

Orpington Endoscopy Solutions Limited

# Orpington Endoscopy Centre

## Inspection report

Enso House  
3 New Mill Road, St. Pauls Cray  
Orpington  
BR5 3TW  
Tel:

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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?	Good	



# Summary of findings

## Overall summary

We rated this service as good.:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave patients 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, 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.
- 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 values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.



# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Endoscopy

Good



We rated this service as good. See the overall summary for details.



# Summary of findings

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# Summary of this inspection

## Background to Orpington Endoscopy Centre

Orpington Endoscopy Centre is an independent health provider which provides endoscopy services. It is run by Orpington Endoscopy Solutions Limited and is based in a development with other independent healthcare providers. The service was registered with CQC in 2019 and had a registered manager in position, who had been in role since June 2021. This was the first time we had inspected the service.

The service provides care for adults from the local area and the majority of the work they did was under contract from a local commissioner and another local NHS hospital trust, the service cared for some private patients.

## How we carried out this inspection

We used our comprehensive inspection methodology for this inspection and the inspection was unannounced. 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>.



# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Endoscopy

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

## Are Endoscopy safe?

Good 

### Mandatory training

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

Staff received and most kept up-to-date with their mandatory training. Information provided a about mandatory training showed that some staff had not completed everything that was assigned to them, this was a small proportion of staff.

The mandatory training was comprehensive and met the needs of patients and staff. The training consisted of generic subjects, such as safeguarding and information governance and was mainly web based.

There was endoscopy specific training that all nurses and health care assistants were expected to complete. This training was developed by the accreditation body, the Joint Advisory Group on endoscopy (JAG).

Managers monitored mandatory training and alerted staff when they needed to update their 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.**

Staff received training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. To support them with this there were flow charts with specific guidance for the local authority and telephone numbers to call.



# Endoscopy

## 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 well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE) and correct hand hygiene procedures. This was audited to monitor compliance.

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

The service had their own decontamination suite, to provide specialist cleaning for all their equipment. The staff who worked in the decontamination suite were trained to do so and followed specific policies and national guidance to ensure all equipment was carefully cleaned and stored safely.

The service regularly tested their water quality safety, and reported this in line with national requirements.

## Environment and equipment

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

The service had five individual patient rooms, to ensure patients had privacy at all times they were in the service.

Patients could reach call bells and staff responded quickly when called, the call bells were tested every day to ensure they were working properly.

The design of the environment followed national guidance. The air pressure was safely managed to ensure air did not flow from the dirty cleaning areas to the clean storage areas, or the procedure rooms.

Staff carried out regular safety checks of specialist equipment. In addition to this the service had all their technical equipment serviced four times a year by the manufacturer.

The service had suitable facilities to meet the needs of patients' families. The patient rooms were large enough to accommodate a relative or carer. At the time of the inspection this was discouraged, due to the COVID-19 restrictions, but if a patient needed support there was space for their relative or carer to stay.

The service had enough suitable equipment to help them to safely care for patients. However, we found three biohazard spill kits that were out of date. We raised this with staff and were told new kits had already been ordered but they were not available for delivery and so the out of date kits were being kept, rather than not having anything available at all.

Staff disposed of clinical waste safely.

The resuscitation equipment was readily available and checked daily.



# Endoscopy

## Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and knew how to escalate them appropriately.

Staff completed risk assessments for each patient before arrival, to ensure they were safe to undergo an endoscopic procedure where there was limited support. The service had a clear set of inclusion and exclusion criteria to ensure they only accepted patients they could care for safely.

Staff reviewed patients regularly while they were caring for them. Observations were taken before, during and after the procedure and nationally recognised tools were used to ensure consistent actions were taken.

Staff shared key information to keep patients safe when handing over their care to others.

Before each clinical list the whole team completed a team brief. At the team brief they discussed the patients who were on the list and any potential risks.

## 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 gave bank staff a full induction.**

The service had enough nursing and support staff to keep patients safe, staff were experienced in endoscopy.

Managers accurately calculated and reviewed the number of nurses and healthcare assistants needed and had flexibility in the staffing numbers to ensure there were safe staffing numbers at all times.

The number of nurses and healthcare assistants matched the planned numbers.

The service had some vacancies, to ensure they had safe staffing they used regular bank nurses, who were familiar with the service. The vacant roles were being recruited into.

## Medical staffing

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

The service had enough medical staff to keep patients safe. Medical staff all worked in the NHS and worked at this service under practising privileges. Practising privileges means that staff are employed elsewhere but are allowed to work for another service in a limited, defined capacity.

The medical staff matched the planned number. Medical staff let the service know their availability well in advance to allow for lists to be planned. In the event they had to take unexpected leave medical staff arranged for another clinician to cover them.



# Endoscopy

## Records

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

Patient notes were comprehensive and all staff could access them. Patient records were a mixture of electronic records and paper records, the service was working towards becoming completely electronic and was producing paper records as a backup during the transition.

The patient consent form was still recorded on paper. We were told that consent forms would be made electronic in summer 2022. All other risk assessments and bookings information were electronic.

At the time of the inspection the service did not have a full administration team, this meant their paper records were not being scanned in. These records were all stored securely in locked cabinets, and were available for staff if needed. We were told the notes not being scanned in did not impact on the care or follow up care of patients. It only meant the whole record was not available electronically.

Records were stored securely.

## 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.

Medicines were only prescribed by clinicians, and were clearly recorded in patient notes.

Staff stored and managed all medicines and prescribing documents safely.

Staff learned from safety alerts and incidents to improve practice. We saw the service kept a list of safety alerts and the actions they had taken to comply with these.

## Incidents

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

All staff knew what incidents to report and how to report them and reported them in line with policy.

Staff understood the duty of candour. They knew to give patients and families a full explanation if things went wrong.

Staff received feedback from investigation of incidents and there was evidence that changes had been made as a result of incidents. For example, following a bleed during a procedure a point of learning was identified to always ensure emergency haemorrhage kits were stored in the procedure room, we observed this was now the case.

Managers investigated incidents thoroughly and debriefed and supported staff after any serious incident.



# Endoscopy

Patient safety alerts were reviewed and actioned by the manager. They kept a log of all the relevant patient safety alerts and the actions they had taken to minimise the risk to their patients.

## Are Endoscopy effective?

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. Protocols were shared by the corporate body that owned the service and were updated centrally and shared with teams when there were changes to national best practice.

The service had an audit calendar which defined the frequency of audits they complete. The service manager monitored compliance with the calendar and reported their results to the corporate body that owned the service and at regular local meetings.

The service had protocols that were available for staff in the procedure room to provide them easily accessible guidance on how to manage perforations or haemorrhages. All other, non-emergency protocols and policies were available on their local intranet system.

### Nutrition and hydration

**Staff gave patients tailored advice on how to fast before procedures when this was required.**

Patients needed to fast before some procedures and to empty their bowels for other procedures. Staff clearly explained to patients what they needed to do and had tailored advice for patients who were diabetic or had dietary restrictions.

### 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.

Although the service used controlled drugs to manage pain during the procedure they did not prescribe large amounts of pain medication following the procedure. Instead patients were advised to take lower strength pain medicine that was available to purchase from pharmacies if they needed anything. Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.



# Endoscopy

## Patient outcomes

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

The service participated in relevant national clinical audits. The service reported all procedures into the national endoscopy database. This database collected all endoscopic procedures and produced reports on each consultant who completed them.

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

Managers and staff used the results to improve patients' outcomes. If a concern arose about a consultant's performance this was discussed with the clinical lead who spoke to the consultant and their NHS trust to formulate a development plan.

Managers and staff carried out a comprehensive programme of repeat audits to check improvement over time. Managers used information from the audits to improve care and treatment and we saw actions were taken to make improvements.

Managers shared and made sure staff understood information from the audits and discussed results and actions at regular staff meetings.

The service was accredited by the Joint Advisory Group (JAG) for endoscopy. They participated in all relevant data collection as part of this accreditation.

## 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 staff, including bank staff, were required to complete the training package offered by the accreditation body to ensure they were working to the skill level required by the accreditation body. Completion of this was monitored by the service manager.

Managers gave all new staff a full induction tailored to their role before they started work and

supported staff to develop through yearly, constructive appraisals of their work.

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

All staff we spoke with told us they were supported to develop their knowledge and skills. The service supported health care assistants to take on apprenticeship roles to train to become nurses if they wanted to.

Managers made sure staff received any specialist training for their role. Some non-medical staff had completed extra training to remove polyps during endoscopies and were supported to continue in this practice and maintain this skill.



# Endoscopy

## Multidisciplinary working

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

Staff worked together well and had clear responsibilities within the patient pathway and defined points to escalate care to another professional. All staff told us they were happy to approach any other member of the team to ask for support.

The service worked closely with the NHS trusts the supported to ensure patient lists were accurate and information was shared in a timely manner about the patients they could and could not accept.

## Seven-day services

**The service was open from Monday to Friday from 8 AM to 8 PM.**

The service ran three endoscopy lists a day on Monday to Friday. One of these lists was an evening list to ensure patients who worked standard hours had the opportunity to be seen without interrupting their work.

There was a registered nurse who worked on a Saturday to complete some audit work and to carry out preassessment calls on patients that had been escalated by the administrative team.

## Health promotion

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

The service had relevant information promoting healthy lifestyles. The service had leaflets from charities in their waiting rooms giving practical advice on gut and bowel health and how to manage certain common diagnoses.

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

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff understood how to make made decisions in their best interest and had consent forms to reflect this. However, they had not needed to use them.

Staff clearly recorded consent in the patients' records, this was audited by the service regularly.

Clinical staff received and kept up to date with training in the Mental Capacity Act.



# Endoscopy

## Are Endoscopy caring?

Good 

### Compassionate care

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

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 staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential all patients were cared for in individual patient bays and so were offered complete privacy for the duration of their care at the centre.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. During procedures we observed patients being reassured by the team and the clinician explaining everything that was happening clearly to reduce the patient's anxiety about the procedure.

Patients received their results at their local NHS trust and staff explained the process to them.

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 and were sensitive when speaking to patients who were anxious about potential life changing diagnoses.

### 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.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. In the waiting room the service had "you said, we did" posters explaining how they had used previous patient feedback.

The service had a good response rate for their feedback and the comments we saw showed patients gave positive feedback about the service



# Endoscopy

## Are Endoscopy responsive?

Good 

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

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care and regularly had meetings with the NHS services they supported.**

Managers planned and organised services so they met the needs of the local population.

All recovery rooms were private rooms to ensure patients had privacy.

Facilities and premises were appropriate for the services being delivered.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted. If patients missed three appointments they were referred back to their NHS hospital for review.

### 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.**

Staff allowed relatives or carers to attend with patients who were living with dementia and learning disabilities. These patients were also allocated longer appointment slots, to ensure they had enough time to have everything explained in a way they understood and for staff to keep them as calm as possible throughout the procedure.

Staff understood and applied the policy on meeting the information and communication needs of patients. Staff had access to virtual translation services and could call for support. If a patient needed British sign language interpretation they could use video calls with the interpretation service to accommodate these patients.

The service had a clear chaperone policy that was displayed in all waiting rooms and in the individual patient rooms. If patients wanted a chaperone at any time they were able to request one.

### Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. When the service received referrals from NHS providers that were urgent they had a system to flag these to ensure they were booked within required timeframes. Both urgent and standard waiting times were monitored.



# Endoscopy

In the month prior to the inspection 100% of patients had been seen within national set timeframes. This was an improvement on the previous months when the target had not been met. In instances where the timeframe had not been met the reasons were reviewed. Most frequently the reason was that the patient had chosen to have a later appointment date.

Managers and staff worked to make sure patients did not stay longer than they needed to. When services ran late staff contacted patients to let them know, ahead of them leaving home, this meant patients had the option to wait longer at home and not in the waiting room.

Managers worked to keep the number of cancelled appointments to a minimum. When clinicians had to cancel lists at short notice the service worked to get them covered by another surgeon as soon as possible, to minimise patients waiting times.

## 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. 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 and record them.

Managers investigated complaints and identified themes, including when patients raised concerns informally and did not wish to raise formal complaints.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

## Are Endoscopy well-led?

## 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.**

All staff told us their manager was approachable and encouraged them to develop and to participate in extra training if they wanted to develop in their careers. This was supported by the recent staff survey results.

The service manager was approachable and staff told us they were able to raise concerns and ideas with them.



# Endoscopy

The service manager was aware of, and working to manage any concerns in the service. They had successfully worked to get the service accredited by JAG, on their first attempt.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action and values it adhered to. Leaders and staff understood and knew how to apply them and monitor progress.**

The service's vision and strategy and values were set by their corporate owners and was shared with the local service. Throughout the centre the values were displayed and were referred to in various documents we reviewed.

We were told the corporate owners were working on how to get more local involvement when applying the vision and strategy, but that this was work in progress and it was still driven more corporately.

Locally the service had goals it wanted to achieve, these were to expand the service capacity, to allow for a greater throughput of patients and to look to increase the number and type of referrers, potentially allowing GP referrals. There were monitored plans underway to achieve these goals.

## Culture

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

All staff told us the service had an open culture and they were encouraged to speak out if they had a concern. There was a whistleblowing policy to support them to do this if they wanted.

Staff were proud to work for the service and told us they felt supported by the team and their manager. Many members of staff told us how they had been supported to progress to new roles in the service, and that their training was supported by them.

There was a staff survey which was completed annually to gather staff views on the service. The feedback was predominantly very positive from the most recent survey. Any negative comments were reviewed and an action plan had been written to make amendments to the service in line with staff suggestions.

Patients told us they would feel comfortable to raise a complaint, but did not feel that they needed to.

## 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.**

All staff we spoke with were clear about their roles and who they reported to. For specific concerns there was a notice board which detailed key roles, such as the organisation safeguarding lead and information governance lead.

The service had a clear meeting structure, with agendas and terms of reference. Staff explained how they could raise concerns and they were escalated through the meeting structures to the corporate level and how information came back to them from the corporate team.



# Endoscopy

The service manager held monthly meetings with the staff in the service. These meetings discussed changes to policy, audit results and any necessary changes to practice. If staff were not able to attend these meetings they were able to review the meeting notes. These meetings were also formal place staff were able to suggest changes to practice to make improvements for the service.

Every two months the service held an endoscopy user group meeting. Senior staff and clinicians were expected to attend and meeting minutes showed they were regularly attending. This meeting was used to cover a number of topics to ensure all clinicians, who were not always able to attend team meetings, were up to date with any changes to the service.

The service held quarterly medical advisory committee meetings. These meetings focused on the clinicians who supported the service, their performance and whether there was any feedback that needed discussing about them. It was also where any new applications they had received for new clinicians were discussed to determine their suitability.

The service had weekly meetings with the NHS organisations they had contracts with to discuss performance and potential improvements.

## 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.**

The service monitored the performance of surgeons using the national endoscopy database information. The national endoscopy database collects information about every endoscopic procedure that is carried out and breaks it down to individual surgeon level, so performance can be managed. If a concern was noted the clinical director would have a conversation with the surgeon, to understand if there was a reason for this. If this needed further discussion it was raised at the medical advisory committee for further discussion. There were also meetings held with the NHS trust that permanently employed the surgeon, to ensure any learning points were consistent, to improve practice.

The service had its own local risk register that reflected any concerns staff or managers had about the service. This was reviewed monthly at the governance meetings and any new risks were escalated and discussed with the corporate provider that oversaw the service.

There was a plan to manage unexpected events and the service had a backup power system, in case of a power failure that was regularly tested.

## 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.**

Staff routinely uploaded all relevant data to the national endoscopy database. This information was then pulled from this database every six months to review and discuss clinician performance.



# Endoscopy

Performance in the decontamination team was also reviewed regularly by the service manager. The washers were all electronic and automatically time stamped when certain parts of the decontamination process started and finished. This meant there were clear records of equipment decontamination.

Audits were based on reliable data the service checked and, when necessary, were discussed with the NHS organisations the service supported.

The service was supported by the corporate IT team, this team ensured systems were secure and fit for purpose and could interface with the NHS organisations they supported, when this was required.

## Engagement

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

The service worked to understand the views of the patients they cared for. They asked patients to complete patient satisfaction surveys, and monitored compliance rates. They also asked patients if they were happy to participate in their patient participation group. The patient participation group gave patients a space to have input on service design and improvements.

Staff had the option to join the staff representatives group. This group was formed of frontline staff and was another forum for them to discuss concerns about the service or any ideas to improve patient experience.

The service had regular meetings with the NHS organisations they had contracts with. At these meetings they reviewed their performance and discussed any improvements that might be required.

## Learning, continuous improvement and innovation

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

Members of staff attended conferences and learning events to ensure the service was providing care that reflected the most up to date knowledge.

At the time of the inspection the service was planning to soon send out electronic consent forms. This would give patients more time to read and understand the information they were given. The information in the electronic consent forms could be translated to other languages, to support patients who did not speak English as their first language.