InHealth Endoscopy Unit - Bicester

Quality Report

Unit A4A, Pioneer Square
Bure Place
Bicester
OX26 6FA
Tel: 01869 228910
Website: www.inhealthgroup.com

Date of inspection visit: 1 October 2019
Date of publication: 09/12/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

InHealth Endoscopy Unit - Bicester is operated by InHealth Endoscopy Limited and forms part of a network of locations. The service is a community clinic and provides care and treatment to patients who are medically fit and stable. It accepts adult patient referrals and does not see any children or young people under the age of 18 years.

The clinic has one consultation/admission room, one procedure room, two single preparation/recovery rooms and a seated discharge area with two reclining chairs. The service is commissioned by NHS Oxfordshire Clinical Commissioning Group to provide colonoscopy, flexible sigmoidoscopy and gastroscopy for routine referrals. The clinic has an in-house endoscope decontamination facility and staff trained in its use.

The service provides care and treatment to patients referred by the NHS as part of an initiative to reduce waiting times.

We inspected this service using our comprehensive inspection methodology. We gave the service 24 hours' notice to ensure relevant staff were available and carried out a short-notice announced inspection on 1 October 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We have not previously inspected this service since it opened in October 2018. We rated it as **Good** overall.

We found the following good practice:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Processes for safe water management were robust and ensured patient's safety. Staff had taken immediate action where routine testing indicated a risk.
- The management team acted on audits and quality evaluations to continually identify opportunities for benchmarking and improvement.
- Staff managed areas such as medicines management and staffing, in line with established processes and protocols. The lead nurse ensured protocols were reviewed and updated in a timely fashion to reflect the latest national standards.
- The service had a waiting list and managed this well. Since opening in October 2018, the service had met the six-week diagnostic waiting time standard.
- Governance processes included all staff and helped the team to assess the quality of the service and to drive development and improvement. The governance structure was being expanded and improved as part of a five-year development plan.
- There was effective multidisciplinary working with other healthcare providers to ensure patients received the right care.
- Staff were compassionate and supportive to patients and relatives in their care. Staff communicated with patients in a manner that met their needs and offered opportunities for patients to ask questions.
- Patients' dignity was always maintained and there were effective arrangements to involve relatives as much as patients wanted.
- Feedback from patients and relatives was positive.

However, we also found the following issues that the service provider needs to improve:

- The service needed to improve overall compliance rates for mandatory and service specific training requirements.

Summary of findings

- Although security throughout the unit was effective, we found some doors to clinical areas did not close properly and keys were left in doors that were meant to be kept secure.
- The cabinet containing cleaning fluids had a broken lock and these hazardous substances could not be safely stored
- Medical gases were not always safely stored.
- Although overall standards of infection control were good, some staff were seen to be not bare below the elbow or have tied their hair back.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Contents

Good

InHealth Endoscopy Clinic - Bicester

Services we looked at:
Endoscopy

Summary of this inspection

Background to InHealth Endoscopy Unit - Bicester

InHealth Endoscopy Unit - Bicester is operated by InHealth Endoscopy Limited. The service opened in October 2018 and is part of an independent sector provider delivering primarily NHS commissioned services in Oxfordshire. They are commissioned to deliver routine and urgent suspected cancer direct access for GPs to colonoscopy, flexible sigmoidoscopy and gastroscopy procedures. Their aim is to provide access to services within the national 6 week wait period (for routine referrals) and 10 days (for urgent suspected cancer referrals).

It provides endoscopy services for adults, does not see any children or young people under the age of 18 years and serves a diverse community. It also accepts patient referrals from outside this area.

The service is registered to provide one regulated activity:

• Diagnostic and screening procedures.

The service has had a registered manager in post since it opened in October 2018.

The service shares some clinical spaces with Echocardiology screening services, which are operated by separate providers in the organisation's group. These have a separate CQC registration and we did not inspect this service.

We have not previously inspected this service.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor with expertise in endoscopy. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about InHealth Endoscopy Unit - Bicester

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures

The service provides appointments from 8am to 6pm Monday to Friday with some Saturday sessions available based on demand and availability of staff.

During the inspection, we visited all areas in which care is provided. We spoke with 11 staff including registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with two patients and two relatives.

We reviewed policies, audits and meeting minutes. We observed the patient process from arrival to departure, looked at a sample of three patients' records and observed care being delivered.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity from October 2018 to June 2019:

• Colonoscopy: 809

• Flexible sigmoidoscopy: 159

• Nasal Gastroscopy: 1573

All procedures were NHS-funded as the service did not provide privately funded diagnostic procedures.

A clinical lead endoscopist, three registered nurses, four healthcare support workers and two administration staff

Summary of this inspection

worked in the service, led by a lead nurse and a senior nurse. Three medical endoscopists and four nurse endoscopists were employed by InHealth or worked in the service under practising privileges. The service had vacancies for two registered nurses and two healthcare support workers, although two healthcare support workers had been recruited at the time of our inspection.

Track record on safety (October 2018 to June 2019):

- No never events
- No serious injuries
- No incidences of service-acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidences of service-acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (C.diff)
- No incidences of hospital acquired E-Coli
- Eight complaints of which six were upheld

The service provides non-clinical space to other services in the provider's organisation and these are not included in our inspection report.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Laundry
- Maintenance of medical equipment
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and monitored compliance.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risks well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well**.**
- Staff completed and updated risk assessments for each patient to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- The service needed to improve overall compliance rates for mandatory and service specific training requirements.
- Although security throughout the unit was effective, we found some doors to clinical areas did not close properly and keys were left in doors that were meant to be kept locked.
- The cabinet containing cleaning fluids had a broken lock and these hazardous substances could not be safely stored.
- Medical gases were not always safely stored.

Are services effective?

We do not rate effective however we found the following areas of good practice:

Summary of this inspection

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Are services caring?

Good

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- 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.
- 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.
- On average, the waiting times for suspected cancer referrals range from 7-10 days, compared with the national standard of 14 days.

Summary of this inspection

- It was easy for people to give feedback and raise concerns about care received and the service treated concerns and complaints seriously.

Are services well-led?

Good

We rated it as **Good** because:

- Managers at all levels had the integrity, 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 service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff felt respected, supported and valued and they were focused on the needs of patients receiving care.
- The service had an open culture where patients, their families and staff could raise concerns without fear.
- 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.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- 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.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Endoscopy	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

Good

Endoscopy

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are endoscopy services safe?

Good

This was the first time we have rated this service. We rated it as **good.**

Mandatory training

The service provided mandatory training in key skills to all staff and monitored compliance.

All staff undertook a programme of fourteen mandatory training modules that reflected the needs of the service, including: health and safety, fire safety, infection control, information governance, safeguarding, managing conflict, manual handling and basic life support. New staff completed mandatory training initially as part of their induction and safety orientation, which included procedures for non-clinical emergencies and cardiac arrest.

At the time of our inspection, 10 of 14 permanent and bank staff were fully up to date with mandatory training. The lead nurse for the service managed staff compliance and provided time for staff to complete training as required.

In addition to mandatory training staff completed endoscopy induction competencies and training in specific areas such as the admission, decontamination of equipment and discharge rooms. Staff had access to an electronic learning platform where they completed their mandatory e-learning alongside face to face sessions such as manual handling.

Mandatory training was delivered through a combination of online learning and practical training sessions and staff spoke positively of both.

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.

Although the service did not see any children or young people under the age of 18 years there were in date policies both for Safeguarding Adults and Safeguarding Children. The policies included information and guidance for staff such as information about what abuse is and a flow chart of actions to take if safeguarding concerns were raised.

The service performed safety checks on all new employees as outlined in an in-date, version controlled InHealth Safeguarding policy. This included confirmation of identity, enhanced and standard Disclosure and Barring Service (DBS) checks, reference checks and employment history.

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it. Except for a new starter, all nursing and administrative staff had completed their level two children's safeguarding and level one and two adult safeguarding training.

Staff understood their responsibilities to report safeguarding concerns. The provider had a safeguarding lead and staff told us they knew how to access them. They told us they had never had to make a safeguarding referral for any patient who attended the clinic.

Cleanliness, infection control and hygiene

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

The World Health Organisation (WHO), five steps to hand hygiene were displayed at each handwashing sink and we observed staff follow these consistently. However, we noted staff were not always bare below the elbow and wore watches and jewellery. Some nursing staff did not have their hair tied back. We highlighted this during the inspection feedback and after the inspection we have received assurances all staff have re-read the provider policy on infection control and prevention. Audits will continue to be carried out to measure effectiveness.

The unit looked visibly clean. Each area in the clinic had an established cleaning schedule, which contracted cleaning staff adhered to each day the service was open.

We observed staff adhering to best practice in the management and decontamination of endoscopes in line with Health Technical Memorandum 01-06: Decontamination of flexible endoscopes (2016). We observed staff manually cleaning scopes immediately after completion of procedures, this was followed with a manual brush clean. There was a clear flow of dirty to clean instrumentation within the decontamination area.

Staff had access to suitable sinks for manual cleaning of endoscopes. All scopes were processed in a central washer and either re used for ongoing list or vacuum packed for storage. This process observed guidelines from the British Society of Gastroenterology which states a scope should be used within 3 hours of cleaning unless placed in a drying cabinet. We saw this process was followed as there were no drying cabinets at these premises.

Once a scope had been used for a procedure, they were recorded in a logbook with a time, date and patient NHS number and scope use date. A label with this information was added into the patient record to complete the tracking cycle.

We saw evidence of daily and weekly testing reports to the NHS guidance HTM 01.06 (WHTM 01.06/V2.0 Compliant Endoscope Decontamination Unit) BS EN 15883 parts 1,2, and 4 BS ENISO 14971:2007. Medical devices and test reports were validated by an independent authorising engineer in decontamination.

The service had a good track record on infection control management and had no reported infections in the previous 12 months.

Staff tested the water supply for bacteria daily and did not start seeing patients until they had verified the result. They sent weekly water samples to an external laboratory for more detailed testing. Should a bacterium be identified in the water the team were able to describe the action they would take to keep patients safe. This would include following manufacturer guidelines in decontaminating equipment and transferring booked patient appointments to other clinics.

The service monitored the water supply for the risk of Legionella. We saw evidence of current checks which were clear. Legionella is a type of bacteria that can grow and present health risks to people through poor water supply management.

All cleaning agents used during the decontamination process were kept in a metal lockable cupboard in a storage room. The storage room was in a corridor only able to be accessed by authorised staff. Although at the time of our inspection the lock on the cupboard was broken. We highlighted this to the service during the inspection and were told this had only recently happened and been reported for repair. After the inspection we have been informed a replacement cupboard had been ordered.

Staff followed national guidance for the use of personal protective equipment (PPE) such as gloves, aprons and visors when carrying out manual cleaning of the endoscopes. We observed staff remove PPE and wash their hands before leaving the decontamination room and enter the clean room for emptying of the endoscope washer-disinfector (EWD). Clean endoscopes were placed in sealed or vacuum sealed packs and there were arrangements to ensure recommended standards for use of clean scopes did not exceed the three-hour expiry time in line with national guidance Health Technical memorandum 01-06, 2016.

All staff responsible for decontamination processes had up to date competency-based training and

equipment-specific cleaning training based on manufacturer guidance. Healthcare support workers (HCSWs) led the decontamination process. One HCSW was responsible for both the clean and dirty processes and we saw they used well-established processes to reduce the risk of cross-contamination. The service was fully compliant with the Department of Health and Social Care (DH) Health Building Note (HBN) 00/09 in relation to infection control in the built environment and with HBN 00/10 in relation to infection control and flooring.

There was no physical segregation between the clean and dirty area, which presented a risk of contamination. However, the service controlled these risks well and decontamination standards were in line with Department of Health and Social Care (DH) Health Technical Memorandum (HTM) 01-06.

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**.**

Access to the clinic was through a door from the high street which was monitored by reception staff. Patients would attend the desk, sit in the waiting room and wait to be escorted into the clinic. Access to the clinic, clinical and administration areas was though restricted access doors which were opened by a key-fob.

The recovery area was mixed sex but the two patient rooms, or pods, were separated by a wall and glass was frosted, which meant that patients could not see each other and they provided privacy.

Resuscitation equipment was in the recovery room and included clinical items for adults and children in an emergency. A designated member of the clinic team checked this equipment on each day the clinical was open. However, there was no facility for the safe storage of the oxygen cylinder which was laid on top of the trolley. This meant there was a risk the cylinder could be damaged or cause an accident if it fell off the trolley. We advised the service during the inspection who said they would secure the cylinder. After the inspection we received confirmation a bracket had been purchased and fitted to secure the oxygen cylinder safely to the trolley.

An automatic external defibrillator was included with the resuscitation trolley. An anaphylaxis kit was in date and formed part of the emergency equipment.

Emergency equipment was available for staff in the event a patient suffered a major haemorrhage (blood loss) during a procedure. There were emergencies procedures for staff to follow. These included the use of clips to stop bleeding. These were available for all procedures and staff were familiar with how these should be fitted. Patients with high risk of bleeding from endoscopy procedures were not accepted for diagnostic endoscopy procedures at this location and they were excluded at the referral triage stage.

Staff managed sharps in line with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 and waste in line with Department of Health and Social Care national guidance on the management of healthcare waste. Clinical staff were required to demonstrate competence and knowledge of the provider's standards as part of their mandatory training and induction.

Clinical waste was handled, stored and removed in a safe way. Staff segregated and handled waste in line with national guidance.

The service undertook assessments of their activities in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

An emergency eye wash and biohazard spillage kit were available in the clinic and staff demonstrated knowledge of how to use this. The equipment was in date and well-maintained.

We reviewed randomly chosen consumables used by the service and found these to be within date and in sealed packaging.

The service had an asset log which tracked all items of equipment which were under contract with a third party. InHealth held contracts with third parties for the maintenance of electro-mechanical equipment such as blood pressure machines, resuscitation equipment, suction units, scopes and diathermy units.

Medical equipment had Planned Preventive Maintenance (PPM) or service scheduled for once or twice a year. Whilst the service asset register identified which third party was

responsible for which piece of equipment it did not have PPM dates included. InHealth told us that was because the third parties held the service schedules for these and planned visits as per their schedule.

Staff had access to suitable equipment. Staff told us there were enough endoscopes (tubular instrument used to look inside the body) to complete procedure lists. There were enough endoscope washer-disinfectors (EWDs) to ensure endoscopes were washed and disinfected in line with national guidance. We looked at five pieces of equipment and found these were all within their service date.

InHealth owned all the endoscopes used and these were maintained through a service contract with the manufacturer.

Staff used an electronic system to track endoscopes and decontamination. This logged each endoscope to a specific procedure and patient in line with national best practice and this information was stored and tracked digitally.

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.

Patient referrals were triaged by the InHealth Patient Referral Centre (PRC) and referred onto the different services/locations operated by InHealth Limited. This was to ensure patients were suitable to undergo endoscopy procedures in a community- based service. The service had a list of referral criteria which included patient related exclusion criteria. For example, patients with specific heart and lung conditions and patients weighing over 220 kg (due to the weight limits on equipment such as trolleys).

The provider sent out specific procedure information pack by post or e-mail to patients in advance of their appointment. The pack detailed what the patient might expect to happen on the day of their procedure, and both during and after the procedure itself. The pack also contained information regarding types of sedation used and instructions about how to prepare for the procedure. These included advice concerning medications patients may be taking and information regarding possible side effects, risks or complications.

The pack also contained a health questionnaire for the patient to complete and bring with them on the day of their appointment. Some of the questions asked related to previous medical conditions such as allergies, heart attack or stroke, high blood pressure and whether the patient had ever been advised they were at risk of CJD or Variant CJD.

Staff attended a 'safety huddle' at the start of each clinic to discuss the procedure list, identify any risks to their patients, any issues with equipment and if so, what the contingency plans would be. We did not arrive in time to see the huddle take place, however, all staff we spoke were able to describe the process to us.

We observed staff use appropriate positive patient identification before they delivered care or discussed personal details and provided each patient with an identity bracelet.

Staff monitored patients before, during and after procedures and for patients who had received conscious sedation. Staff checked patients' vital observations on admission and confirmed details of any allergies, previous medical history including conditions and treatment for diabetes, raised blood pressure and if patients took blood thinning medicines. The information pack sent to patients gave advice regarding current medications. If a patient had not followed the advice, the admitting nurse would discuss the situation with the endoscopist who was due to perform the procedure.

Staff reviewed the symptoms that led to a referral for an endoscopy procedure and explained the procedure to patients giving them time to ask questions. This also included a risk assessment to determine if patients were suitable to receive a medical gas used to manage pain during procedures. Staff checked with patients if prescribed preparations known as 'bowel prep' had been taken and when the patient last had food and fluids. This was documented in the endoscopy care pathway, which followed the patient through the episode of care.

Leaders ensured employees who were involved in the invasive procedures were educated in good safety practice. We observed staff use the World Health Organisations (WHO) safety checklist to deliver safe procedures for patients.

Staff monitored patients throughout the procedure. One member of the nursing staff was allocated to this task.

Patients' vital observations were monitored and recorded with regular intervals. They also spoke with the patient as a way of observing their well-being including any signs of pain and to keep them informed of when changes of position was required. Once the procedure was completed the nurse handed over to a nurse from the recovery suite.

Standard operating procedures were in place for patient transfers, including for emergency and non-emergency transfers. This included a detailed process to ensure staff followed consent guidelines and made patient's medical information available to the receiving service in an emergency. Patients were medically fit when attending the service and as such emergency transfers were unlikely. No transfers had been necessary since the service had opened, however, all staff demonstrated an understanding of the process.

A qualified medical or nurse endoscopist was always on site during active list times and a nurse was always on site when patients were in the recovery suite. Nurses carried out independent assessments using the ABCDE (airway, breathing, circulation, disability, exposure) tool and used an emergency procedure in the event a patient needed urgent care. This involved stabilising the patient and calling 999 for an emergency transfer.

Clinical emergency procedures were displayed in the clinic and were based on Resuscitation Council (UK) guidelines relating to cardiopulmonary resuscitation (CPR). However, the printed sign was small and difficult to read. We alerted the provider who told us they would review the sign to make it easier to read.

Nurse staffing

The service had enough nursing and support 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 and agency staff a full induction.

InHealth used a safe staffing calculator to ensure the correct mix of staff could be planned in relation to the size and type of lists that they ran. This ensured that the right amount of staff could be planned as the numbers required per shift were not always the same.

In the event of unexpected short staffing, the clinician in charge of the shift used an established standard operating procedure (SOP) to carry out a risk assessment to continue offering appointments. Where the skill mix or numbers of staff fell short of the required minimum to ensure patient safety, staff followed the procedure to cancel and reschedule patients.

The service had nursing vacancies and used bank and agency staff to ensure safe staffing levels. The service had two vacancies for band 5 registered nurses and two vacancies for health care support workers. Recruitment was on going and the service had recently made offers of employment in relation to the two health care support worker vacancies.

Senior management team told us they recognised the importance of consistent staff when they could not access their own bank staff. The service had a preferred supplier agreement with an approved organisation, which was required to provide evidence of employment checks, disclosure and barring service (DBS) and references as part of the agreement.

Registered nurses led clinical processes and roles were well-defined. On each shift the admissions and recovery processes were nurse-led. Either two nurses or one nurse and one healthcare support worker were always present in the procedure room.

Clinical staff provided a telephone advice service for patients, which they could access if they became unwell and needed advice after a procedure.

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

The service had enough medical and nurse endoscopists on every shift, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.

There were arrangements for regular granting and review of medical staff working under practising privileges. This

is a well-established process within the independent hospital healthcare sector where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice.

All endoscopies were performed by one of four medical and three nurse endoscopists, who were either employed by InHealth or used a practising privilege arrangement. The service kept an up to date spreadsheet which identified what training had been completed, when appraisals were completed, indemnity arrangements and renewal dates. The service had an in-date version controlled practising privileges policy which outlined the responsibilities that staff managing and working in the service should adhere to. All staff working under practising privileges attended an annual review. At this meeting, they were asked to provide evidence for their up-to-date training and continuous personal development to meet General Medical Council standards.

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 a paper- based endoscopy pathway to document information, care and treatment given. This covered care and treatment given during the admission, the procedure and the recovery phase through to discharge. The administrator prepared the paper documents for each clinic to ensure all documents were available to staff. Patient records were kept in a closed but unlocked trolley in the recovery area. However, there was always a nurse present in the area.

Handwritten notes were scanned after every episode of care and then shredded. GP summaries were sent electronically or if unable to do so they were sent by post. Notes were always kept confidentially, and we did not see any notes left unattended. Notes in the recovery area were kept in a concealed box whilst the patient waited for their procedure.

Staff used a picture archiving and communication system that meant records and diagnostic results were readily accessible on site and could be shared electronically with referring doctors.

Clinical staff adhered to standards set out in the medical records policy, which the clinical quality team reviewed annually.

Endoscopists used an electronic reporting system, which included providing GPs with patient reports. This also provided tracking and tracing systems regarding decontamination of medical equipment such as endoscopes.

During the inspection, we reviewed three patient records and found staff had completed these with all relevant information as directed by the care pathway.

Medicines

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

Management and oversight of all aspects of medicines management was overseen at provider level by a multi-disciplinary 'Medicines Management Group', which met on a quarterly basis. Organisational pharmacist support and guidance was provided by InHealth's retained pharmacy advisor, a Consultant Pharmacist, who was available for specialist pharmacy advice and guidance.

Nurse endoscopists used patient group directions (PGDs) to administer sedatives and other medicines in line with the provider's established policy. This consisted of nitrous oxide gas, oxygen and rectal phosphate enema administration. PGDs are processes that enable staff with certain qualifications and training to administer medicines for specific conditions and under defined circumstances. All the PGDs were up to date and had been reviewed by the provider's pharmacist.

Systems were in place for the safe storage and disposal of medicines. This included temperature-controlled, secure storage with restricted access. The lead nurse was the responsible person for the safe and secure handling of medicine and audited stock monthly.

The service used a small number of controlled drugs and stored them safely. We saw all drugs in the controlled drug (CD) cupboard were in date, checked daily and signed for. The CD record book and order book were locked away when not in use.

Aside from the oxygen cylinder on top of the resuscitation trolley, medical gases were stored safely and securely.

Staff had access to and were knowledgeable about the use of a medicine to reverse the effects of conscious sedation. The strength of the sedating medicines was in line with guidance from the National Patient Safety Agency (2008).

Emergency medicine for anaphylaxis was kept on site as part of the emergency equipment and the lead nurse ensured the stock was in date.Clinical staff undertook additional training in medicines management to help identify potential side-effects in advance and plan appropriate interventions. This included training specific to the medicines commonly used in endoscopy and strategies to counteract sedation.

Incidents

Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

An incident and adverse event reporting system was well established, and staff demonstrated good knowledge of this. The system was evidence-based and provided staff with clear guidance on reporting responsibilities, including when external bodies needed to be informed of an event.

The policy stated the required actions staff should take depending on the nature and complexity of the incident. Actions were documented within the electronic reporting system. No incidents had been reported which had caused harm and therefore required investigation using a root cause analysis approach.

There had been no incidents reported between October 2018 and June 2019 that required duty of candour to be applied. Providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users). When things go wrong with care and treatment, providers must give reasonable support, truthful information and a written apology. We spoke with the lead nurse about duty of candour who had a clear understanding of when and how to apply duty of candour.

The service reported 18 incidents between October 2018 and June 2019.

Incidents were jointly investigated by the regional operations manager and the lead nurse.Incidents were discussed by the InHealth clinical governance team every week. Lessons learned from incidents were shared in a bi-annual quality circle meeting. This helped the senior team to monitor on-going safety in the service and to identify trends in relation to levels of risk.

All staff we spoke with knew how to report an incident, adverse event or near miss and understood the provider's reporting criteria.

Staff told us that any information and learning relating to incidents was cascaded down through the daily safety huddle, emails and the monthly newsletter.

Are endoscopy services effective?
(for example, treatment is effective)

We currently do not rate the effective domain for independent endoscopy services.

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.

The service had opened in October 2018 and were working towards accreditation by the Joint Advisory Group (JAG) on gastrointestinal (GI) endoscopy. JAG accreditation means the service has been assessed and evaluated against a range of quality, safety and service best practice standards. The service had been in communication with JAG regarding their accreditation and planned to achieve accreditation early in 2020.

The provider held ISO 9001:2015 accreditation for providing industry-standard clinical care. The registered manager ensured local standards of care and safety met the requirements of the accreditation, which denotes practice in line with national standards.

Staff followed National Institute for Health and Care Excellence (NICE) guidelines and quality standards of the British Society of Gastroenterology (BSG) for those patients who were diabetic or had clotting conditions and took blood thinning therapy.

The provider had an established system of rolling audits to benchmark standards of care internally and with national guidance. This included medicine and equipment stocktakes, washer disinfection and scope logs and the vetting of patient referrals.

Staff used audits for a range of purposes. For example, some audits were used to maintain good local standards, such as fire protocols. Other audits were in place to benchmark clinical practice against national standards and guidelines. For example, an audit to measure decontamination processes against those set by the Institute of Healthcare Engineering and Estate Management.

Nutrition and hydration

Staff gave patients refreshments after their procedure when it was safe to do so. Patients who had received local anaesthetic throat spray were informed when it would be safe for them to eat and drink post their procedure.

The service issued patients with pre-procedure requirements for nutrition and hydration, including bowel preparation packs and instructions for fasting.

Pain relief

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

Staff took actions to manage patients' discomfort during procedures. Staff monitored patients' comfort during procedures. Patients attending for a gastroscopy were given an anaesthetic throat spray to numb the throat and reduce discomfort during the procedure. Patients attending for flexible sigmoidoscopy and colonoscopy were offered conscious sedation during the procedure.

Patients were also offered a medical gas to alleviate discomfort if this was not contraindicated. During the admission process, patients were asked about their preferred choice of pain relief during the procedure and risks assessments associated with medical gases were discussed. This was in line with guidance from the National Institute for Health and Care Excellence (QS15, standard 10, 2012).

The endoscopist recorded patients' comfort score following the procedure. This was entered onto the Global Rating Scale as required by the Joint Advisory Group. Data including comfort scores were used to benchmark each endoscopist against each other and against national results.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

The service provided diagnostic results immediately after screening, which meant patients could review their treatment options with their GP or referring doctor at their next appointment. Where results, such as histology results, required further scrutiny, they told patients when to expect these.

The service's statement of purpose detailed the focus on ensuring patient outcomes consistent with current best practice guidelines and meeting expectations.

The service monitored the number of procedures carried out by each endoscopist and a range of quality standards in line with Joint Advisory Group (JAG) quality standards (2007).

The Global Rating Scale (GRS) is a quality improvement tool designed to support endoscopy services to implement quality improvement and to meet the JAG quality assurance standards.

The clinical lead periodically reviewed the GRS scores for individual endoscopists to ensure consistent standards of care and contributed this data to the national endoscopy database as a strategy to benchmark patient outcomes.

The provider set key performance indicators to ensure diagnostic reports were produced and shared with referring doctors in a timely manner. We did not see specific data regarding this however, the registered manager confirmed targets were being achieved.

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.

There were arrangements for the granting and reviewing of practising privileges. Staff working under practising

privileges met annually with a named InHealth line manager to review practice, appraisals, training and revalidation. We were told that in addition to the appraisal there was also an annual review with each endoscopist where their individual performance was discussed and benchmarked against peer endoscopists. Each medical endoscopist had a named responsible officer to support them with their annual appraisal and revalidation.

Nurse endoscopists working under practising privileges received their appraisals in the main place of working or from the InHealth lead nurse endoscopist or from the InHealth medical director.

Individual Endoscopist outcomes were monitored alongside the JAG, Global Rating Scale (GRS) on a quarterly basis and these results were discussed during appraisals, GRS results were also discussed during the governance meetings as a standard agenda item.

Nursing staff had competencies folders, which included roles specific to gastro-intestinal nursing based on Skills for Health, specific to Endoscopy. These were completed alongside, mandatory training and endoscopy induction competencies to ensure staff were comprehensively trained. E-learning modules were incorporated into the competency workbook and were discussed during yearly appraisals.

Staff responsible for decontamination undertook competency training, assessments and updates with the manufacturers of the equipment they used. These staff received training in the decontamination of endoscopes (END21) and procedures within the decontamination room.

Multidisciplinary working

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

Processes were in place to ensure staff could refer patients to secondary care services when their condition could not be fully managed in the community primary care setting. These referrals were time critical for patients to have further tests, commence treatment and for multidisciplinary review as required.

After each procedure the endoscopist sent a summary of their findings to the referring doctor and a copy to the patient's GP, if these were not the same person.

The service worked with a laboratory in a neighbouring NHS trust for the processing of samples taken during endoscopy procedures. Results were reviewed by the endoscopists who then completed a supplementary endoscopy report. This report was sent to the patients' GPs outlining the results of the samples taken and any recommended actions. Patients were advised to make an appointment with their GP to discuss the result of samples taken.

Seven-day services

The service was equipped to offer a seven-day service from 8am to 6pm and had offered a six-day service since opening in October 2018. The manager was gradually increasing the staff team and expanding the service towards its full seven-day capability.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

An up to date policy was in place that staff used as best practice guidance to obtain valid and informed consent. The policy was based on the principles of the Mental Health Act (1983) and the Mental Capacity Act (MCA) (2005). A separate policy provided guidance on obtaining consent from adults with reduced capacity, which included details of how to establish best interests care within the MCA.

Clinical staff were trained in the Mental Capacity Act (2005) and assessed patients for their capacity to retain information before carrying out procedures. This was in line with the provider's policy. Where clinicians were not assured of a patient's mental capacity, they cancelled the procedure and referred the patient back to their doctor.

Clinical staff obtained and documented consent prior to each procedure and adhered to best practice guidance from the General Medical Council (2013) for intimate procedures, including offering a chaperone. Where they identified barriers to obtaining full consent due to language understanding, staff arranged for an interpreter to assist with the process.

Good

Endoscopy

The provider sent out specific procedure information by post and e-mail to patients in advance of their appointment with a consent form for them to complete and bring with them. We observed nursing staff review the consent paperwork with patients during the admission process. This involved discussing possible risks, side effects and complications This was in line with the provider policy on consent.

The service had a withdrawal of consent policy, which patients could act on at any time, including if they were under sedation.

Consent was re-affirmed with the patient in the procedure room, as part of the WHO check list, by nursing staff asking the patient if they had signed the consent form.

We saw audit results of WHO checklists and patients notes carried out by the service which demonstrated good compliance with completion of the forms.

Are endoscopy services caring?

Good

This was the first time we have rated this service. We rated it as **good.**

Compassionate care

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

This service gathered patent feedback in a variety of ways. We observed how patients were given feedback comment cards in recovery prior to discharge. The annual patient survey results for 2019 showed that 71% of patients found the service to be excellent, 25% very good, 4% found it to be good, there were no reported findings of fair or poor.

During our inspection we observed how staff interacted compassionately with patients who were treated with dignity and respect. We observed all staff spoke to patients with a caring attitude, dignity and respect. This was in line with the provider's privacy and dignity policy, which established seven key standards for staff to follow. For example, one key standard was the need to respect personal boundaries and space. We saw staff adhered to this, such as when they collected patients from the waiting room and assessed whether the patient was comfortable with a formal or informal approach to being escorted and to communication.

Privacy and dignity were embedded in the statement of purpose and detailed the standard of service patients could expect, which also acted as a framework for care delivery. This included providing assistance that was discreet and dignified and ensuring private areas were available for consultation and treatment.

Care and compassion were also embedded in the service mission and values and senior staff adhered to its principles when developing and delivering the service.

We observed that patients' dignity was maintained throughout the appointment. Staff admitted patients in the admissions room, which provided opportunities for confidential conversations.

In the clinical area, patient's privacy and dignity was maintained with the use of preparation / recovery rooms where patients changed into dignity shorts for lower gastro-intestinal procedures. The recovery suite consisted of two separate preparation / recovery rooms or pods and a curtained seating area, with two chairs, that enabled male and females to be segregated.

Staff supervised patients to avoid accidental entrance to the clinical procedure room. Staff instructed patients to wait in the preparation / recovery room and they then walked into the procedure room where they would be transferred on to a trolley.

The recovery area was segregated into rooms or pods to provide privacy. Staff discharged patients after a conversation in their pod. This ensured privacy for confidential conversations and offered patients an opportunity to ask additional questions.

Patients and relatives spoke highly of the kindness of the staff. They told us staff gave them the information they needed.

The service sought the views of patients and their relatives through completion of the NHS friends and family test. We reviewed a result of these as at June 2019. The response rate was 36% for those patients who had

attended for a procedure. The results demonstrated that 97% were very likely or likely to recommend the service. The annual survey for 2019, showed 100% patients felt that their privacy and dignity had been respected.

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 the procedures and potential diagnosis could have on patients.

Staff asked and observed non-verbal signs of patients feeling anxious. Staff took time to reassure patients and provided additional explanations when this was required. This was in line with guidance from the National Institute for Care and Health Excellence (QS15, 2012).

Patients received diagnostic results on the same day as screening and clinical staff provided emotional support and guidance when results were upsetting or unexpected. There were dedicated areas for difficult discussions.

One member of staff was present during each procedure to act as an advocate for the patient. This meant they were dedicated to monitoring the needs of the patient and to providing emotional support to reduce anxiety during procedures.

Understanding and involvement of patients and those close to them

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

The endoscopist provided feedback about findings straight after the procedure. This information included findings during the procedure, information about aftercare and onward referrals as applicable. We observed staff handover to the nurses in the recovery area that the endoscopist would see the patient before they were discharged, if they were not assured the patient had fully understood or was affected by the sedation medicines.

There were effective processes to involve patients and their relatives to enhance and ensure their understanding of the procedure and aftercare. Staff welcomed relatives to join in during the admission and discharge stages of the appointment, if this was the wish of the patient. This encouraged opportunities for patients and relatives to ask questions and discuss information to ensure and promote understanding.

Staff used a comfort score system during procedures to ensure they understood how patients were feeling, in line with Joint Advisory Group (JAG) audit standards. Staff documented this within patient records and the provider told us these results were analysed on a bi-annual basis.

Are endoscopy services responsive to people's needs?

(for example, to feedback?)

Good

This was the first time we have rated this service. We rated it 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.

The service worked under contract with the local clinical commissioning group. There were agreed referral criteria for patients attending for procedures, which had been agreed with commissioning stakeholders.

Information was provided prior to any procedure in the form of comprehensive information booklets which included fasting detail and, information about specific medications. If patients required bowel preparation prior to their procedure, they were sent a pack with instructions. This was followed up with a phone call completed by a trained nurse who would be able to answer any questions. All patients received a text message reminding them of their appointment time and location.

Overall the premises were appropriate for the service it delivered. The endoscopy unit was situated and accessed on the ground floor. All clinical services took place on the ground floor. Administrative and decontamination

facilities were on the second floor and there was access by lift if required. There were ample parking spaces located within the shopping centre where the clinic was situated.

Disabled toilets were available; however, the facility did not cater for patients who required hoist transfers.

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 arranged for telephone interpreters to support patients who did not speak English during appointments. Staff had access to online translation services via the InHealth website.This meant they were assured of effective consent and safeguarding procedures where communication barriers existed. This also enabled the opportunity to facilitate effective discussions directly with patients who did not speak fluent English that related to difficult news.

The service had an up to date discrimination prevention policy that was compliant with the Equality Act (2010). This ensured staff delivered care without prejudice to protected characteristics. All staff undertook equality and diversity and person-centred care training. There was a clear care and treatment ethos based on individualised care.

Staff proactively contacted patients who did not return for planned follow-ups after a diagnosis or treatment.

Staff used a paper- based pathway document 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.

The service had processes and systems to monitor, review and optimise patient comfort levels. Comfort scores during procedures were captured for each patient using the Global Rating Score. The service monitored the average comfort score level for each endoscopist. The results were discussed at an annual performance review or sooner if required.

The recovery suite was equipped with toilet facilities and the service provided drinks and biscuits for patients to have before they left the clinic. The preparation / recovery rooms provided quiet areas for discussing challenging or difficult test results.

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.

The service operated as a community clinic and provided care to patients whose needs were within the scope of the service. Clinical staff carried out triage of referrals to ensure the clinic could meet their needs ahead of attendance.

The service operated to a six-week diagnostic waiting time standard and the electronic booking system managed this automatically. Clinicians reviewed each referral to ensure patients with urgent needs were prioritised and scheduled extended clinic times to meet patient needs.

Where a patient was unable to attend within six weeks of their referral, staff returned them to their referring doctor.

The provider had a centralised electronic patient referral system and a dedicated centre team that coordinated bookings. Patients accessed the service on referral from their GP. Appointments were on a pre-booked basis only and patients could typically access the service within six weeks of referral. On average, the waiting times for suspected cancer referrals range from 7-10 days, compared with the national standard of 14 days.

In June 2019 there were 258 (223 routine and 35 urgent) patients waiting for an examination or procedure. This was within the limits of the six-week diagnostic waiting time standard and a centralised team coordinated appointments to minimise waiting times.

From October 2018 to June 2019 the service had cancelled 17 appointment for non-clinical reasons. There were all reported as being because of an endoscope failure.

Two recovery beds were available in individual rooms with nurse supervision. This meant patients had private recovery space without the risk of a mixed-sex accommodation breach.

The operations support manager and regional operations manager carried out a weekly capacity and demand meeting to review waiting times and diagnostic waiting times.

From October 2018 to June 2019 the service was compliant with the six-week diagnostic waiting time standard routine referrals. For urgent (10 day wait) referrals, the service reported breaches in October, November, December 2018 and January 2019. As the capacity improved there have been no reported breaches for February, March, April, May or June 2019.With, on average, the waiting times for suspected cancer referrals range from 7-10 days, compared with the national standard of 14 days.

The service called each patient three days ahead of their appointment to confirm attendance and check they had received their pre-procedure information. The service told us that although their system automatically allocated patients in date order, their triage system could prioritise bookings in cases of clinical urgency.

The service monitored those patients who did not attend (DNA) for their appointment and reported these figures to the clinical commissioning groups that they held contracts with. We saw an extract from a contact with the local CCG which stated what should be done in cases of routine and urgent (cancer) DNA.

There were arrangements for onward referral to other healthcare providers for further investigation and/or treatment if this was required. During endoscopy procedures, the endoscopist could take a sample of the lining of the intestines. Samples were sent to a neighbouring trust for processing and patients were advised to contact their GP for results and to discuss further investigation and treatment. This information was also shared with the patients' GP through and electronic letter from the endoscopist in addition to the endoscopy report.

Staff gave patients a written report of the investigation before they left on the day of the procedure. Endoscopy reports were sent electronically to the patients' GP the same day. The endoscopist informed patients of the result of the procedure either in the procedure room or once they had recovered sufficiently from the medicines they had been given. The discharge nurse gave patients a copy of the report and explained the findings again and answered any questions the patient may have.

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 had an established complaints policy that was displayed in the waiting area and readily available on the website. All staff were trained in use of the complaints procedure and could signpost patients to the appropriate process to follow.

The registered manager offered to meet with complainants and staff used this as a strategy to deescalate concerns and issues when they occurred. The service set an initial acknowledgement time of 48 hours and a full response and resolution time of 20 working days from the date of receipt. The manager had met these standards in each complaint received in the service.

The director of clinical quality maintained oversight of the complaints policy. This included guidelines for escalating a complaint to adjudicators and external independent investigators if a complaint had not been resolved internally.

There were contact details included within patient information packs displayed in the reception if patients wanted to make a complaint. The service investigated formal complaints in line with their policy (Complaint policy, 2015). The service had received eight complaints between October 2018 and June 2019.

Staff said they learned about complaints and learning points during safety huddles.

Are endoscopy services well-led?

Good

This was the first time we have rated this service. We rated it as **good.**

Leadership

Managers at all levels had the integrity, 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.

A clinical lead and regional operations manager had overall responsibility for the service and the registered manager had responsibility for the day-to-day running of the service. The lead nurse worked clinically and provided leadership for the nursing and healthcare support worker teams. The established leadership structure meant staff always had a point of contact for support or escalation.

All staff we spoke with were positive about local and provider-level leadership. They said the manager was supportive and accessible and they had regular communication with the senior leadership team.

The registered manager, clinical lead and regional operations manager formed the leadership team with defined areas of responsibility. The provider's medical director led clinical supervision and professional leadership processes and maintained clinical oversight of all endoscopists. The provider's medical director provided support to the clinical lead. The senior clinic team were accountable to the executive team through an established leadership support structure.

Corporate support was also provided from a central hub for human resources support, governance and information technology.

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 an established vision and strategy which formed part of the statement of purpose. This was credible, had been developed by permanent members of the provider team and established the standards of quality the service aimed to achieve. Part of the standards required staff to ensure the patient was always the focus of their activity. To ensure they continually sought feedback.

There was a realistic strategy to deliver the service's priorities and to ensure care was sustainable. For example, the operating strategy included planning for consistent staffing levels and capacity management in line with trends and planning in the local health economy.

All staff we spoke with had good knowledge of the service's core values and understood their role in achieving them. The core values centred on providing a high-quality service with rapid access and results.

The provider reviewed the vision and strategy annually and updated it in line with service achievements and challenges and the needs in the local population.

The provider had an established clinical quality strategy with a goal completion date of 2020. This incorporated the service philosophy and outlined the ambitions of the service for development and growth.

The service was actively part of the provider's five-year clinical quality strategy, which included four key priorities centred within quality improvement activities. The strategy was designed to apply to all services within the provider's network, including community endoscopy services provided from this location.

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.

Senior staff told us that InHealth's values were passion, care, trust and fresh-thinking and to be the most valued and preferred provider by patients. These values were evident across the InHealth website and were displayed in the unit.

The leadership team promoted a positive culture and valued staff. We asked them what they were most proud of and they answered without hesitation the staff and teamwork.

Staff told us they liked working within the endoscopy unit. We spoke with some relatively new members of staff who told us they enjoyed the new challenges. They confirmed they had received a supportive and good induction process.

We observed positive interactions and camaraderie among staff. Staff helped each other when required and were observant of each other's needs.

Staff delivered care and treatment to meet the overarching mission of the provider; to ensure patients had access to reduced waiting times, timely diagnoses and improved care experience.

Care services were underpinned by a quality policy that detailed the objectives of the organisation and its commitment to professional standards and to meeting patient's expectations. Staff spoke positively of this, which demonstrably contributed to their motivation and the standard of care they delivered.

The service had adopted professional values and teamwork competencies based on best practice standards from Joint Advisory Group (JAG) and all clinical staff had completed this.

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 governance structure, which demonstrated accountability and communication pathways to ensure effective sharing of information. There were processes for effective communication from the service to the executive team and vice versa.

The clinical lead was accountable to the InHealth medical director whom they met with every six months or more often if required There was a corporate head of gastroenterology who had overall responsibility for governance and risk management across different locations delivering endoscopy services on behalf of InHealth.

The service's local nursing team was accountable to the InHealth regional operations manager who represented the service to the executive InHealth team, by attending monthly meetings. This meant information was shared with staff delivering the service every month.

There were local arrangements for incident reporting, complaint management, performance overview and planned meetings to support the governance of the service. At senior level, there was a weekly review of complaints, incidents, litigation and compliments. This meeting was attended by the InHealth regional operations manager.

The InHealth board held monthly meetings where performance was reviewed and benchmarked against other endoscopy units.

There was a six-monthly Quality Circle Meeting. The meeting was attended by clinical leads and nursing staff. We reviewed minutes of the last two meetings which included a standardised agenda including reviews of guidelines and patient information, Global Rating System (GRS) reviews and audits, adverse event and complaints.

There were bimonthly unit meetings chaired by the lead nurse, which was also the endoscopy user group meetings. This was for nursing staff and covered all endoscopy services provided at this location.

There was a range of policies available to staff for review for guidance. The policies were clearly laid out, date and version controlled, meaning updates to the policy were easy to identify. InHealth policies followed a standard template setting out the purpose, roles and responsibilities and monitoring requirements. For example, the complaints policy stated complaint reports should be reviewed quarterly by the corporate clinical governance teams and provided to the risk and governance committee.

There was a dedicated decontamination lead and the service had a good oversight on any decontamination issues. These issues were reported monthly and included topics such as washer disinfection and a twice-yearly decontamination audit. We saw issues were discussed at the monthly meetings as a standard agenda item.

Managing risks, 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 an in-date Risk Management Policy. This provided guidance and a systematic process to methodically identify, analyse, evaluate, reduce, monitor and communicate risks in every aspect of the business.

The registered manager maintained oversight of all risks to the service using a risk register, which the senior provider team monitored as part of organisational governance. The provider used a combined corporate, functional and local risk register to track all risks, including those relating to more than one clinic in their network. Corporate risks and functional risks referred to risks that involved multiple units in the network.

Significant risks were added to the InHealth functional or corporate risk register. These risks were reviewed and monitored by the 'complaint, litigation, incidents and compliments' (CLIC) group. The corporate head of gastroenterology produced a quarterly risk report, which outlined risks across all endoscopy location. This meant information was shared between different InHealth endoscopy services.

There were processes to raise awareness and implement actions for national safety alerts such as those communicated to the National Patient Safety Agency (NPSA). These were reviewed at corporate level and discussed at monthly InHealth Executive governance meetings. If actions were required, these were communicated to clinical leads at each location for action.

The provider used a monthly clinical governance report to monitor risks, safety and performance. We reviewed the reports from April 2019 to July 2019 and found reports clearly scrutinised areas of performance such as risks, incidents, significant events, compliments and complaints. The executive team used this process to monitor engagement with patients and referrers and acted on positive and negative comments to continually improve the service.

Managing information

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 service used an electronic platform to capture performance data about endoscopy procedures to capture compliance with national standards. Information stored electronically was secure.

Computer access was password protected and we observed staff logging out of computer systems when they left IT equipment.

Staff had access to up-to-date, accurate information about patients. Information included previous medical history, medicines and reasons for referral. Staff worked from paper copies and once the patient was discharged these were scanned into a specific IT software for safe electronic storage. Only designated staff had access to these records.

All staff completed information governance and GDPR training as part of their mandatory modules.

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.

The service acted on feedback from patients and visitors. For example, an independent external organisation analysed feedback on patient comment cards and advised the local team on themes and trends to help them improve the service. The manager used a 'you said, we did' display to demonstrate to patients how they acted on feedback.

Staff contributed to an annual survey that the provider used to develop service improvement plans in the local service and across the organisation.

The service worked closely with other clinics in the provider's network. New staff were encouraged to spend time working at another site as part of their induction and continuous development. This helped to build relationships between clinic teams, so staff were then prepared to provide cover in other clinics when colleagues were on holiday or unwell.

Staff meetings were held monthly. We looked at the minutes for one meeting that had taken place and saw it had been well-attended by staff from a range of different roles. The lead nurse had documented actions to suggestions and challenges.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Managers were investing in staff recruitment projects and had recently commenced a project to recruit staff from overseas. One nurse had been employed within the group from abroad and had relocated their immediate family to the UK with help from InHealth. The partner of the nurse was now also employed by the provider.

InHealth endoscopy units offered trans nasal oesphago-gastric-duodenoscopy (the scope is passed through the nose rather than through the mouth), which improved patient tolerance and comfort during the procedure. It also gave patients the opportunity to talk and swallow more naturally, therefore helping to reduce anxiety levels.

Outstanding practice and areas for improvement

Outstanding practice

InHealth endoscopy units offered trans nasal oesphago-gastric-duodenoscopy (the scope is passed through the nose rather than through the mouth), which provided a more comfortable experience for patients, reduced the need for sedation and improved patient tolerance during the procedure. It also gave patients the opportunity to talk and swallow more naturally, therefore helping to reduce anxiety levels.

The service had achieved better than average compliance with suspected urgent cancer referral national standard waiting times for a consistent five month period (February 2019 to June 2019).

Areas for improvement

Action the provider SHOULD take to improve

- The service should improve overall compliance rates for mandatory and service specific training requirements.
- The provider should review doors to clinical areas as some did not close properly and review the keys were left in doors that were meant to be locked.
- The provider should provide secure storage for oxygen cylinders used in emergencies.
- The provider should review standards of personal infection control as some staff were not bare below the elbow or had tied their hair back.