during team meetings.

Staff with practicing privileges provided evidence of completion of their mandatory training from their substantive NHS trust employer. (Practicing privileges is a process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice or within the provision of community services when all requirements of the service which include mandatory training have been met.)

### 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.**

Staff received training specific for their role on how to recognise and report abuse. The service provided yearly safeguarding training as an online training package. Qualified staff received safeguarding adults and children up to level two. Non-clinical staff received level one safeguarding training in both adult and children. The site leader had been trained to safeguarding level three in both adults and children. All staff had received the required safeguarding training and met national (intercollegiate) guidance for safeguarding training.



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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding adult at risk policy and a safeguarding children and young people policy. Both of which were in date, version controlled and reflected national guidance. A poster was also available in the clinical room which identified safeguarding procedures for staff to make safeguarding referrals to the local authority. Staff knew the escalation process should they need to report a safeguarding concern and would contact the safeguarding lead who had completed level four safeguarding.

### 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 premises were clean and had suitable furnishings which were clean and well-maintained. There was a service level agreement with the host hospital for cleaning arrangements and waste collection.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service was visibly clean. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Daily tick lists confirmed when an area had been cleaned. There were bimonthly audits of cleanliness which consistently demonstrated satisfactory levels of cleanliness. If the standard of cleanliness failed to meet the required standard an action plan would be identified, and monthly audits would be undertaken until improvement was assured.

Staff followed infection control principles including the use of personal protective equipment (PPE) Staff received training on infection prevention and control. Staff were seen to wash and sanitise their hands appropriately. Staff hand hygiene audits were undertaken six monthly and identified full compliance. Staff wore appropriate PPE. Clinical staff had arms bare below the elbows to aid effective handwashing. However, one staff member working clinically had gel nails which did not enable effective handwashing to minimise the risk of cross infection.

The service completed an infection prevention and control audit every six months; the last audit completed in September 2021 identified 98% compliance. The staff were undertaking daily lateral flow tests and patients were asked to undertake a polymerase chain reaction (PCR) test to check whether they had COVID-19 before attending the service.

The service also had guidance on infection prevention and control in the context of Covid-19.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

### Environment and equipment

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

Emergency call buzzers were available in clinical rooms, toilets and the waiting areas so either the patient or staff could alert staff if urgent attention was required.

The design of the environment followed national guidance. The service had an open-plan reception and waiting area, with reception staff present. Patients waited in this area prior to being called into the restricted (treatment) areas.

The area where radiotherapy treatment was provided was locked with restricted access to ensure patients, staff and visitors could not accidentally enter. The treatment room which was a radiation controlled area had signs and lights outside to warn patients and staff radiation was in use.

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

There were fire exit signs and fire extinguishers throughout the department. All fire exits, and doors were kept clear and free from obstructions. The service tested fire alarms and emergency alarms on a weekly basis.

Staff carried out daily safety checks of specialist equipment. Radiotherapy equipment was subject to a strict maintenance and quality assurance programme including scheduled daily checks before any patient was treated. Specialist radiotherapy equipment (Linear accelerator) maintenance was carried out by an in-house engineer. A network of engineers across the UK provided cover by phone with one engineer located nearby if needed to resolve any issues such as replacement parts. Flow charts for contacting engineers were seen in the department.

Engineers carried out training for radiographers as part of their induction and familiarisation of equipment. This included for example, warm-up and inspection of linear accelerators. Warm-up and inspection of linear accelerators is essential in radiation therapy to verify the accuracy of the machines and emission of proper radiation during treatment. Radiographers performed daily warm-up of linear accelerators and recorded daily quality checks. These checks were overseen by the principal physicist. Servicing of radiotherapy equipment was planned either late evening or over a weekend to ensure there was no impact on patient care.

There was an on-site lead physicist who helped develop protocols and check the quality assurance processes on all the equipment.

The resuscitation trolley was checked at the required frequency and this was recorded.

The service had enough suitable equipment to help them to safely care for patients. If there was a problem with equipment, alternative arrangements could be made to ensure the patients received appropriate treatment. Equipment at Genesis Care Birmingham was matched to two other Genesis Care centres with the same equipment. This meant urgent arrangements could be made for the patients to receive their treatment at another site if required.

Staff disposed of clinical waste safely. Clinical waste disposal was available as part of the agreement with the hospital located on the same site.

### Assessing and responding to patient risk

#### **Staff completed and updated risk assessments for each patient and removed or minimised risks.**

Specific risk issues were highlighted such as infection risk and prevention and possible pregnancy to ensure any potential risk was identified. Posters were displayed in the department to ask patients to inform staff if they thought they might be or were pregnant.

Staff knew about and dealt with any specific risk issues. Staff confirmed they had read the local radiation protection rules (local rules) and understood their roles and responsibilities. Local rules were in-date, displayed and all appropriate staff had signed to say they had read them. Staff told us they had received relevant training on radiation risks. Staff who used radiation wore personal radiation monitors to record their level of exposure to radiation. The service monitored the level of occupation exposure of radiation to staff on a quarterly basis. The reports were reviewed and analysed by the radiation protection supervisor (RPA) for the site who ensured all quarterly and annual dose investigation levels were within the specified investigation levels as dictated within this procedure and the local rules. No Genesis Care Birmingham team members had ever exceeded a quarterly or annual dose limit.

Staff were aware of sepsis and all staff (both clinical and nonclinical) had received training in sepsis identification and management.

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

The service had a service level agreement (SLA) with the onsite host independent hospital should a patient deteriorate. The service level agreement included support from the residential medical officer (RMO) of the independent hospital if a patient was unwell, Genesis Care staff could request a medical review if a patient rapidly deteriorated, Genesis Care staff would activate the emergency buzzer to summon the hospital crash team to attend. The onsite independent hospital was not able to take acutely unwell patients who were deteriorating and if further care was required an ambulance would be called to transfer the patient to a local NHS hospital. Staff knew how to ask for support if a patient was to deteriorate.

The service was open from 8am to 5pm Monday to Friday. Patients had access to a telephone hotline, which operated 24-hour day, seven days a week. The centre gave patients a radiotherapy 'contact card' to ensure they always had a point of contact during their treatment pathway, this identified key people in their care and their contact details.

There were processes in place to ensure the right person received the right scan at the right time. Staff completed a six-point check of name, date of birth, address, body part, clinical information and previous imaging checks. In addition, the service carried out checks of the area being treated and this was completed daily before every treatment. This was in line with the legal requirements of Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R to safeguard patients against experiencing the wrong investigations.

Shift handovers included all necessary key information to keep patients safe. Staff attended a daily safety huddle led by the manager every morning. The huddle included an overview of all patients who had been referred, potential risks including staffing, incidents and other safety information about the centre. The location staff huddle occurred every morning after the provider-wide huddle to ensure key messages were cascaded and shared with staff.

### 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.**

The service had enough staff to keep patients safe. Staffing at the centre included radiotherapy radiographers and administration staff, supported by dosimetrists and physicists who were part of a central team and had key roles in planning, checking equipment and verification of radiotherapy doses for patients. Staffing was 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. Staffing capacity could be increased by moving staff from other centres when required. The service had the support of an external radiation protection advisor (RPA) and an onsite radiation protection supervisor (RPS).

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. Managers used a national tool to calculate staff requirements and patient treatment requirements. Managers were able to adjust staffing levels daily according to the treatment needs of patients.

The service did not use agency staff, but the service worked closely with other Genesis Care centres, providing similar services and was able to request staff with required competencies when required.

### 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 medical staff working under practising privileges and checks were in place to review and ensure medical staff practising privileges were up to date.

# Medical care (Including older people's care)

Where new consultants wished to work at the service under practising privileges, relevant information was reviewed at the medical advisory committee (MAC). Genesis Cancer Care UK Limited had a dedicated member of staff to monitor practising privilege compliance for all Genesis Cancer Care UK centres. This staff member updated the centre leader with a compliance spreadsheet which identified the date of expiry for elements required to grant practising privileges.

Staff told us that consultants with practising privileges were easily contactable and accessible if staff required advice.

## 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 staff could access them easily. Patient notes were electronic and included all required information. Any paper documents were scanned into a patient electronic record. Patient allergies were highlighted in a dedicated box on the electronic record, which remained visible when navigating the electronic record.

Records were stored securely. Only authorised staff had access to records which were password protected. Display screens were locked when staff were not present. As part of their mandatory training, staff completed information governance sessions. The service carried out an information governance audit to ensure all staff were following Genesis Care UK policies and keeping patient records secure.

## Medicines

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

Medicines were not prescribed or administered by Genesis Care Birmingham staff. Patients medicines were prescribed by their own doctor following advice from their oncologist. The service had pharmacy support, if needed, from other Genesis Care UK locations.

Genesis Care, Birmingham provided patients with a skin ointment to reduce skin discomfort following radiotherapy treatment. Information for the use of the ointment was also provided. The ointment was kept in a locked cupboard, staff signed to confirm they had provided the ointment and stock was checked daily.

Staff maintained oversight of patients medicines. If any concerns were identified they would either contact the patient's consultant or GP for review.

## 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. Managers ensured that actions from patient safety alerts were implemented and monitored.**

All staff knew what incidents to report and how to report them. Staff had a good understanding of incidents and showed us how they would report an incident using the online system.

Staff raised concerns and reported incidents and near misses in line with the Genesis Care UK policy. Staff had received recent training on incidents and how to report them using the online system. During the daily morning huddle, incidents

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

from the previous day (when applicable) were discussed as a standard agenda item. In addition, the centre manager discussed incidents and patient safety alerts reported in other centres when immediate concerns were identified which may affect the centre. This was also an opportunity for staff to receive feedback and learning from investigation of incidents.

The service had not ever had a never event or serious incident.

Staff understood the duty of candour and identified they were open and transparent, would give patients and families a full explanation if things went wrong.

Managers investigated incidents thoroughly. 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. The weekly national meeting reviewed moderate and severe harm incidents across the organisation and shared learning and feedback across all of its sites. Genesis Care centre leads received minutes and actions which were then shared within centre staff meetings and ensured learning was shared widely between other sites.

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

Good 

This was the first rated inspection of the service. We rated it as good.

#### Evidence-based care and treatment

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

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. 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.

Surface guided radiotherapy was used for all patients where appropriate and the team had moved to tattooless radiotherapy. This had been audited and results published in peer reviewed journals.

Patients were treated on most public holidays but when needed, additional compensation days were worked when there was to be a gap in the treatment pathway for example, Christmas.

Royal College of Radiologist (RCR) guidance was followed when using hyperfractionation radiation treatment. Hyperfractionation is a radiation treatment in which the total dose of radiation delivered is divided into smaller doses and treatments are given more than once a day (typically 2-3 a day).

#### Nutrition and hydration

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

# Medical care (Including older people's care)

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. In the main waiting area, there was a vending machine with choice of drinks and snacks. All were provided free of charge.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it. Genesis Care UK Limited had a dietitian which staff could refer patients to.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and made additional arrangements to ensure they received appropriate pain relief.**

The service did not provide medicines. Staff asked patients if they had experienced pain and its severity. 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

**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.**

The service participated in relevant national clinical audits. The radiotherapy unit contributed data from each patient episode to the National Radiotherapy Dataset (RTDS). The purpose of the standard was to collect data across providers of radiotherapy services in England. This would supply information for service planning, commissioning, clinical practice and the operational provision of radiotherapy services across England.

Peer review took place around clinical protocols of radiotherapy, based on the Ionising Radiation Medical Exposure Regulations (IRMER), Royal College of Radiologist (RCR) guidance. Cases that fell outside of clinical protocols were referred to Clinical Advisory Teams who held virtual peer review meetings in collaboration with clinicians who discussed the evidence behind protocol deviations. The final decision was documented in the patients' electronic medical records. In addition, the service collected patient outcome data during radiotherapy through their patient electronic record using the Radiation Therapy Oncology Group (RTOG). Any toxicities scoring above grade two were flagged and recorded and highlighted to the consultant.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

The service used advanced radiotherapy for different cancers in order to improve cancer outcomes by controlling tumours and reducing the need for surgery. In addition, techniques used limited side effects and improved patient experience and quality of life.

Surface guided radiotherapy treatment (SGRT) used three-dimensional camera technology to accurately target and kill cancer cells, preserving surrounding healthy tissue and avoiding the need to have any permanent markings (tattoos) made on the body.

Image guided radiotherapy (IGRT) used X-rays and scans before, and during treatment. It was used to verify position and anatomy before the treatment machine was turned on, ensuring only the tumour cells were targeted. Genesis Care Birmingham used the technique of deep inspirational breath hold for breast radiotherapy to minimise risk of damage the heart (left sided treatment). It had also extended the technique for right sided breast radiotherapy to provide additional protection to the lungs and liver.

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

The service used 'spacers' for patients requiring radiotherapy for prostate cancer. Spacers are an effective technique to reduce the side effects of prostate radiotherapy. They protect the rectum during radiotherapy treatment by moving it away from the prostate gland. Studies have shown that patients experience fewer bowel-related, urinary and erectile dysfunction side effects as well as improved quality of life compared with those who don't have a spacer inserted. Faceless immobilization masks were in use across the organisation and at Genesis Care Birmingham.

The living well with cancer programme, provided by a national charity, supported Genesis care patients and measured patient outcomes using Measure Yourself Concerns and Wellbeing (MYCaW), a validated person centred outcome measure. Results identified significant improvements in all areas in improving patient's wellbeing.

Managers and staff used the results to improve patients' outcomes. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Genesis Care UK had its own performance database which collected quality and performance data. This enabled internal performance benchmarking across all other UK sites. Information included patient satisfaction, incidents, complaints, concerns and compliments. Managers used information from the audits to improve care and treatment and shared information with staff. Staff we spoke with were aware of the audits that were carried out and of any changes to practice from the outcome. All staff contributed to the regular audits and took turns to complete them. Improvement was checked and monitored; the service had regular audit committee meetings to ensure there was oversight of improvements by the wider Genesis UK team. The service audited radiation exposure to staff this ensured staff exposures were within occupational limits. We saw evidence of this during our inspection

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service completed a regular audit schedule on numerous areas throughout the service. If the service did not meet the required compliance, an action plan was developed to monitor improvement. Audits were completed by different team member each month as part of the national team to reduce bias.

Managers used information from the audits to improve care and treatment. Service level audit results were reported to Genesis Cancer Care UK centrally. This allowed the centre manager to benchmark the audit performance of the service against similar services within Genesis Cancer Care UK and identify areas for improvement. The centre managers shared and made sure staff understood information from the audits and were involved in actions plans for improvement. Improvement was checked and monitored.

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.

The service had BSI ISO9001 an accredited quality assurance system. The department had also received a Macmillan quality award.

### Competent staff

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

# Medical care (Including older people's care)

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff regularly received mandatory training and statutory training in topics to ensure staff competence.

Consultants completed a registration process at the Genesis Cancer Care UK medical advisory committee (MAC) in order to be granted practising privileges. Practising privileges were reviewed annually to ensure consultants had appropriate skills and experience and were safe and to ensure there were no competency issues.

Managers 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 to the specific job role. Completion of induction was monitored by the centre manager.

Managers supported staff to develop through yearly, constructive appraisals of their work. New staff worked under supervision until they demonstrated competency to carry out their role without supervision. 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". The service appraisal completion rate was 100%.

The clinical educators supported the learning and development needs of staff. The service supported the learning and development needs of staff. Competencies were assessed by staff who had the relevant competencies for example regional lead radiographers were used as experts and trainers to support other staff.

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.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had a competency checklist which was specific for each job role. Progress against competency checklists were discussed during each monthly one-to-one conversation with their manager and would be increased if staff would benefit from more support. Managers identified poor staff performance promptly and supported staff to improve.

## Multidisciplinary working

**Staff 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 reported a good and supportive working relationship with the host independent hospital which ensured good care with and timely access to a computerised tomography (CT) scan and magnetic resonance imaging (MRI) scan.

## Seven-day services

**Key services supported timely patient care.**

The service did not provide overnight care and was open from Monday to Friday from 8am to 5pm.



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

### Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Health promotion information leaflets which were available in the waiting area for patients to take home with them.

Staff assessed each patient's health status when admitted and provided support for any individual needs to live a healthier lifestyle. The service worked with a national charity which supported patients to 'live better with cancer'. All new patients had an initial consultation to discuss their health and provide strategies to improve their wellbeing. Patients were then able to access wellbeing sessions virtually which were advertised on a noticeboard in the waiting room.

### 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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. The service had a comprehensive consent policy and was regularly audited for compliance.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had completed mental capacity act training, and deprivation of liberty safeguard and patient e-learning consent training.

Whilst staff had received training on mental capacity, they said they would be unlikely to see patients with mental capacity issues in their service as they would be seen at the local NHS trust. However, should they have concerns about a patient's mental health or capacity to consent verbally to investigations they would discuss this with the service manager and the consultant.

Staff made sure patients consented to treatment based on all the information available. Patients first appointment was an hour. The initial hour appointment gave staff time to explain the treatment, potential side effects and this was recorded. This meant patients were able to give informed consent to their treatment.

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

This was the first rated inspection of the service. We rated it as good.

### Compassionate care

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

Staff were caring and compassionate and took time to interact with patients and those close to them in a respectful and considerate way. Staff were caring and wanted to ensure they provided a calm and friendly atmosphere to make patients

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

as comfortable and relaxed as possible, this included umbrellas available at the door so patients could be shielded from the rain. The receptionist was welcoming and friendly and immediately put patients at their ease. Staff were highly motivated to provide care that was kind and offered dignity and respect. The service had achieved the Macmillan Quality award. This award recognises services which go above and beyond to create welcoming and friendly with environment.

Staff understood and respected the personal, cultural, social and religious needs of patients and how these may relate to care needs. Patients had a holistic needs assessment to understand their needs outside their cancer treatment. Staff offered patients a chaperone.

Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff members told us they liked working for Genesis Care as they could build up relationships with patients and get to know them over time through their treatment journey.

Patients said staff treated them well and with kindness. Patients were complimentary about the way the staff treated them. Interactions between staff, patients and visitors were respectful and considerate. Patient surveys consistently highlighted caring and kind staff.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff got to know their patients well and emotional support provided by staff was positively identified within patient feedback.

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 discussed the value of wellbeing sessions with patients which provided them with additional support.

**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. During the COVID-19 pandemic patients were required to attend appointments on their own, to comply with government infection control guidelines. Genesis Care had a flexible approach to this and allowed family members or carers to attend with the patient for their first appointment and other appointments if support was needed and if was safe to do so.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Whilst feedback was positive if areas of improvement were identified the centre manager and staff took action to make required improvement. For example, following patient feedback, difficulties with parking immediately outside the centre had been addressed and it was now identified as a drop off area only.

# Medical care (Including older people's care)

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

Good 

This was the first rated inspected. We rated it as good.

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

#### **The service planned and provided care in a way that met the needs of people who required privately funded radiotherapy.**

Managers planned and organised services, so they met the changing needs of the local population. The service regularly gained patient feedback through patient survey's and complaints. The service used the feedback to ensure the service met the patient's needs. The service provided privately funded radiotherapy services; no NHS treatment was provided.

Facilities and premises were appropriate for the services being delivered. The service was on one floor and provided good access for wheelchair users and free car parking spaces. A changing area was available within treatment room with gowns available.

The service had systems to help care for patients in need of additional support or specialist intervention. Genesis Care Birmingham had an effective working relationship with the host independent hospital worked closely to provide a smooth treatment pathway for all patients. The centre and the host independent hospital booked appointments to suit the patient, combining appointments on same day to prevent multiple trips for patients.

### Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Information was available in large print and easy read. A hearing loop system was available throughout the building.

The service had information leaflets available in languages spoken by the patients and local community. Staff contacted patients when a referral for treatment was received and highlighted any communication needs. Staff then ensured information and leaflets were printed out in an appropriate language or format to meet the patient's needs.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

The service provided a free taxi as the organisation understood how emotionally and financially demanding, daily and regular treatment trips could be on patients and their relatives.

### 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 treat patients were in line with national standards.**

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service did not have a waiting list or backlog and patients referred were treated without delays. Patients wait to commence radiotherapy was usually within 11 days following receipt of the initial request for treatment and was comparable with other Genesis Care centres. The referral to initial treatment time (CT scan) was five days and was better than most other Genesis Care UK Limited centres and national guidelines.

Managers and staff worked to make sure patients did not stay longer than they needed to. Genesis Care UK Limited had a standard that 40% of patients should be seen within two minutes of their treatment time. Genesis Care Birmingham mostly met this. Additional preparation (for example increased fluid intake for some scans) meant sometimes appointments lasted longer. The manager and staff had reviewed appointments to ensure minimal impact on other patients.

Managers worked to keep the number of cancelled appointments and treatments to a minimum. The service had not cancelled any patients in the last 12 months. In the event of equipment break down, patients were risk assessed for the potential impact in delay of the treatment. If no impact was identified the treatment was added to the end of their treatment plan. If there was an adverse impact the patient could be transferred to another Genesis Care UK Limited centre which provided the same equipment and treatment. No Genesis Care Birmingham patients had been transferred to another centre for treatment.

### Learning from complaints and concerns

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

The complaint policy stated that the aim was to acknowledge all complaints within two working days of receiving a complaint, with the final response within 20 days of the complaint being raised.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

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.

Managers 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 was shared across Genesis Cancer Care UK centres.

Managers shared feedback from complaints with staff and learning was used to improve the service. Lessons learnt from complaints were shared using safety alert bulletins, staff meetings and the daily morning huddle, complaints were a regular agenda item. Staff could give examples of how they used patient feedback to improve daily practice for example a review of vegan dietary information and patient parking arrangements outside the centre.

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

# Medical care (Including older people's care)

This was the first rated inspection. 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.**

Managers at all levels had the right skills and abilities to run the service providing high-quality sustainable care. The organisation had senior managers with a range of qualifications, knowledge and experience of services provided. Senior leaders were visible and worked alongside staff to deliver safe and effective care.

The centre leader reported to the director of operations. The centre manager was visible and 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. The daily morning huddle was a structured and documented meeting aimed at resource and capacity planning, learning from incidents and complaints and key messages and alerts for the day.

Staff felt leaders encouraged them to develop and felt supported to apply for senior roles. Staff told us they received regular learning sessions for their personal development.

## 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 a vision and aligned strategy for all UK centres to ensure innovations to improve patients' experience of radiotherapy and financial sustainability. Each centre had their own location strategy to align with the organisation's strategy. The strategy for Genesis care Birmingham included: improved patient access, innovation, increased patient safety and quality which included increased patient satisfaction, referrer engagement and reduction in time to treatment. The service had measurements of success which managers monitored. Staff were aware of the vision and strategy for the service and were positively engaged in achieving it.

## Culture

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

Staff were proud of the organisation as a place to work and spoke highly of the culture of the service and were treated with respect. Staff all said they would recommend the service as a place to work. One staff member said it was the best job they had ever had. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values to improve patients experience of radiotherapy. Many training opportunities were available to support staff develop their careers.

# Medical care (Including older people's care)

There was a positive approach to complaints about the service and looked at how patients experience could be improved. The service had an in-date whistle blowing policy and staff knew how to raise concerns with managers. There had been no whistleblowing concerns raised to CQC in the past 12 months about Genesis care Birmingham.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff 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 effective structures, processes and systems of accountability to support the delivery of the service. Genesis Cancer Care UK had a structure with several committees, each with a defined responsibility to ensure information was discussed regularly at the relevant group by relevant staff.

Information was fed up from the safety committees to Genesis Care UK leadership group, then up to the global executive leadership group. Centre leaders cascaded information to their teams by monthly meetings and updated them with latest issues and developments and learning was shared.

All incidents had a dedicated person responsible for investigation and completion of an action plan. The daily staff safety huddles included a review of the any incidents identified the previous day. Patient complaints, incidents and any lessons learned were regularly reviewed during staff monthly meetings. If an incident was believed to be of high urgency level and required immediate action with potential for patient risk, then a “rapid alert” was sent out across all services via email and were discussed in the daily staff huddle to alert where any changes in practice were needed.

The medical advisory committee (MAC) met monthly and advised on matters concerning clinicians with practising privileges and provided the final sign-off of consultant practising privileges.

Genesis Cancer Care UK had a Radiation Safety Committee which had oversight on the management of radiation protection and monitored the requirements for all uses of ionising radiation and assessed safety and quality performance of all relevant services. Findings were shared to ensure when required learning was identified and actions were in place to address any concerns.

## Management of risk, issues and performance

Genesis Cancer Care UK Safety and Quality Leadership forum monitored the delivery of clinical treatment and care and identified risks and improvements to safety and quality across the business.

The local risk register had clinical and operational risks identified. Each risk was identified as being reviewed or approved and was rated as low or medium. Risks found were raised at the Safety and Quality Leadership forum and added to the corporate risk register.

Performance dashboards were used to discuss, benchmark and monitor performance at monthly senior management team meetings and were accessible to other centre managers to review and compare their performance against other treatment centres.

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.

# Medical care (Including older people's care)

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

Genesis Care UK Limited collected data on the quality of the service from a variety of sources and used this to improve performance and identify and escalate risks. Regular audit processes checked to ensure performance met the required standards. The service made improvements and shared learning when the results of audits showed data was not up to the expected standards. Information was shared with staff to enable them to be part of any problem solving to improve performance when required.

Genesis Care UK Limited had a national dashboard and included all centres showing trends, outliers in performance, and benchmarking of all centres.

Data or notifications were submitted to external organisations as required. It was the responsibility of the centre manager to submit data or notifications to external organisations.

## Information Management

**The service collected reliable data and analysed it. 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. Information was accessible to senior managers and the centre manager and was then shared with the staff team. The service had a robust audit processes to ensure patient experience and service performance met the required standard and when improvement was required.

The service had robust arrangements to ensure confidentiality of data, records and data management systems. Medical records were electronic. Computers were password protected and only required staff could access them by a staff-specific login and password. The service held limited paper records, but these were stored in a locked cupboard.

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

Notifications were submitted to external organisations as required.

## Engagement

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

Patients were provided with opportunity to provide feedback in several ways for example, informal verbal feedback, feedback questionnaires, complaints and compliments. The service ensured 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 centre manager engaged daily with staff during the morning huddle. The service has also gained staff feedback through a questionnaire; the most recent response rate was 86%.

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

The service collaborated and worked with partner independent health organisations to plan and deliver their services. Staff told us they had regular team meetings. Information was shared with staff in a variety of ways, such as face-to-face, email, and noticeboards.

The service had a service level agreement with the host independent hospital to manage services for its patients such as computerised tomography (CT) scan availability.

### **Learning, continuous improvement and innovation**

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

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services. Genesis Care had acted on improvements suggested by CQC following previous Genesis Care centre inspections and initiated the cornerstone project. The team demonstrated they had genuinely embraced the changes and have embedded them into Genesis Care Birmingham centre.

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