

InHealth Endoscopy Limited

# InHealth Endoscopy Mobile Units

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

## Overall summary

This was the first time this service had been inspected. 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 mostly 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 good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always display signs to indicate the presence of medical gases and cleaning products, in line with Control of Substances Hazardous to Health (COSHH) guidance.
- The service did not always have robust processes in place to manage and monitor storage of consumables.
- Not all staff followed good practice for infection prevention and control principles as some staff wore clinical scrubs to travel to and from work.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

# Summary of findings

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# Summary of this inspection

## Background to InHealth Endoscopy Mobile Units

InHealth Endoscopy Mobile Units is operated by InHealth Endoscopy Limited. At the time of our inspection, the service was operating 6 mobile units from different locations around the United Kingdom. Two of these units were based in Wales and 4 were in based in England. Care Quality Commission (CQC) does not regulate services which are located in Wales. The service's head office is based in High Wycombe, Buckinghamshire.

InHealth Endoscopy Mobile Units are self-contained facilities, which include a dedicated reception area, procedure room, recovery room and decontamination and water treatment rooms. Mobile endoscopy units provide additional endoscopy capacity to support NHS waiting lists and can support hospitals through periods of refurbishment or equipment upgrades. The units are open 7 days a week between the hours of 8am and 6pm and treat adults over 18 years of age.

The service provides diagnostic gastroscopy, colonoscopy, flexible sigmoidoscopy and polypectomy. The service had undertaken 19,512 procedures between April 2022 and March 2023 across the whole fleet of mobile units.

InHealth Endoscopy Mobile Units provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder, or injury

The service has had a registered manager since it first registered with CQC in 2021. A registered manager is a person who has registered with CQC to manage the service. They have a legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008. As the service had expanded, the service had recently registered 3 registered managers with CQC to cover the service.

This was the first time the service had been inspected.

## How we carried out this inspection

During the inspection visit, the inspection team:

- Visited 2 mobile endoscopy units.
- Looked at decontamination processes at each unit.
- Spoke with 4 staff members, including a decontamination lead.
- Spoke with 2 lead nurses, 1 registered manager and a unit manager.
- Spoke with an endoscopist.
- Spoke with 1 patient and looked at patient feedback.
- Looked at a range of policies, procedures and other documents relating to the running of the units.

During a visit to the head office, the inspection team:

- Spoke with the Chief Operating Officer, the Chief Medical Officer, and the Director of Operations for Endoscopy of the service.
- Spoke with the Director of Clinical Quality, who was also the safeguarding lead of the service.

# Summary of this inspection

- Spoke with the Clinical Lead Nurse for Risk and Governance lead, the National Decontamination lead (infection protection and control (IPC) lead), the Clinical Lead Nurse for Training and Education and the Service Development and Improvement Manager.

Following the inspection, the inspection team reviewed further service information such as patient feedback, policies and training records.

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 above and beyond to promote patient's dignity. The service had dignity champions at each mobile unit who promoted innovative ways to improve patient experience. Measures included providing patients with dignity shorts, which were worn under the hospital gowns.
- Staff wellbeing was a priority for the service. Dedicated wellbeing champions promoted key health and wellbeing campaigns for all staff.
- We saw excellent communication and teamwork across the teams. Unit managers and lead nurses regularly communicated across the wider team, which meant that the different teams across the country worked cohesively together.
- Staff had many opportunities to develop and were supported to do so. This included supporting the development of a healthcare assistant to become the National Decontamination lead for the service and nurses were given the opportunity to train to become nurse endoscopists.
- The service had appointed green champions at each mobile unit, who looked for ways to support the service to become more environmentally friendly.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. 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 ensure that there is clear signage displayed to indicate the storage of medical gases and COSHH products. Regulation 15
- The service should ensure that all staff are aware of the policy around wearing uniform outside of the clinical environment to help control the spread of infections. Regulation 12.
- The service should ensure there are robust processes in place to manage stock and consumables across all units. Regulation 12
- The service should ensure that all maintenance and servicing records for ventilation systems and washer disinfectors are available on site at each mobile unit. Regulation 15
- The service should ensure staff receive training in dementia. Regulation 18






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Good	Good	Good	 Outstanding	Good
Overall	Good	Good	Good	Good	 Outstanding	Good

# Diagnostic and screening services

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

## Is the service safe?

Good 

This was the first time this service had been inspected. We rated safe as good.

### Mandatory training

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

Staff received mandatory training, but not all were up to date. The service had met or exceeded their target for mandatory training in infection prevention and control, fire safety and evacuation, health and safety in healthcare, equality and diversity and moving and handling people. The service's target for completion of mandatory training was 90%. At the time of inspection, compliance rates were 75%. This was due to an influx of 5 new staff members, and some staff members being off long-term. New staff were expected to complete all mandatory training within their 3-month probation period. The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and autism. From 1 July 2022, all health and social care providers registered with CQC needed to ensure staff had received training in learning disabilities and autism. The service had implemented this training in April 2023, and 20% of staff had completed the training at the time of inspection. We saw posters in the mobile units advertising this new training. However, staff did not receive training in recognising and responding to patients with dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers received email reminders when training was due to be renewed. Staff received protected time to complete their mandatory training. Some of the training, such as moving and handling patients and safeguarding training, had returned to being face to face following the COVID-19 pandemic.

### 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.**



# Diagnostic and screening services

Staff received training specific for their role on how to recognise and report abuse, but not all staff had completed it. Safeguarding adults' level 2 training had been completed by 78% of staff, and 84% had received level 2 safeguarding children training. Level 2 safeguarding training is designed for staff who have regular contact with patients and their families. The service aimed for at least 90% compliance. Compliance was lower due to a recent influx of new staff. New staff were expected to complete all mandatory training within 3 months of starting work.

The service had 4 safeguarding leads, who had received safeguarding adults and children training to level 4. The safeguarding leads supported staff with any safeguarding concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They followed the service's safeguarding policy which included a safeguarding reporting flowchart. Safeguarding concerns were reported to the NHS trust's named person for safeguarding and internally on an incident reporting system. We saw the safeguarding lead for the relevant NHS trust clearly documented on the 2 mobile units inspected. Staff used a safeguarding reporting template when notifying the NHS trusts of any safeguarding concerns.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They were aware of their duty to report any concerns relating to female genital mutilation (FGM) or modern slavery to the police.

Staff followed safe procedures for children visiting the service. At the time of our inspection, the service did not treat children or young people. However, staff could follow the children's safeguarding policy should they have concerns over the welfare of children. The service's safeguarding policy directed staff to report safeguarding concerns to the multi-agency safeguarding hub (MASH) or the local authority designated officer (LADO) if there were any welfare concerns for children.

The service had not made any safeguarding referrals in the 12 months preceding the inspection.

## 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.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The design of the mobile units followed guidance from Health Building Note 00:09: Infection Control in the Built Environment. Hard flooring ran up the wall for a short distance to provide an easy to clean covering. Integral blinds were used within patient pods to avoid the need of fabric curtains in the expandable units. Hand washing taps were elbow operated which promoted effective hand washing technique and antimicrobial hand-gel dispensers were readily available throughout the units.

One of the units used disposable linen and in the other, linen was supplied by the NHS trust. Clean linen was stored within a closed cupboard. Used linen was stored within bags and collected by the NHS trust for processing. Staff followed policy and ensured that linen bags were never more than two-thirds full.

Cleaning records were not all up to date to demonstrate that all areas were cleaned regularly. Non-clinical areas were cleaned by external cleaning companies. The mobile units were visibly clean, but one of the units did not have access to the cleaning records. A deep clean of the units took place every 2 months. The lead nurse told us that they visually inspected the cleanliness of the unit each day.

# Diagnostic and screening services

Clinical areas were cleaned by staff members. Cleaning checklists were available for staff to use to ensure all areas had been cleaned. The service conducted monthly audits of the endoscopy environment and the decontamination processes at each unit. These audits had been developed by the Infection Prevention Society; all 4 audits we saw demonstrated 100% compliance.

Most staff followed infection control principles including the use of personal protective equipment (PPE). They followed standard operating procedures (SOPs) which included hand hygiene, the safe management of waste and the safe management of sharps. All staff were bare below the elbow, which helps aid good hand washing and prevents the spread of infections. The correct PPE was readily available, including long gloves, eye protection and surgical aprons for use within the decontamination room.

Staff wore scrubs within the clinical environment. We saw 2 members of staff arrive to work wearing their scrubs, which was not best practice. The unit manager told us that it was policy for staff to get changed into their work scrubs whilst at work and would remind all staff of this policy.

Hand hygiene audits were carried out monthly on each unit. These looked at if staff were bare below the elbow, assessed hand washing technique and if PPE was worn appropriately. Between October 2022 and March 2023, there was 100% compliance across all mobile units.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. After a procedure, endoscopes were wiped and flushed as part of the bedside clean. Single use items, such as biopsy valves, were disposed of within the procedure room.

Decontamination of the endoscopes at one of the mobile units was carried out by the NHS trust. Dirty equipment was placed in a tray with a red cover, which indicated that they were dirty. The endoscopes were transferred to the hospital's decontamination facilities, within secure lockable trolleys. These were regularly collected by a hospital porter. Once the decontamination process had been completed, the endoscopes were transferred back to the unit in trolleys with a green cover. The service was assured that the endoscopes were cleaned and ready to use as they were provided with an electronic tracking and traceability print out, which demonstrated that the endoscope had been through a full reprocessing cycle.

Decontamination of endoscopes on the other mobile units was carried out within dedicated decontamination rooms. Following the bedside clean, the dirty endoscopes were passed through a hatch into the decontamination room. A leak test was performed, which detected if there was any damage. The endoscopes were then manually cleaned and then placed into washer disinfectors for disinfection. The washer disinfectors produced an electronic tracking and traceability printout, a copy of which was taped into the patient records when reused. All endoscopes were reused within 3 hours. If the endoscope had not been reused within this time frame, it would be reprocessed before use.

General equipment such as chairs and trolleys were cleaned after each use with detergent wipes.

## 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.**

Patients could reach call bells and staff responded quickly when called. Call bells were tested daily to check that they were in good working order.

# Diagnostic and screening services

The design of the environment followed national guidance. The ventilation of each mobile unit was tested yearly. We saw test reports for 4 mobile units. Air changes were over 15 per hour and compliant with health technical memorandum (HTM) 03-01.

Fire escapes were clearly marked, and staff told us what they would do if they needed to evacuate patients in an emergency. Fire safety and evacuation training had been completed by 92% of staff. Clinical areas within the expandable mobile units were accessed by keypads. In the event of a fire, all keypad locks would be deactivated.

Decontamination rooms had clear separate areas for dirty endoscopes, and clean areas for the storage and drying of clean endoscopes, ensuring a one-way flow. The washer disinfectors had a 'pass through' design, so that dirty endoscopes were inserted at one side of the machine, and clean endoscopes were removed at the other side. The expandable mobile units contained dryers, which could store the cleaned endoscopes for 31 days if they were in use. The expandable units had been purchased from Denmark and the dryers were not compliant with UK standards. Therefore, the dryers were not used. Endoscopes were used within 3 hours of being decontaminated. The design of the decontamination rooms followed HTM 01:06 – Decontamination of Flexible Endoscopes, but best practice would be to have 2 separate decontamination rooms. The service was commissioning a new mobile unit which would have 2 separate decontamination rooms and compliant drying cupboards, ensuring best practice.

The expandable mobile units contained 2 patient pods. These pods were used for patients both pre-operatively and post-operatively. Patients could leave their belongings within the pods as the pods were exclusively for their use during their time on the unit. The doors to these pods were made from switchable smart glass, which frosted up when a button was pressed. This gave the patients privacy when changing.

Staff carried out daily safety checks of specialist equipment. Daily audits of the washer disinfectors were carried out to ensure they were working optimally.

Staff carried out daily tests on the blood glucose monitor and the international normalised ratio (INR) meter to ensure they were calibrated and working effectively. The INR meter was used on patients taking warfarin medication to test their blood clotting. Medical gas levels, such as oxygen and nitrogen and oxygen, the bleed box and anaphylactic boxes were also checked daily. The fridge temperature was recorded daily.

The service had suitable facilities to meet the needs of patients' families. The mobile units were self-contained and included a dedicated reception area, procedure room, recovery room and decontamination rooms. Toilet facilities were wheelchair accessible. As space was limited, people who were accompanying the patients were asked to leave the unit while the patient was having their procedure. Staff called the accompanying person once the patient was ready to be collected, as they were not able to drive themselves home.

The service had enough suitable equipment to help them to safely care for patients. The mobile units stored colonoscopes and gastroscopes, which were on 5-year service contracts. Nasal gastroscopes were available, as they were found to be better tolerated by patients. Staff could access paediatric sized gastroscopes for smaller and frail patients. Staff told us that they had developed strong relationships with the NHS trusts and were able to loan endoscopes if required. We saw maintenance schedules for the endoscopes and the equipment used for the decontamination process.

# Diagnostic and screening services

Each mobile unit had a resus trolley which could be used in the event of a medical emergency. These included automated external defibrillators (AEDs). The resus trolleys were audited on a weekly basis. The audits checked that the stock and equipment on the resus trolley was in date and fit for use. On one of the mobile units, 2 items of stock on the resus trolley had expired in March 2023. The lead nurse replaced the items and told us they would ensure that the resus trolley audit would be completed by rotating staff members, which would prevent this oversight.

Storage on the units was limited, so stock was ordered each week. One mobile unit did not use formal stock records, the lead nurse ordered stock 'by eye' each week. This could pose problems if the lead nurse was unable to work, as there was no formal process to follow. We found 3 boxes of consumables which were past their expiry date. The lead nurse told us that this equipment was no longer used and removed them immediately. The unit manager told us they would develop a new stock checklist to use.

Staff disposed of clinical waste safely. The service followed the HTM 07-01: safe management of healthcare waste advice and guidance. All clinical waste was disposed of in yellow bags within rigid yellow containers. Each mobile unit had arrangements in place with the local NHS trust for waste collection and incineration. Clinical waste bags were placed in locked bins when full. We saw sharps bins were labelled and stored appropriately.

## 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 responded promptly to any sudden deterioration in a patient's health. Staff monitored patients carefully using the National Early Warning (NEWS2) scores. NEWS2 is a tool which improves the detection and response to clinical deterioration on adult patients. We saw evidence of NEWS2 scores recorded in patient records at regular intervals throughout the procedure. Resus trollies and emergency medicines were available on each unit. Staff told us that they would call 2222 in the event of a medical emergency, which is the standardised emergency number used within hospitals.

Staff completed risk assessments for each patient on admission and reviewed this regularly, including after any incident. The NHS trusts were responsible for screening patients before booking them in. The mobile units had certain exclusion criteria, which included patients with pacemakers and unstable angina. Those patients were seen within the NHS trust's own facilities. The lead nurse assessed the booking lists regularly, to make sure patients with conditions on the exclusion criteria had not been booked in by mistake.

Staff completed an outpatient care plan with each patient on arrival. This included transport arrangements, contact details of the accompanying person and a medical history, including allergies and medications. Pre-operative vital signs were taken, and staff checked that the patient had completed their bowel preparation and when they had last eaten or drank fluids.

Staff knew about and dealt with any specific risk issues. Patients were required to fast prior to their appointments. Staff told us that patients with diabetes were booked in for early morning appointments, so they were less likely to suffer with the side effects of low blood sugar. Each mobile unit contained a box specifically used to treat patients with low blood sugar. These boxes were checked daily and included a blood glucose monitor.

# Diagnostic and screening services

There were risks of haemorrhage with endoscopy procedures. Staff followed guidance on how to manage patients on medicines which may affect the clotting of their blood. Haemorrhage patient care pathways were laminated and displayed in each procedure room. The pathways directed staff on what steps to take if they experienced a severe bleed. Each procedure room had a bleed box which contained the necessary medicines and equipment, including haemostatic clips, to help stem the bleed.

Variant Creutzfeldt-Jakob disease (vCJD) has been identified as a risk within an endoscopy service, as vCJD is resistant to all forms of conventional sterilisation. However, there has been no known transmission of vCJD through endoscopy procedures. Patients at risk of being infected with vCJD were screened by the hospital booking team and this was reconfirmed during admission. Endoscopes were quarantined if they had been used on a patient with confirmed vCJD.

The service did not have access to mental health liaison and specialist mental health support. They would refer patients back to their GP or the consultant at the NHS trust if there were concerns about the mental health of a patient.

Staff shared key information to keep patients safe when handing over their care to others. The endoscopists produced a comprehensive report following the diagnostic procedure. These reports were sent back to the referring practitioner to action and arrange recalls if required. Biopsies were sent to the NHS trust for processing in the laboratory.

Endoscopists informed patients on the same day if they had found areas of suspicion which indicated a potential cancer diagnosis. News was given in a private room or within the patient pods, and the service arranged for a cancer nurse specialist and patient relatives to accompany them and support them. Patients were referred to the NHS trust for their ongoing care.

Shift changes and handovers included all necessary key information to keep patients safe. Staff participated in daily huddles at the start of each day. A checklist was used to confirm if bank staff had provided evidence of their competency documentation and daily checks had been completed on the blood glucose monitor, fridge temperatures and a check of controlled drugs. A debrief was given of the previous day, and any issues or adverse events were discussed. Throughout the day, staff completed a log of all procedures completed. This was communicated to the unit manager, who liaised with the NHS trust.

## Staffing

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

The service had enough nursing and support staff to keep patients safe. Staffing depended on the local agreement with each host healthcare facility. Mobile units could be supplied with a full rota of staff, to include endoscopists, nursing and support staff to carry out the decontamination process. Some healthcare facilities supplied their own endoscopists, and some carried out their own decontamination process and did not require InHealth Mobile Endoscopy Units to supply the staff for these roles. At the time of inspection, the service had a total of 48 staff to cover the 6 mobile units in operation. A typical single roomed endoscopy unit required:

- One registered nurse and 1 healthcare support worker for the procedure room, to support the endoscopist.
- One registered nurse to work in admissions.
- One registered nurse to work in recovery.
- One healthcare support worker to work in the decontamination room.

# Diagnostic and screening services

Managers relied on bank and agency staff but requested staff familiar with the service. At least 1 InHealth trained nurse was scheduled for each rota. On the day of inspection, the bank staff on shift were familiar to the mobile unit, having worked several shifts over many months. The number of nurses and healthcare assistants matched the planned numbers.

Managers made sure all bank and agency staff had a full induction and understood the service. They were provided with a local induction pack, which included, but was not limited to, important contact details, how to report incidents and outlining the values of InHealth Endoscopy Mobile Units. The agency provided evidence of mandatory training and competencies. Lead nurses asked for evidence of competencies during the huddle meetings at the start of each session. We spoke to an agency endoscopist who told us that they had been supervised by the clinical lead of the service on their first session.

The service had high vacancy rates. At the time of the inspection, the talent acquisition team was running a recruitment campaign to recruit more permanent core staff.

## 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 could access them easily. Staff used patient care records supplied to them by the NHS trust. Management of records differed at each unit and depended on the local agreements. Records were paper based in the 2 units that were inspected. They were brought to the unit at the start of each session and returned to the host healthcare facility at the end of each day. Therefore, when patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in locked cabinets.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service used patient group directions (PGDs). A PGD is a written instruction which allows named healthcare professionals (HCPs) to legally administer and supply medicines to groups of patients who meet the inclusion criteria specified within the PGD. We saw signed and dated PGDs for a range of medicines. On one of the units, the PGDs had been signed by healthcare assistants, who do not administer medicines. This was raised with the unit manager, and these PGDs were corrected immediately.

There were robust systems and processes in place which ensured that controlled drugs could be always accounted for. The mobile units required home office licences, which allowed them to store controlled drugs. The controlled drug logbook detailed the batch numbers and expiry dates of each medicine. Each time a medicine was used, this was logged against the patient's name, date and time, quantity given and received, and quantity disposed. The stock was then balanced. Administration of a controlled drug was witnessed by a second person, who signed the controlled drug logbook. On some of the units, excess of the medicine was placed within a denaturing pot, which renders controlled drugs irretrievable before full disposal. Denaturing of the medicine was witnessed by a non-clinical member of staff. On other units, controlled drugs which required destruction were returned to the pharmacy.

# Diagnostic and screening services

Emergency medicines, such as medicines used to treat anaphylaxis, were audited daily.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers. Patients were closely observed throughout the procedure, with assessments of their comfort and levels of sedation carried out at regular intervals. This meant that staff could adjust the level of sedation and pain relief as required. Top up doses of medicines were recorded within the patient records.

Patients who chose to have nitrous oxide and oxygen for pain relief were given clear instructions and support on how to administer it. There was a checklist recorded within the patient records which included any contraindications for the use of oxygen and nitrous oxide, including the use of alcohol and if the patient had been diving within the last 12 hours.

Patients were advised to not drive or operate machinery for 24 hours following the procedure if they had received sedation for the procedure. This advice was given both verbally and in writing.

Staff completed medicines records accurately and kept them up-to-date. On admission to the unit, staff recorded any medicines the patients were taking and any allergies. Anti-coagulation medicines were recorded, as there were different pathways to follow for different anti-coagulation medicines. An international normalised ratio (INR), was completed for patients taking warfarin, which needed to be below 2.5 for the procedure to go ahead.

Throughout the procedure, records included date, time, medicine, dose, and route of administration. The patient care plans included a checklist of all medicines prescribed and administered throughout the procedure.

Staff stored and managed all medicines and prescribing documents safely. Medicines and controlled drugs were stored securely within locked cabinets on each unit. The keys to the cabinets were stored within key safes, and the code to the key safes were changed regularly. Only authorised members of staff were able to access the keys. Prescription pads were stored within the locked cabinets. Closed circuit television (CCTV) covered the exterior of the mobile units, and the area was patrolled by security from the NHS trust overnight.

Fridges, used to store medicines at colder temperatures, were checked daily and temperatures were recorded. A monthly review of fridge temperature recordings was carried out by the unit manager.

There was no clear signage to indicate the storage of medical gas cylinders. Medical gases, including oxygen, carbon dioxide, and oxygen and nitrous oxide, were stored within or near the mobile units. Although they were stored appropriately, in secure upright positions, there was no clear signage to indicate the presence of medical gases. HTM 02-01 states that safety signage is required in accordance with the requirements of Health and Safety (Safety Signs and Signals) Regulations 1996 and the Health and Safety at Work Act 1974 in and outside any area where cylinders are stored. This was raised with the service, and clear signage was displayed immediately following the inspection.

Staff learned from safety alerts and incidents to improve practice. Monthly medicines audits were carried out to ensure all systems and processes were being adhered to.

The service had completed a risk assessment to assess the risks to staff members working with nitrous oxide and oxygen. It had been identified that staff may be at risk if they were exposed to more than 100ppm of nitrous oxide within an 8-hour period. The service supplied personal monitors to staff within one of the units, to collect results on how much nitrous oxide they were exposed to within a working day. The results showed that over an 8-hour period, staff were exposed to 0.8ppm nitrous oxide and oxygen, which was well below the exposure risk rate.



# Diagnostic and screening services

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.**

Staff knew what incidents to report and how to report them. They reported incidents on the service's incident reporting system.

Staff raised concerns and reported incidents and near misses in line with the service's policy. They would also report incidents to the NHS trust if the incident involved a patient. The NHS trust informed the service of any concerns arising following a patient's appointment, so the service could fully investigate it themselves.

Staff had reported an incident to the host healthcare facility and on the service's incident reporting system when a patient had taken their anticoagulation medication on the morning of their procedure. This meant that the procedure could not go ahead. This was discussed with the NHS trust managers during a weekly update meeting and fed back to the booking team.

The service had no never events. A never event is a serious, largely preventable patient safety incident, which should not occur if healthcare providers have implemented existing national guidance or safety recommendations.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence of a presentation to all staff, following a serious incident where a patient was discharged with a suspected perforation. The presentation included what was learnt from the incident and what changes had been made because of the incident. This included emergency scenario training, empowerment and leadership training, and coaching for nursing staff. This would help nursing staff feel empowered to speak up to endoscopists, as they did not question the endoscopist's actions during this incident.

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. We saw evidence that duty of candour had been implemented following this incident. The patient was assured in writing that the incident would be fully investigated, and they would be kept informed of all steps taken to prevent the likelihood of the incident occurring again.

Staff met to discuss the feedback and look at improvements to patient care. Complaints, Litigation, Incidents and Compliments (CLIC) meetings were held weekly and were chaired by the head of Clinical Governance and Risk. Key points from these meetings were disseminated to all staff in CLIC newsletters.

The service followed the Patient Safety Incident Response Framework, (PSIRF), for responding to patient safety incidents.

There was evidence that changes had been made as a result of feedback. The service kept a record of all incidents. This detailed any actions which were taken following the incident and key learning points. Incidents were rated with a score and risk colour. We saw an incident logged where a patient had refused the procedure due to the endoscopist being male. Staff had logged this as an incident and escalated it to the host healthcare facilities' booking team so that they were aware to check if there was a preference for female endoscopists.



# Diagnostic and screening services

Staff told us that some patients were cancelling appointments at last minute. This was because some patients did not fully understand the pre-operative instructions relating to bowel preparation. The pre-operative instructions were changed to make the instructions clearer and easier to follow. Staff told us that since this change there had been less last-minute cancellations due to poor bowel preparation.

## Is the service effective?

Good 

This was the first time the service had been inspected. We rated effective 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Guidelines from the British Society of Gastroenterology were referenced within biopsy protocols. The protocols were displayed within the procedure room of each unit and gave recommendations on how to deal with Barrett's Oesophagus, suspected oesophageal cancer, and gastric ulceration, amongst other conditions. A minimum of 6 biopsies was recommended for patients with suspected gastric cancer and photographs were advised for documentation. The European Society of Gastrointestinal Endoscopy and the American Gastroenterological Association were also referenced within flowcharts.

Guidelines from the National Institute for Health and Care Excellence (NICE) were included within standard operating procedures for managing major haemorrhage.

### Nutrition and hydration

Patients were required to fast before each procedure. Diabetic patients were prioritised and booked onto morning appointments. Following a colonoscopy, patients were given a biscuit and were advised to have a light diet for the first few hours. Patients who had a gastroscopy were told when they could start eating and drinking, and this was documented in their discharge paperwork.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff used a patient comfort score, where a score of 0 indicated 'resting comfortably' and a score of 4 indicated 'extreme discomfort'.

# Diagnostic and screening services

Patients received pain relief soon after requesting it. Patients received a local anaesthetic spray for the throat, to make the procedure more comfortable. Pain relief was recorded within patient records. Patients could opt for full sedation or to have pain relief with oxygen and nitrous oxide gas.

## 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 participated in relevant national clinical audits. The National Endoscopy Database (NED) is populated by data from the endoscopy reporting system. Endoscopists submitted data on key performance indicators (KPIs) for outcomes for colonoscopy, gastroscopy and flexible sigmoidoscopy. Data included comfort levels for the patient, polyp detection rate and polyp retrieval rate, amongst other parameters.

Outcomes for patients were mostly positive, consistent and met expectations, such as national standards. The British Society of Gastroenterologists (BSG) states the aim was to have less than 10% of patients with moderate or severe discomfort. For 21 endoscopists performing flexible sigmoidoscopy and 32 endoscopists performing gastroscopy procedures, 0% of patients recorded moderate or severe discomfort. For colonoscopy, 1 endoscopist had comfort scores over this threshold.

From the 10 endoscopists who had detected polyps during flexible sigmoidoscopy procedures, all 10 had 100% polyp retrieval success rates. This compares to the minimum standard expected by BSG of 90%. From the 23 endoscopists who had detected polyps during colonoscopy procedures, 22 had over 90% retrieval rate.

However, for bowel preparation quality for flexible sigmoidoscopies:

- Sixty six percent were 100% satisfactory.
- Thirty four percent were below 95% satisfactory.

Bowel preparation success rates for colonoscopy procedures:

- Fifty four percent were over 95% satisfactory.
- Twenty one percent were below 95% satisfactory.
- Twenty five percent were below 90% satisfactory.

The minimum standard should be above 90%, but the aspirational target is 95% (quoted by BSG).

Managers used the results to improve patients' outcomes. KPIs were discussed within clinical lead forums which looked at data over a 6-month period. The clinical lead forum held in April 2023 had identified that bowel preparation was an issue, and a different brand of bowel cleansing product was to be trialled to improve this KPI.

The Managing Underperformance and Supporting Endoscopists standard operating procedure document stated that if KPIs were outside of expected limits, audits would be undertaken, or a performance review and action plan would be implemented. Managers regularly reviewed the NED data to keep track on the KPIs of each endoscopist. They looked at NED to evaluate KPIs for agency endoscopists who were new to the service.

# Diagnostic and screening services

The service followed a standard operating procedure for managing post endoscopy cancer. Post endoscopy cancer is a cancer which has been detected within 3 years of an endoscopy procedure. All units had systems in place for reviewing each case of post endoscopy cancers, so that a full investigation could take place and any contributory factors identified.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service had an audit calendar, which prompted managers when audits needed to be repeated. Examples of audits carried out included:

- Daily audits – checking the temperature of fridges.
- Monthly audits – hand hygiene audits.
- Quarterly audits – review of the WHO checklists.
- Yearly – environmental audits.

Managers used information from the audits to improve care and treatment. Actions identified following the audits were allocated to a member of staff to complete them.

Managers shared and made sure staff understood information from the audits. Any changes to practice or lessons learnt were communicated through online communication channels, newsletters and within daily safety huddles.

The service was working towards getting an accreditation by the Joint Advisory Group (JAG) on gastrointestinal endoscopy. This accreditation would promote quality improvement further, by highlighting areas of best practice.

## 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. All healthcare support staff were required to complete at least level 1 endoscopy training courses with JETS workforce. JETS workforce is a training programme specific to the endoscopy workforce. In addition, they were required to be enrolled on an e-learning platform, which provided a mixture of virtual classroom learning and interactive activities. Staff completed a portfolio which demonstrated their competencies. Healthcare support workers had opportunities to progress onto accredited apprenticeship programmes.

Nurses were required to complete a clinical competency workbook. An assessor signed off each section of the workbook, which included sections on preparing individuals for endoscopic procedures, assisting in simple biopsies, and taking of specimens.

Managers gave all new staff a full induction tailored to their role. Staff received an induction on the mobile units and attended a face-to-face induction day. These were held 4 times a year. They enabled new staff to meet the wider team and participate in practical sessions. The induction days included a session on the InHealth Talent development and training department, to demonstrate how staff were supported to progress and develop.

# Diagnostic and screening services

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals included SMART objectives, which were specific, measurable, achievable, relevant and timely. They included short term, medium term, and longer-term goals. Staff were supported to develop, with the service supporting them to enrol on courses such as cannulation courses and management courses. This helped staff progress into more senior roles.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. We saw evidence of an endoscopy performance review. The clinical lead observed patient interactions, endoscopic technique, and patient management. Any actions required were documented on the review, with a review date scheduled on the document.

Agency endoscopists were monitored by the clinical lead when commencing their placement, to ensure standards were being met.

The clinical educators supported the learning and development needs of staff. The development of existing staff was a priority. Staff told us they felt supported to develop and further their careers. The clinical lead nurse for training and education provided ongoing guidance for the mentors and assessors at all units and advised them on education and training techniques. They supported and monitored the progress of the trainees on a programme tracker.

Trainees were supported by mentors, who had regular contact with them to provide support and feedback on their performance.

Assessors had a minimum of 2 years' experience in endoscopy and had mentorship qualifications. They assessed when trainees were competent to be signed off.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Endoscopy user group meetings were held monthly. All staff who were at work were expected to attend. Outcomes from CLIC meetings were distributed to all staff through CLIC newsletters.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had significant staff vacancies across the mobile endoscopy team. The gaps were filled with regular agency staff who were fully inducted and competent. The service's main aim was to develop and upskill existing staff, alongside the recruitment of new staff.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Unit managers told us they had an 'open door policy'. Staff told us they could approach them to discuss training opportunities at any time.

Managers identified poor staff performance promptly and supported staff to improve. They followed the standard operating procedure for managing underperformance and supporting endoscopists. This included reviewing each endoscopists KPIs on NED. If KPIs were outside of expected limits, audits would be undertaken, or a performance review and action plan would be implemented.

## Multidisciplinary working

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

# Diagnostic and screening services

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Unit managers and lead nurses met with the Director of Operations on a daily endoscopy call to discuss clinical issues and utilisation of each unit. These meetings were attended by the Chief Executive Officer or the Chief Operating Officer.

Daily safety huddles were held each morning on each mobile unit.

Managers of the mobile units met with representatives from the NHS trust regularly. Frequency of these meetings depended on local arrangements with each NHS trust.

Staff worked across health care disciplines and with other agencies when required to care for patients. Mobile units were located within the grounds of the NHS trust. They referred patients back to the NHS trust for ongoing treatment and care.

## Seven-day services

### **Key services were available to support timely patient care.**

The mobile units operated from 8am to 6pm, seven days a week. They provided additional endoscopy capacity to support NHS waiting lists.

Out of hour's emergency treatment was provided by the NHS trust. Patients were given contact numbers within their discharge paperwork on who to contact and were told to go straight to the accident and emergency (A&E) department if they experienced large amounts of blood loss, severe abdominal cramping, shortness of breath or a sudden rise in temperature.

## Health promotion

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

The service gave patients relevant information about their condition and to promote healthy lifestyles. Leaflets which detailed causes, symptoms and treatment of different conditions were given to patients. These leaflets included advice on lifestyle changes, such as stopping smoking and reducing the intake of alcohol and caffeinated drinks. The leaflets were provided by the NHS trust.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service's mental capacity policy which outlined the 5 principles of the Mental Capacity Act.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They followed the service's consent to treatment policy and used the consent forms from the host healthcare organisation.

## Diagnostic and screening services

Staff made sure patients consented to treatment based on all the information available. Information about the procedure was given to patients before their appointment. This outlined the benefits and risks of having the procedure. The consent form was discussed with staff on the unit, and patients were informed that they could withdraw their consent at any time. The consent form was signed by the patient and the endoscopist to confirm consent. Consent forms were stored in the patients' records.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. If an interpreter was used for the consent process, they were required to sign to indicate that they had interpreted the correct information to the patient. A witness was required to sign if a patient had indicated their consent but were unable to sign.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Compliance was lower than the aim of 90%, as the service had an influx of new staff. Only 73% had completed it. New staff were expected to complete their mandatory training within the first 3 months.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. They told us that policies were accessed by staff on an online file storage platform.

### Is the service caring?

Good 

This was the first time the service had been inspected. We rated caring as good.

### Compassionate care

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

Privacy and dignity were prioritised by the service. Dignity audits were completed on each mobile unit, to ensure that patients received care and treatment which was tailored to their needs. These audits gave staff the opportunity to reflect on their own behaviours and actions and to assess if there were any changes which could improve patient experience.

Each mobile unit had dedicated dignity champions. The dignity champions played an active role in influencing improvements to the way that service was delivered and believed strongly in compassionate and patient centred care. They met regularly to discuss innovative ways that the service could improve the patient experience. Outcomes from these meetings were discussed with the wider team within monthly endoscopy user group meetings.

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. A patient told us, "The staff have all been wonderfully attentive and caring. I have been well looked after." Patients were provided with dignity shorts under their gowns, which patients said made them feel more comfortable. One patient said, "It's not a position one aspires to be in, but it was made more bearable by having the dignity shorts."

The dignity champions had promoted the use of the 10 Dignity Do's to all staff. This included, but was not limited to:

# Diagnostic and screening services

- Supporting people with the same respect you would want for yourself or a member of your family.
- Treating each person as an individual by offering a personalised service.
- Enabling people to maintain the maximum possible level of independence, choice, and control.
- Listen and support people to express their needs and wants.
- Respect people's right to privacy.

The dignity audit completed in November 2022 showed that 83% of staff were aware of and using the Dignity Dos every day. Following the audit, all mobile units displayed the Dignity Do's on their notice boards and ensured that all staff knew who the dignity champions for each unit were.

Staff who we spoke to were proud to be part of a service which promoted patient's dignity and privacy. They understood that people's emotional needs were just as important as their physical needs.

Patients said staff treated them well and with kindness. We saw 12 thank you cards and letters which patients had written to staff. The thank you cards demonstrated that staff went the extra mile for patients. One said, "You were all so very kind, patient and informative, taking away all my fears and worries," and another said, "I was really dreading this procedure, but your kind, reassuring and professional manner really helped me through." Another patient wrote, "Thank you for all the wonderful care you provided me, from the moment I arrived to the time I departed. You were all wonderful, caring, compassionate and highly professional."

Another patient had written a poem to express their thanks. It said, 'now it's time to say thank you to our heroes of care, who have seen me through all troubles with everything laid bare.'

Staff followed policy to keep patient care and treatment confidential. They signed a privacy notice which formed part of their contract with the service and followed the service's confidentiality policy.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They told us they would always try to accommodate patients who requested female staff members. This was communicated to the NHS trust booking teams, so they could ask for preferences on booking. It was policy for relatives to leave the unit for the procedure. However, staff told us of occasions when they had accommodated relatives to wait in the waiting area, as this was what the patient wanted and needed. Staff prioritised individual preferences and needs, and this was reflected in how care was delivered. Staff told us how they asked patients if they want to be kept updated on the progress of the procedure, as some patients prefer a commentary and others do not. One patient said, "I was treated so well, it made me feel like I was the only patient."

## Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. All members of staff were trained to communicate effectively with patients and were trained in delivering bad news. One patient said, "From the moment I was in the care of the team, I was put at ease. The nurse reassured me throughout. The whole process was far less traumatic than I ever imagined, I even managed a small laugh or 2. It was all over so quickly and then I had a lovely cup of tea."

# Diagnostic and screening services

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. The expandable mobile units had patient pods, which were for the exclusive use of a patient while they were on the unit. In the other units, patients were told about a potential cancer diagnosis within a private room, with support from their relatives and a cancer specialist nurse from the NHS trust in attendance.

## 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 given information about the procedure before their appointment and as part as the consent process. One patient said, “all aspects were explained giving me complete knowledge of what to expect.” Information leaflets about their condition were given to patients following the procedure, which gave information on ongoing treatment options.

Staff talked with patients, families and carers in a way they could understand. Patients requiring interpreters were identified through the booking process. Interpreters could attend in person or offer translation services over the telephone. The service did not use communication aids, such as flash cards. Staff told us they had not had an occasion when they needed to use flash cards, as they used interpreters when required.

Communication can be difficult when having a gastroscopy, therefore patients were instructed on how to alert staff if they needed help by using hand signals

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were given to all patients on 3 of the 4 mobile units located in England. On the other unit, patients gave feedback directly to the NHS trust through quick response (QR) codes. Outcomes of feedback, both positive and negative, were discussed with unit managers within monthly meetings.

Staff supported patients to make advanced decisions about their care. Ongoing treatment was completed by staff from the NHS trust. Staff on the mobile units supported patients and their families while bad news was given and were able to answer any questions the patient may have.

Patients gave positive feedback about the service. Feedback was continually positive about the way staff treat people. An evaluation of feedback given by 200 patients from one of the units during September 2022 showed that:

- 58% of patients rated their overall experience as excellent, and 42% rated their overall experience as very good.
- 100% said that their privacy and dignity were respected during the procedure and for recovery.
- 100% felt that their confidentiality was maintained throughout their experience.

Overall, 99.6% of patients would recommend the service. This was from feedback across 5 mobile units between March 2022 and March 2023, and from 3539 feedback responses.



# Diagnostic and screening services

## Is the service responsive?

Good 

This was the first time this service had been inspected. We rated responsive as good.

### **Service delivery to meet the needs of local people.**

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

Managers planned and organised services so they met the changing needs of the local population. Professor Sir Mike Richards was commissioned to undertake a review of NHS diagnostics capacity in 2020. The report recommended significant reform, with more facilities in free standing locations, to provide quicker and easier access to a range of tests. This would support earlier diagnosis and help to reduce health inequalities. InHealth Endoscopy Mobile Units were designed to support this reform.

The service worked with each NHS trust on a bespoke level. NHS trusts could tailor a package to suit their needs. They could choose for mobile units to be fully staffed with both support staff and endoscopists or choose to supply their own endoscopists. They could opt for decontamination to be done on the mobile unit or opt for decontamination to be carried out within the NHS trust. The service worked closely with the NHS trusts to co-ordinate the patient pathway.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. They supported NHS trusts with backlogs of waiting lists.

Facilities and premises were appropriate for the services being delivered. The mobile units were located within the grounds of the NHS trust. They were accessible for patients in wheelchairs or patients with mobility issues, with either lifts or ramps into the unit. Toilets were wheelchair accessible.

Staff could access emergency mental health support for patients with mental health problems, learning disabilities and dementia through the NHS trust.

The service had systems to help care for patients in need of additional support or specialist intervention. Patients who were unable to manoeuvre themselves from a wheelchair to a bed could not be accommodated on the mobile units. The NHS trusts were aware of the exclusion criteria. Exclusion criteria included patients who had had a heart attack within the last 3 months, unstable angina, patients with a pacemaker and patients over 34 stone in weight. These patients were seen within the facilities within the NHS trust, where hoists and other specialist equipment was available.

Managers monitored and took action to minimise missed appointments. Lead nurses communicated use of appointments each day to the unit manager. Endoscopy services were run on a points system, which indicated the length of time a procedure takes. A gastroscopy is 1 point, and a colonoscopy is 2 points. Each unit was contracted to carry out a certain number of points per day. If the full quota of points had not been used, this was communicated to managers at the NHS trust daily.

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Staff told us that they had identified a theme of late cancellations due to confusion around the pre-operative instructions. The service worked with the NHS trust and the pre-operative instructions were changed. This reduced the number of last-minute cancellations.

Managers ensured that patients who did not attend appointments were contacted by liaising with the NHS trust's booking teams.

The service relieved pressure on other departments when they could treat patients in a day. Staff on the unit were able to accommodate patients from the NHS trust if they had a cancellation.

## 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 made sure patients living with mental health problems and learning disabilities received the necessary care to meet all their needs. They referred patient's back to the NHS trust for ongoing care. The service had implemented training in learning disabilities and autism to all staff but did not provide training for dementia. Patients with dementia who required additional support, would be treated within the facilities of the NHS trust.

The mobile units were designed to meet the needs of patients living with dementia. Floors and walls were in contrasting colours, and toilet seats and hand rails were easy to identify. The patient pods provided patients with a private and quiet area for before and after the procedure. Seating within the waiting areas was appropriate for patients with limited mobility.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They followed the service's advocacy policy. Patient records were updated with details of any additional support a patient may require. Appointments were made longer to enable clinical teams to provide the support required on an individual basis.

The expandable mobile units had hearing loops, which help people with hearing aids. Sign language interpreters could be booked for patients who required them.

Staff could access the service's advocacy champion for further advice on how to accommodate complex needs. Usual practice was for relatives to leave the unit while the procedure was being carried out, but staff were able to accommodate relatives according to patient's needs.

The service did not have information leaflets available in languages spoken by the patients and local community. The service used information leaflets which were supplied by the NHS trust.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. They were booked in person or accessed over the telephone.

Staff did not have access to communication aids to help patients become partners in their care and treatment. However, one manager told us that they were looking into introducing flash cards in the future. Staff used interpreters when required.

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## Access and flow

### **People could access the service when they needed it and received the right care promptly.**

Managers of the NHS trusts monitored waiting times and national targets. InHealth Endoscopy Mobile Units did not manage the booking of patients.

Managers worked to keep the number of cancelled appointments to a minimum. If appointments were cancelled by the service, this was logged as an incident on the incident reporting system, and fully investigated to prevent a recurrence. Staff on the units worked closely with the NHS trust endoscopy departments, so in the event of staff sickness, staff from the NHS trust could help if they had available staff. Patients were cancelled if there were insufficient staff for the unit to run safely. The service had cancelled appointments in January 2023 as there was no water on the unit due to frozen pipes. The service insulated the pipes so this would not happen again.

When patients had their appointments cancelled at the last minute, managers liaised with the NHS trust booking teams and made sure they were rearranged as soon as possible.

Posters within waiting areas informed patients that there may be a delay in being seen for their appointment. Appointments could run late if the endoscopist had found areas of concern, and those patients were informed on the same day. A cancer specialist nurse from the NHS trust would be requested to attend the unit to help to support the patient. Patients who were waiting for their appointment in the waiting area were kept informed. An evaluation of 200 patient feedback forms from one of the mobile units showed that 6% of patients had experienced a delay on the day of their procedure. From those, 100% said they were kept informed.

## 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. They were given feedback leaflets following their procedure. Feedback leaflets were also available within the reception area of the units. Patients gave feedback directly to one of the NHS trusts through QR codes. 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. They would escalate complaints to lead nurses and unit managers, who informed the clinical quality team. All complaints were logged on the complaint management system. Managers reviewed complaints to ensure there had been compliance with timeframes, and to ensure learning outcomes had been recorded and implemented.

Complaints were reviewed weekly by the clinical quality team and presented to the board in the Governance, Risk and Assurance Dashboard (GRAD).

Managers investigated complaints and identified themes. They shared feedback from complaints with staff and learning was used to improve the service. Changes which were implemented, or any lessons learnt, were identified through

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Complaints, Litigation, Incident and Compliment (CLIC) meetings. Information on lessons learnt was disseminated to all staff through CLIC newsletter and through monthly Endoscopy User Group meetings which were accessible to all endoscopy staff members. Changes were also discussed in the daily safety huddles to ensure all staff members were informed. This ensured that any changes were fully embedded and understood by all staff.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. A written acknowledgement was provided to all complaints within 3 working days and a full written response was provided within 20 working days. If the patient was still dissatisfied after the initial response, they were directed to raise the complaint to the chief executive of InHealth Ltd. If still not satisfied, they were directed to contact the Parliamentary and Health Service Ombudsman (PHSO) or The Independent Sector Complaints Adjudication Service.

Staff could give examples of how they used patient feedback to improve daily practice. Patients had provided feedback that they had felt cold on one of the mobile units. Heaters were now in place on the unit.

Staff told us that they had received feedback from patients about follow up calls. All patients receive a follow up call 2 to 3 days following a colonoscopy, to check how the patient was recovering. Patients had told staff that this call had caused them to worry, as they thought that the call indicated bad news. Following this feedback, patients are all informed to expect a follow up call. We saw posters within the waiting areas to reinforce this message.

## Is the service well-led?

Outstanding



This was the first time this service had been inspected. We rated well led as outstanding.

### 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. They supported staff to develop their skills and take on more senior roles.**

The InHealth Endoscopy service was overseen by the Chief Medical Officer (CMO) and Chief Operating Officer (COO). The Director of Operations managed unit managers and the National Decontamination Lead. The Director of Nursing collaborated with the Director of Operations and supervised the clinical lead nurses. There was inclusive leadership at all levels. The COO conducted daily operations calls with unit managers, while clinical lead nurses, unit managers, and lead nurses from each unit held daily endoscopy calls. These meetings addressed clinical issues and unit utilisation. Considering the service's wide geographic coverage, regular communication was essential for team cohesion.

Unit managers maintained daily communication with lead nurses from each mobile unit. While mostly remote, they aimed to visit the sites at least twice a month. Staff appreciated the unit managers' approachability and open-door policy.

We saw that leaders had a deep understanding of the issues, challenges and priorities in the service. The Service Development and Improvement Manager collaborated closely with NHS trusts to establish patient pathways during unit mobilisation and provided ongoing support. The service's Clinical Lead Nurse for Training and Education was dedicated to supporting staff development and promoting internal growth within the service.

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## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

InHealth Endoscopy Mobile Units aimed to enhance endoscopy accessibility while maintaining high-quality and safe care. They aimed to contribute to the reform and investment in diagnostic services, aligning with the recommendations of an independent review led by Professor Mike Richards. The review suggested the establishment of more free-standing facilities to enable access to diagnostic tests and support early diagnosis. The service aligned itself with the plans to support the wider health community, with achievable goals and strategies.

To meet the growing demand, the service invested in four expandable units imported from The Netherlands. They were in the process of commissioning the construction of a new mobile unit. Leaders actively participated in the design, ensuring it adhered to best practice standards with the incorporation of two separate decontamination rooms.

The service strived to be responsive and flexible to meet the specific needs of NHS trusts. These trusts could customize the service to include decontamination facilities and endoscopists as necessary. Patient feedback drove their patient-centred approach. To implement this strategy, the service formed a robust leadership team and developed a continuous improvement program.

## Culture

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

Staff told us that InHealth Endoscopy Mobile Units felt like a big family. One staff member said, "Working at InHealth feels like home. Everyone is friendly and welcoming. My manager is understanding and supportive. I'm really happy here." Staff celebrated cultural differences, like the recent Ramadan celebration where they wrote "Eid Mubarak" on the staff notice board.

In June 2022, a staff survey was conducted with a 57% response rate. The results were as follows:

- 91% of staff felt that the service respected their differences, such as culture and working styles.
- 93% felt that InHealth was focused on improving patient care.
- 84% felt that equality and diversity were valued.
- 79% felt that InHealth treated career progression fairly.
- 77% felt that performance was actively managed.

In response to the survey, the service created an action plan to address the key areas for improvement identified by the staff. These included:

- Training and career advancement.
- Pay and salary.
- Sustainability and social responsibility.

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- Work-life balance and flexibility.
- Upgrading digital technology and systems.

Staff were informed about the changes through emails. For example, they upgraded technology to address slow computers. Staff from overseas suggested improvements to the onboarding process, as they faced difficulties finding accommodation when they first arrived. There was strong collaboration, team working and support across the service, with a common focus on improving patient care and experiences.

The service prioritised staff well-being. Posters in the mobile units explained the well-being support package available to all staff. Well-being champions promoted health campaigns and gathered feedback from colleagues. The well-being steering group met regularly to discuss ideas for improvement. The service organised team-building events and weekly online well-being sessions, including meditation.

Staff could discuss concerns confidentially with Freedom to Speak Up Guardians. InHealth had a Freedom to Speak Up policy which stated harassment or victimisation of those who raised concerns would not be tolerated. Trained mental health first aiders were available to guide staff to external support when needed. An employee assistance program offered anonymous counselling and mental health support, accessible 24/7. The service also had a supportive bereavement policy for staff who experienced the loss of a loved one.

Managers had an open-door policy, making it easy for staff to approach them with concerns. Patients were encouraged to provide feedback through feedback cards or directly to the NHS trust.

## 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 a clear governance structure that extended from the board level to the floor level. The governance structure was designed to promote cohesion, with the team holding regular meetings to discuss current matters and keep everyone informed. Key messages from those meetings were communicated to all staff through online team channels. Monthly Endoscopy Clinical Governance meetings were held, with attendance from the Director of Operations, the Medical Director for Endoscopy, and the Clinical Lead Nurses for Training and Education and Risk and Governance. These meetings focused on audit compliance in all mobile units, identified themes or trends in complaints and incidents, and reviewed the risk register. The meeting minutes documented any necessary actions and assigned responsibility for them.

The Quality Management Steering Group met quarterly to facilitate the sharing of departmental updates across the entire InHealth group, enabling cross-departmental learning. This group provided recommendations to the Risk and Governance Committee, which was chaired by the Chief Medical Officer.

The Medicines Management Committee held quarterly meetings and maintained an actions log that specified the responsible action owner for each item.

## Management of risk, issues, and performance

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**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.**

Each mobile unit had its own risk register to identify potential risks and actions to mitigate them. Risks were categorized into human resources, operations, health and safety, information governance, and procurement. Each risk was assessed and given a score based on its consequences and likelihood. The register detailed actions taken to reduce the risks. Risks were closed once the actions were completed.

It was noted that in 1 mobile unit the staff in the decontamination room couldn't hear the fire alarm. As a solution, a flashing beacon was ordered and prioritised for installation. Meanwhile, staff were informed daily that the nurse in charge would notify decontamination staff in case of a fire alarm.

The service had a functional risk register to address risks across all mobile units. Risks identified within the units were escalated to this risk register if they could impact multiple sites. One such risk was the national shortage of a sedation medicine. This typically was supplied in 2ml ampoules but at the time only 5ml ampoules were available. This posed a risk of over-sedation for patients. The service conducted a risk assessment and implemented measures such as discussing the issue at daily huddles, placing signs on medicine cupboards, and ensuring only 2ml syringes were available. The plan was to switch to 2ml ampoules as soon as they became available.

Staffing was an ongoing risk for each mobile unit. Staff opinions on maintaining retention, including equal pay for permanent and agency staff, were considered based on staff surveys. The service was actively recruiting more staff and aimed to promote from within.

The service had business continuity plans for each mobile unit, outlining clear and concise procedures in the event of a business continuity failure. Business continuity planning was a priority project for 2023, and the service developed a cyber scenario-based exercise to test staff responses in a cyber emergency.

## Information Management

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

The Performance and Information Analyst in the service reported to the Service Development and Improvement Manager. They analysed KPI and billing reports and identified trends or themes that required attention. Each mobile unit had a daily points target based on allocated points for endoscopy procedures, determined by their duration.

The service noticed a higher-than-average rate of last-minute cancellations, which resulted from patient confusion with pre-operative instructions. This was communicated to the NHS trust, leading to changes in the instructions and a subsequent decrease in last-minute cancellations.

Staff reported incidents through an online incident reporting system and directly to the NHS trust when necessary. The service maintained a record of all incidents, including the type of incident, actions taken to mitigate the risk of recurrence, and key learning points. Incidents were discussed in weekly Complaints, Litigation, Incidents, and



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Compliments (CLIC) group meetings. Outcomes from these meetings were further discussed in quarterly Clinical Quality Sub-Committee meetings. Leaders were aware of the obligation under Care Quality Commission (Registration) Regulations 2009: Regulation 18 to notify CQC of all incidents that affect the health, safety and welfare of people who use their services.

The service had a comprehensive audit calendar outlining the completion schedule for 37 audits within the year. Daily audits included washer disinfectant inspections and cleaning checks, while protein tests on washer disinfectors were conducted weekly. Monthly audits covered hand hygiene and patient records. Quarterly audits, such as controlled drug audits and fire risk assessments, were scheduled for specific months.

Evidence of completed daily audits was observed in the 2 mobile units inspected. Evidence of the annual health, safety, and environment audit was seen from a mobile unit which was not inspected. Audits were stored on an online storage platform, which was accessible to remote staff members since unit managers were not always on-site. Audits included required actions for improvements.

Monthly audits of patient records involved reviewing a sample of 25 records, focusing on the care pathway and WHO checklist. A January 2023 audit revealed that 3 out of the 25 records did not have the WHO checklist completed at the end of the procedure. Staff members involved were provided with feedback to ensure proper completion of records.

The decontamination facilities in each mobile unit underwent annual inspections by the Institute of Healthcare Engineering and Estate Management (IHEEM). The inspection reports from IHEEM were shared with the relevant NHS trust. During an IHEEM inspection, it was found that ventilation and washer disinfectant test outcomes were held centrally rather than on-site. If any issues were identified in these tests, the national decontamination lead would inform the unit managers.

Audits and improvements were discussed in quarterly Clinical Quality Sub-Committee meetings. An actions log from a January 2023 meeting revealed that fire risk assessments were to be completed uniformly across the business. The committee reviewed hand hygiene audits from the previous quarter, noting compliance just below 100%. Non-compliance areas were identified, such as staff wearing nail polish or jewellery, which could prevent effective handwashing. The committee recognised the need for more effective compliance methods and distributed updated hand hygiene posters to all mobile units.

Endoscopists submitted KPI data to the National Endoscopy Database (NED). The service regularly evaluated the performance of both agency and in-house endoscopists, identifying areas for improvement and implementing strategies accordingly, such as changing bowel preparation medicine to enhance bowel preparations' quality.

## Engagement

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

Unit managers and lead nurses regularly communicated with the NHS trust to discuss the utilisation of the mobile units. The frequency of formal meetings varied based on local arrangements. The minutes from an Endoscopy User Group meeting showed discussions about mixed gender procedure lists. It was decided to keep single sex lists due to limited facilities in the recovery area.



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The service also communicated with local Integrated Care Boards (ICBs) who were responsible for addressing the health needs of the population.

The service was in the process of implementing the NHS Patient Safety Incident Response Framework (PSIRF). This new approach emphasises compassionate engagement and involvement for all affected by patient safety concerns. Training modules were being developed to prepare staff for its implementation by November 2023. The service complied with the requirement of using the Learning from Patient Safety Events (LFPSE) system for reporting patient safety incidents since March 2023. Technological updates were made to ensure compliance with the LFPSE system.

Newsletters were used to share outcomes from shared learning and Complaints, Litigation, Incidents, and Compliments (CLIC) meetings. Daily safety huddles facilitated discussions on new processes or changes until they were fully understood by all staff. Online communication channels conveyed information from dignity champions and green champions. This ensured all staff received the message.

Patient feedback was actively encouraged, with direct feedback given to the NHS trust in one mobile unit. Feedback from other units was uploaded to a central system for analysis of themes and trends. Monthly complaint reviews by the clinical quality team were presented to the board in the Governance, Risk, and Assurance Dashboard (GRAD).

The service was registered with the Medicines and Healthcare Products Regulatory Agency (MHRA), receiving relevant medical device and medicine alerts. These alerts were communicated to all staff through an online communications channel.

The service had implemented Green Champions on each mobile unit. Green champions across the service met regularly to discuss innovative ideas and methods to encourage the service to be more environmentally friendly. We saw meeting minutes which showed that green champions had discussed procurement of supplies from carbon neutral companies and the use of mixed recycling bins. Longer term actions included using biodiesel for mobile units and the installation of solar panels.

## 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.**

The service aimed to achieve accreditation with the Joint Advisory Group (JAG), which involved evaluating the quality of clinical services through a quality framework. A working group was established, with managers and lead nurses receiving training to submit the required information to JAG.

The Clinical Lead Nurse for Training and Education, who had been in the role for 18 months, was a JAG assessor and dedicated to achieving JAG accreditation. They implemented a training framework through JAG endoscopy training system (JETS) workforce for healthcare assistants, enabling them to progress from working in the decontamination room to supporting procedures such as biopsies and patient care.

Nurses were provided with additional training opportunities through the JETS workforce program, including nurse-led consent and cannulation training, which increased their confidence and improved workflow.

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The service had obtained National Endoscopy Training Centre status, a first for the independent sector, offering training for clinical nurse endoscopists. At the time of inspection, one staff member had recently completed this training.

Recruitment of new staff was a priority, supported by initiatives like the "refer a friend" scheme with cash incentives for successful referrals. The service's Talent Acquisition Team actively attended events and career fairs, and there was an international recruitment drive.

The National Decontamination Lead started as a healthcare assistant in the decontamination room and was promoted to the role of National Decontamination Lead. Staff development and promotion from within the service was a priority, with opportunities for decontamination staff to become decontamination leads on each mobile unit, or progress to working in the procedure room. Career progression opportunities increased staff morale.

The service was developing training on breaking bad news, aimed at supporting staff in delivering sensitive information. Training on dealing with aggression and violence in the workplace was also being implemented.

Train the trainer courses were developed by the Clinical Lead Nurse for Training and Education, enabling in-house delivery and assessment of training as the service expanded. Specific endoscopy-related training, including resuscitation and scenario training, was provided. Evaluation sheets for scenario training in anaphylaxis, chest pain, and blood loss were observed.

Leadership and management programs at levels 3 and 5 were offered, including training in risks and risk management for the senior management team.

Safeguarding leads organized quarterly safeguarding board meetings, arranging training sessions on topics such as female genital mutilation (FGM) and domestic violence. A specific domestic violence and abuse policy was also under development.