

ASI London A Limited

OneWelbeck Digestive Health

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?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learnt lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients and monitored their pain. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of people who use the service, 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 an endoscopic procedure.
- 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 managed services and all staff were committed to improving services continually.

However:

- An expired box of medication had not been detected by the medicine's management audit.
- The data protection policy did not contain guidance on the use of close circuit television (CCTV).

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

However:

- An expired box of medication had not been detected by the medicine's management audit.
- The data protection policy did not contain guidance on the use of close circuit television (CCTV).

Summary of findings

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Summary of this inspection

Background to OneWelbeck Digestive Health

One Welbeck Digestive Health is operated by ASI London A Limited. The service has no overnight beds. Facilities include four endoscopy rooms and 12 single bedded patient rooms. The service did not treat anyone under the age of 18.

The service provides oesophago-gastro-duodenoscopies, colonoscopies, Bravo capsule tests, Pillcam endoscopies and endoscopic ultrasounds (EUS). These are examinations to detect changes in the stomach and the intestines. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the centre on 04 October 2021.

All episodes of care were privately funded. The service increased the number of consultants performing endoscopies, the support staff, endoscopy rooms and single bedded rooms based on patient demand. Records showed that in December 2019 the service had completed 995 procedures. From September 2020 to September 2021 the service completed a total of 6,675 procedures.

30 gastroenterologists (doctors who investigate, diagnose and treat diseases of the stomach, intestines, liver, gallbladder and pancreas) worked at the service under practising privileges. There were 11 registered nurses, eight health care assistants and two receptionists. The service had a contract with an external company to provide anaesthetics and had access to 28 anaesthetists. The accountable officer for controlled drugs (CDs) was the registered manager.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 04 October 2021.

During the inspection visit, the inspection team:

- Spoke with the centre director and two members of staff
- Spoke with one patient
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service

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 developed an application to assist with advanced planning. Patients could complete pre-procedure information at their convenience, access information about their planned procedure, watch a video of their chosen consultant explaining procedures so they know what to expect.
- Following treatment patients are able use the application to log their daily pain score, access their aftercare plan, and review any follow-up appointments. It also enables clinicians to monitor patients' recovery remotely.

Summary of this inspection

- The service improved monitoring in each patient room. Rooms were equipped with advanced portable monitoring equipment, enabling the patient to be continuously monitored before, throughout and after their procedure. Monitoring data was continuously transmitted to the electronic health record system. To improve safety central monitors had been installed at the nurse-based recovery area.
- The service provided patients with the choice of an anaesthetic with short-lasting sedation so patients can recover and be discharged sooner after the procedure.
- The service was an early adopter of transnasal gastroscopy services, which provided a more comfortable experience for patients and reduced the need for sedation. This service had adopted the practice and provided the service as an option for appropriate patients.

Areas for improvement

Action the service SHOULD take to improve:



Diagnostic imaging service

- The service should ensure that effective medicines management audits are undertaken.
- The service should ensure the data protection policy contains guidance on the use of close circuit television (CCTV).






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	 Outstanding	Good	Good
Overall	Good	Inspected but not rated	Good	 Outstanding	Good	Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Records showed staff and kept up-to-date with their mandatory training requirements. Bank and agency staff were required to complete the same mandatory training as employed staff.

The mandatory training was comprehensive and met the needs of patients and staff. All staff (100%) had completed training modules for advanced life support, bowel preparation, patient group directive, infection prevention and control, information governance, data security, mental capacity and deprivation of liberty safeguards, and safeguarding adults and children.

Clinical staff completed training on recognising and responding to patients with mental health and dementia. All staff (100%) completed a training module on understanding dementia and the Mental Health Act level two.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

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 imaging

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. All clinical staff (100%) had completed safeguarding vulnerable adults level three and other staff at level two.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns was available.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy to reflect the changes made during the pandemic.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Items seen were visibly clean and dust-free and we saw a daily cleaning check list. The service used single use equipment where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed an internal cleaning audit monthly. The service consistently achieved a high standard of cleaning with a compliance rate of 100% between September 2020 and September 2021.

Patients we spoke with said the environment was clean.

The service completed monthly hand hygiene audits. The audit showed that compliance with hand hygiene was 100%.

Environment and equipment

Diagnostic imaging

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

The service had suitable facilities to meet the needs of patients' families. There were 12 single bedded patient rooms and four procedure rooms located on one floor. The procedure rooms were equipped with endoscopy units, endoscopes and trolleys for carrying the clinical equipment required.

Staff completed checklists for all procedure rooms at the beginning and at the end of the day to ensure it was ready and secured before and after procedures.

The service had enough suitable equipment to help them to safely care for patients. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to treatment. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. We checked the service dates for all equipment and found them to be within their service date.

Resuscitation equipment was on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly. The service had a patient selection criteria that provided guidelines for the types of patients they treated. The inclusion criteria were based on the American Society of Anaesthesiologists (ASA) classification. The service used an adapted 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist.

Doctors ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw a comprehensive pre-assessment medical questionnaire that was used for all patients.

Staff knew about and dealt with any specific risk issues. Staff said any unexpected or significant findings from endoscopic tests were escalated to the treating consultant. Staff would contact the referrer by telephone and follow this up with an urgent report.

The service completed a fire risk assessment and had a protocol for evacuating a sedated patient.

Staff knew how to respond promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it. They had received training on simulated emergency scenarios and practiced how to respond to a deteriorating patient. Records showed staff responded to a deteriorating patient in line with the centre's protocol.

Diagnostic imaging

Patients undergoing sedation were required to have an escort for the journey home.

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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Nursing staff

The service had enough nursing and support staff to keep patients safe. There were eleven full time members of nursing staff. One registered nurse was assigned to each procedure room and one nurse was allocated to perform the pre-assessment checks. The service had eight health care assistants who were also responsible for the decontamination of equipment.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had low turnover rates and there no vacancies at the time of inspection.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service only used bank nurses that were familiar with the service and requested them in advance where possible.

Managers made sure all bank and agency staff had a full induction and understood the service. Records showed agency and bank staff completed an induction.

Medical staff

The service had enough medical staff to keep patients safe. The service had 30 consultants performing endoscopies under practicing privileges. We saw evidence that the centre checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

The service had a contract with an external company to provide anaesthetics and had access to 28 anaesthetists. The service was organised so there would always be at least one anaesthetist present in the centre.

To ensure consultants were operating within their scope of practice, both consultants and anaesthetists were provided with an approved procedure checklist.

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.

Staff used secure electronic patient records to record patient's diagnostic needs. Staff used secure electronic and paper-based patient records to document the patient's diagnostic needs. Paper-based documentation was scanned and included with the electronic patient record.

Diagnostic imaging

Records were stored securely. All patient's data, medical records and results were documented via the centre's secure patient electronic record system. We reviewed two patient records and found them to be complete and legible.

The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital.

The centre provided referrers with electronic reports which were encrypted.

A record audit was completed quarterly and results from the September 2021 audit showed 100% compliance with the required documentation.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The centre held limited stocks of medicines relevant to the service they offered. Medicines were stored in secure locked cupboards. Controlled drugs were kept in separate locked cabinets within the locked medicine cupboards.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The centre had a medicines register with the name of each patient and the medicines prescribed. Records were accurate and well maintained.

A medicines management audit had been completed in July 2021 which showed 100% compliance. We checked medicines storage and observed one medicine was expired in August 2021. Following our inspection, the service provided records to show the auditing process had been improved and the same member of staff would be responsible for ordering medicines and completing the audits to ensure accuracy and consistency.

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. Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the centre.

Staff raised concerns and reported incidents and near misses in line with provider policy. There were 25 incidents reported in the previous 12 months. Records showed the incidents were reported and investigated in line with the provider policy.

The service had no never events or serious incidents.

Diagnostic imaging

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. Staff could give an example of an incident where the duty of candour requirements applied.

There was evidence that changes had been made as a result of feedback. Staff gave one example of a change in protocol where some patients would receive a pre-assessment by both a nurse and the anaesthetic team.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

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. Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as National Institute of Health and Care Excellence (NICE), the WHO Surgical Safety Checklist, Royal College and the American Society of Anaesthesiologists (ASA). Staff could access policies and procedures electronically.

Managers checked to make sure staff followed guidance. For example, an audit of the WHO Surgical Safety Checklist showed 100% compliance with the service's procedures.

Nutrition and hydration

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

Patients were informed to arrive to appointments fasted at the time of their bookings and were reminded during pre-assessments on the telephone

Staff made sure patients had enough to eat and drink. After procedures, patients were offered hot and cold beverages of their choice, fruit and other small cold meals. Anti-sickness medicine could be prescribed and was available in case of nausea.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The service managed patients' pain well. An anaesthetist was available for all patients during and after procedures, should they experience any discomfort.

Diagnostic imaging

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations. Consultants performing endoscopies peer reviewed each other's work quarterly. The consultants looked at a colleague's performance and completed three peer to peer case reviews. This helped improve the quality of the service and maintain a high level of quality of care.

The service started a focus study on consent where one nurse was allocated to review all consent forms. The focus of the study was to ensure the consent process was always fully documented.

The service was working towards Joint Advisory Group (JAG) accreditation. JAG accreditation is a patient-centred and workforce-focused scheme based on principles of independent assessment against recognised standards and is a formal recognition that a gastrointestinal endoscopy service has demonstrated competence to deliver against criteria set out in the JAG standards. At the time of our inspection the service was in the process of providing the required data.

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 health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from doctors about appraisals and professional registrations as part of their practising privileges.

Staff said they had received full induction tailored to their role and felt well-supported. There was evidence of completed induction. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 80%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There was a daily meeting between the consultant, anaesthetist and nurse to discuss the patient's needs.

Staff worked across health care disciplines and with other agencies when required to care for patients. Consultants showed a willingness to work with patients' GPs. A copy of the endoscopy report was sent to the referring doctor and patients' GP.

Diagnostic imaging

Seven-day services

Key services were available to support timely patient care.

The centre opened Monday to Friday from 8am – 8pm. The centre was opened in the evening to meet patient's needs.

Referrals were prioritised by clinical urgency, including appointments at short notice. Staff said if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant. The centre director told us patients could speak to the consultants to discuss any concerns.

Health promotion

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

Consultants had individual conversations about diet and health promotion after procedures.

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. Staff explained how they would carry out and document a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff described how they gained patient consent including explaining the risks and benefits associated with the procedure. Written consent was taken firstly by the anaesthetist to consent for the use of anaesthesia, and secondly by the consultant to consent for the procedure.

Staff made sure patients consented to treatment based on all the information available. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Records also contained signed consent forms.

All clinical staff (100%) received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Diagnostic imaging caring?

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

Compassionate care

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

Diagnostic imaging

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. Patients said the centre was professional, efficient and exceeded their expectations. The clinic environment ensured privacy as all patients booked for a procedure were accommodated in one of the single bedded ensuite rooms.

The results of the patient satisfaction survey show the service was consistently rated high for compassionate care. From July 2020 to September 2021 97% of patients said they recommend the centre to a family or friend.

Patients said staff treated them well and with kindness. Staff were very helpful and reassuring. From July 2020 to September 2021 97% of patients said they were treated with respect and dignity.

Emotional support

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

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety or distress associated with the procedure and supported patients as much as possible.

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 talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients said staff explained the procedure, checked what diagnostic procedure they were having and checked their identity.

Patients were advised about different options of sedation they could decide on before the procedure. All patients were given a discharge information sheet with advice on the procedure they had undergone.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment.

Patients gave positive feedback about the service. From July 2020 to September 2021 89% of patients said they were involved in decisions about their treatment and 95 % said the nursing team explained things in an understandable way.

Are Diagnostic imaging responsive?

Diagnostic imaging

Outstanding



Our rating of responsive improved. We rated it as outstanding.

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.

Managers planned and organised services, so they met the changing needs of the people who use the service. The services are flexible, provide informed choice and ensure continuity of care. The centre was open five days a week and provided elective endoscopy procedures by appointment only, at a time to meet the needs of the patient group. Appointments were generally arranged on the telephone or by email.

Patients could access services and appointments in a way and at a time that suited them. The service did not operate a waiting list. Staff said that all patients were seen promptly, and patients rarely had to wait for an appointment. Patients we spoke with confirmed being able to access the centre in a timely manner. Patients said they were impressed with how quickly and easily the appointment was arranged. The environment was appropriate, and patient centred.

The service had systems to help care for patients in need of additional support or specialist intervention. Where patients would benefit from additional treatment, the team referred them to their doctor to review the treatment plan.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. Staff reviewed missed appointments to ensure there were no safeguarding concerns or serious clinical implications. The outcome of each contact was recorded. Appointments cancelled by the service amounted to 9.6% of total cancellations.

The service used technology innovatively to ensure people have timely access to treatment, support and care. An application was developed to assist with advanced planning. Patients could complete pre-procedure information at home, access information about their planned procedure, watch a video of their chosen consultant explaining procedures so they know what to expect and find out whether they need to fast.

Following treatment patients can use the application to log their daily pain score, access their aftercare plan, and review any follow-up appointments. It also enabled clinicians to monitor patients' recovery remotely

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.

There was a comfortable seating area for patients and visitors. There was access for wheelchair users and the service kept an extra wheelchair if needed. There was an accessible toilet and shower facilities. Patients were given a choice of food and drink to meet their cultural and religious preferences.

Diagnostic imaging

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. The service provided care to patients referred by embassies and consulates. The service had an extensive, well-established range of language support services to ensure care was responsive. Staff had access to telephone amplifiers, flash cards and large print.

Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff noted where patients had needs in relation to language, hearing, sight and mobility. Where the referring doctor noted this in advance, staff prepared for their appointment by offering additional support. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid.

Patient's individual needs and preferences were central to the delivery of a tailored service. Patients with learning difficulties were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment. Staff facilitated longer appointments for patients with specific needs. Patients could request a male or female clinician for procedures and the service had a chaperone policy.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. All staff (100%) completed a training module on understanding dementia and the Mental Health Act level two. There was a dementia strategy as part of the mental capacity plan and one of the HCA was the nominated dementia lead.

The service had an up to date discrimination prevention policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. All staff (100%) undertook equality and diversity training and there was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Managers and staff worked to make sure patients did not stay longer than they needed to. The service provided patients with the choice of an anaesthetic with short-lasting sedation so patients can recover and be discharged sooner after the procedure. This reduced the recovery time to 30 minutes. There was a dedicated room for discussing challenging or difficult test results.

The service was an early adopter of transnasal gastroscopy services, which provided a more comfortable experience for patients and reduced the need for sedation. This service had adopted the practice and provided the service as an option for appropriate patients.

Access and flow

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

The service provided elective and pre-planned endoscopic procedures to referred or self-referring patients. Patients could telephone and book an appointment for a date and time that suited them. Staff said there were no waiting time for appointments.

Diagnostic imaging

The service had a nurse who was dedicated to completing pre-assessments to ensure the patients journey was seamless and they knew what to expect at the appointment. The pre-assessment assisted staff in determining how to meet the needs of patients. This included information on communication challenges and language needs. Patients could request a dedicated listening session as a part of pre-assessment with their consultant.

A new bowel preparation service was introduced. A washbag is delivered directly to the patient's location of choice and at a time that suits them, saving them the effort of collecting the prescription and taking it to their local chemist.

Facilities and premises were innovative and meet the needs of a range of people who use the service. Consulting rooms were all equipped with examination beds and individual medical consumable storage trollies. There were 12 single bedded patient ensuite rooms which ensured a private recovery space. Rooms were equipped with advanced portable monitoring equipment, enabling the patient to be continuously monitored before, throughout and after their procedure. Monitoring data continuously transmitted to the electronic health record system. To improve safety central monitors had been installed at the nurse-based recovery area.

Staff proactively established services based on patient demand and feedback from colleagues delivering care. The service had expanded to accommodate growing patient numbers and the needs of its patient group. The service offered new endoscopy procedures such as the Bravo capsule test, Pillcam endoscopy and an endoscopic ultrasound (EUS).

The service increased the number of consultants performing endoscopies, the support staff, endoscopy rooms and single bedded rooms based on patient demand. Records showed that in December 2019 the service had completed 995 procedures. From September 2020 to September 2021 the service completed a total of 6,675 procedures.

Endoscopic reports were usually made available within 24 hours depending on the urgency of the request and investigation.

The service outsourced biopsies to a laboratory based in the local area. The biopsies took 72 hours to perform and results would be sent back to the service and individual consultants' secretaries.

Appointments were coordinated with other service providers in the same building including surgery, dermatology, orthopaedics, women's health and ear, nose and throat speciality.

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. Information on how to make a complaint was available at the centre.

Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meet individual expectations and avoid minor issues escalating into a formal complaint.

Diagnostic imaging

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service. For example, the patient information leaflets on various procedures were modified to make them more concise.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received one complaint in the previous 12 months. Records showed it was resolved in line with the complaint's procedure. The service could demonstrate where improvements have been made as a result of learning from complaints. For example, the service improved pre-procedure communication with patients and the information was available in various formats such as a patient leaflet, video or on a mobile device application.

Are Diagnostic imaging well-led?

Good 

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

Leadership

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

The centre had a corporate management structure which included an operating board, medical director and quality assurance and performance improvement (QAPI) director. The service was overseen day-to-day by the registered manager who was the centre director.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service.

The centre director demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

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.

The service had a clear vision, striving to be 'Beyond Better'. We saw a clearly formulated strategy to deliver this vision. Its purpose was to challenge established conventions to create and deliver new models of extraordinary healthcare that do not stop at just better. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service had a statement of purpose which outlined to patients the standards of care and support services the centre would provide.

Diagnostic imaging

Staff we spoke with understood the goals and values of the centre and how it had set out to achieve them.

Culture

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

The service's focus was on patient experience, personal, one-to-one service, and access to doctors throughout the patient journey. The service had created a culture and environment to attract highly skilled, motivated staff, who shared their passion and enthusiasm.

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by interacting with staff daily. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

Staff were proud of the work that they carried out. They enjoyed working at the centre; they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work.

Staff said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Patients told us they were very happy with the centre's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

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.

There was an effective clinical governance structure which included a range of meetings that were held regularly including an operating board meeting, medical executive committee, leadership, staff and QAPI meeting.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

The centre director said learning was cascaded to staff. All staff members had a work email account and updates were sent to staff via email.

Management of risk, issues and performance

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

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

Diagnostic imaging

The service had a risk management strategy, setting out a system for continuous risk management. The QAPI committee oversaw all patient safety and risk management activities.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks were discussed at regular governance meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

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

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Clinical records were electronic. Referrers could review information from endoscopy tests remotely to give timely advice and interpreted results to determine appropriate patient care.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

We observed the centre had close circuit television (CCTV) surveillance. The data protection policy did not contain guidance on the use of CCTV. Following our inspection, the service sent us a CCTV policy.

Engagement

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

The centre undertook patient satisfaction surveys and reported on them monthly. They collated patient satisfaction surveys and used the results to inform service development. From July 2020 to September 2021 97% of patients said they recommend the centre to a family or friend. The service made changes based on feedback from patients. For example, the service improved the choice of cold food provided.

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 developed an application to assist with advanced planning. Patients could complete pre-procedure information at home, access information about their planned procedure, watch a video of their chosen consultant explaining procedures so they know what to expect and find out whether they need to fast.

Following treatment patients can use the application to log their daily pain score, access their aftercare plan, and review any follow-up appointments. It also enabled clinicians to monitor patients' recovery remotely.

Diagnostic imaging

A new bowel preparation service was introduced. A washbag is delivered directly to the patient's location of choice and at a time that suits them, saving them the effort of collecting the prescription and taking it to their local chemist.

The service improved monitoring in each patient rooms. Rooms were equipped with advanced portable monitoring equipment, enabling the patient to be continuously monitored before, throughout and after their procedure. Monitoring data continuously transmitted to the electronic health record system. To improve safety central monitors had been installed at the nurse-based recovery area.

The service provided patients with the choice of an anaesthetic with short-lasting sedation so patients can recover and be discharged sooner after the procedure.

The service offered new endoscopy procedures such as the Bravo capsule test, Pillcam endoscopy and an endoscopic ultrasound (EUS).

The servicer was an early adopter of transnasal gastroscopy services, which provided a more comfortable experience for patients and reduced the need for sedation. This service had adopted the practice and provided the service as an option for appropriate patients.