

InHealth Endoscopy Limited

# Braintree Community Hospital

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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, their families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients 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

#### Endoscopy

### Rating

Good



### Summary of each main service

This was the first time we had rated this service. We rated it as good. See the overall summary for details. We rated this service as good because it was safe, caring, responsive and well led. We do not rate effective for independent endoscopy services.

# Summary of findings

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# Summary of this inspection

## Background to Braintree Community Hospital

Braintree Community Hospital endoscopy service is operated by InHealth Endoscopy Limited. The service is part of an independent sector provider delivering primarily NHS commissioned services. It provides endoscopy services for adults and serves a diverse community from across mid Essex.

The unit has two preparation rooms, one consultation room, one procedure room, three single recovery bays and a seated discharge area.

The service is commissioned to provide colonoscopy, flexible sigmoidoscopy and gastroscopy for routine referrals.

The service had a clinical lead endoscopist, three endoscopists, four registered nurses, five healthcare support workers and one administrative staff member.

The service provides appointments from 8am to 6pm Monday to Saturday.

In the reporting period from May 2021 to June 2022, the service provided the following procedures:

- 1,426 colonoscopy
- 418 flexible sigmoidoscopy
- 1,940 gastroscopy

The service has had a registered manager in post since May 2020 and is registered to provide the following regulated activities:

- Diagnostic and screening procedures

## How we carried out this inspection

The team inspecting the service comprised a CQC lead inspector and a nurse specialist advisor and an offsite CQC inspection manager.

During the inspection, we visited all areas of the service, including consultation, treatment and decontamination rooms.

We spoke with seven staff members including the registered manager, the lead nurse and senior nurse. We observed clinical practice, spoke with two patients and reviewed nine sets of patients' records. We also reviewed information relating to service activities, company policies, performance, and patient feedback, both during and following the inspection.

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

# Summary of this inspection

## Outstanding practice

We found the following outstanding practice:

- The provider had been working with an international charity to help recruit from a pool of skilled refugees that had been displaced from their homes. The provider had offered 26 positions within endoscopy, and the Braintree service would be benefiting from this recruitment to help fill current vacancies.
- The service had made a commitment to green sustainability by establishing initiatives to reduce its waste.
- The service introduced training for staff to become a designated dignity champion. The dignity champion advocates for a compassionate, patient-centred and efficient service and also played an active role in influencing improvements to the way the service was delivered.

## Areas for improvement

**Action the service SHOULD take to improve:**

- The service should ensure that the policy for the review of practising privileges is always adhered to (Regulation 19).

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Endoscopy

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

## Are Endoscopy safe?

Good 

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

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of our inspection all staff had received mandatory training in safety systems, processes and practices.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was provided by a combination of e-learning and face-to-face training sessions, including adult basic life support, infection prevention and control, fire safety, manual handling, health and safety, equality and diversity, and safeguarding for both children and vulnerable adults.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Training was booked in advance of the expiration date to ensure staff were available to complete the training.

Endoscopists completed mandatory training at their substantive roles in the NHS and provided annual confirmation of completion of mandatory training to the service in line with the practising privileges policy. However, at the time of the inspection there were some gaps in the mandatory training compliance for the three endoscopists with practising privileges, including basic life support (BLS) and infection prevention and control (IPC) training. This was escalated to the registered manager.

Following the inspection, we were provided with confirmation that BLS training has been booked for endoscopists in August and September 2022. We also received confirmation that the outstanding IPC training had been completed.

### 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.**



# Endoscopy

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and vulnerable adults formed part of the mandatory training programme. All staff completed level 2 training for both children and adults safeguarding. This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018) and the Intercollegiate Document safeguarding children and young people: roles and competencies for healthcare staff (January 2019).

Safeguarding training had expired for the two endoscopist with practising privileges. We escalated this to the registered manager and were told that it has been raised with the medical director. Following the inspection, we were provided with an updated safeguarding training record for both doctors.

The service had named safeguarding leads who were trained to level four safeguarding adults and children. The safeguarding lead and the deputy were offsite but were contactable by email or telephone. All staff we spoke with knew who the safeguarding lead was and how to contact them.

The service had an up to date safeguarding policy in place which set out the responsibilities of staff and referred to legislation and national guidance. Staff had electronic access to the safeguarding policy.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We were told how staff would escalate any concerns to the clinical lead and local authority if necessary.

The service had an up-to-date chaperone policy. Clinical staff who undertook a chaperone role had received chaperone training.

There were no safeguarding incidents in the previous 12 months.

## Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service used an external cleaning company to clean all non-clinical areas. All clinical areas were cleaned by the clinical staff, before and after any treatments. We observed cleaning taking place after a procedure. This included fixed equipment such as examination beds and portable equipment.

The service generally performed well for cleanliness. Managers monitored the cleaning schedules and daily checks. The quarterly infection prevention and control showed 100% compliance with all cleaning, this included all equipment. Audit findings were shared with the team.

Staff hand hygiene audits were completed. Results showed full compliance with hand washing, sanitising and the use of gloves where appropriate.

Endoscopes were cleaned immediately after use. Used endoscopes were initially cleaned at the patient's bedside then passed from the procedure room to the decontamination room through a door for manual cleaning, leak testing and decontamination. The service had a system to track and trace equipment at each stage of the decontamination process in line with national guidance and Joint Advisory Group (JAG) accreditation.

# Endoscopy

Water quality sampling was carried out weekly to measure the level of bacteria in the final rinse water and if levels were outside of acceptable parameters, the equipment would not be used. Most of the records we reviewed showed bacteria levels had been within acceptable ranges and where it was outside the acceptable range, we saw actions that have been taken and any mitigation implemented.

The service had dedicated staff who managed the decontamination of equipment.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE in line with national guidance. Patients were asked to wear face masks and sanitise hands where appropriate throughout their appointments. The provider informed patients of COVID-19 arrangements before the patient attended the service. This included the completion of a COVID-19 declaration which was completed before arrival and a temperature check before entering the service. All patients would also complete a lateral flow COVID-19 test on the day of their procedure.

## 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.**

The service had suitable facilities to meet the needs of patients. There was a waiting area, separate admission room and a private waiting room which provides separate changing and toilet facilities for male and female patients. There was also a procedure room, a three bedded recovery bay and a seated discharge area with tea and coffee making facilities.

The procedure room was equipped with endoscopes and trolleys for carrying the clinical equipment required. The service had a system to track endoscopes and decontamination. Each endoscope was logged and tracked to a specific procedure and patient in line with national best practice.

Staff carried out daily safety checks of specialist endoscopy equipment. Staff told us they received training in the use and management of equipment directly from the manufacturers. We saw annual safety checks of equipment showing all equipment was safe to use.

The service had enough suitable equipment to help them to safely care for patients. Each area and procedure room contained suitable equipment for the procedures completed in that area. Each room had a supply of sterile and single use equipment such as needles, syringes and dressings. We saw that sterile items were stored in easily accessible trolleys and all items were checked for expiry regularly.

There was a fully equipped adult resuscitation trolley and a haemorrhage kit. This included medications for anaphylaxis, automated external defibrillator, airways and oxygen. Staff carried out daily safety checks of the specialist equipment including the resuscitation trolley to ensure all appropriate equipment was present and in fully working order.

Staff disposed of clinical waste safely. Sharps bins were labelled and used appropriately with no overfilled sharps' bins seen in the service. There was a service level agreement in place with an external company for a weekly collection of clinical waste. In the interim, waste was stored in a secure area external to the service.

Fire safety equipment was fit for purpose and in date. This included fire extinguishers, alarm system and emergency lighting. Practice fire drills were carried out regularly.

# Endoscopy

The service had procedures in place to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The service had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments included the patient's suitability for the procedure, which included, medical history, general health, age, existing health concerns, medications and other procedures.

The service had a patient selection criteria, based on the American Society of Anaesthesiologists (ASA) classification, that provided guidelines for the types of patients they treated.

The service used conscious sedation and staff completed patient clinical observations regularly throughout sedated procedures and monitored their conscious level to ensure patients were not too heavily sedated. Staff were aware of what actions to take if a patient became too heavily sedated, and reversal medicines were available. Patients undergoing sedation were required to have an escort for the journey home.

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

In the event of an emergency, staff would call emergency ambulance services to transfer the patient to an NHS hospital. All nursing staff were trained in immediate life support (ILS).

Staff completed the World Health Organisation (WHO) five steps to safer surgery checklist for all patients undergoing scoping procedures. This process ensured that all staff were aware of the patients planned procedure before commencement, and ensured patient safety following the procedure with a debrief. Staff safety briefs and debriefs were held before and after each procedure list.

The service had a major haemorrhage protocol and there was kit available. This meant patients would have access to immediate help in the event of a major haemorrhage whilst awaiting paramedics. There was enough emergency oxygen stored on site to provide urgent care to a patient if they deteriorated.

Sepsis training was a part of the mandatory training and at the time of our inspection all nursing staff were compliant.

Patients were discharged once they had recovered fully from their procedure and staff ensured their clinical observations were within normal parameters, they had eaten and drank as appropriate to procedure, and there were no adverse symptoms. Comprehensive post-procedure advice was given, along with a telephone contact number to gain advice both when the service was open and for the local NHS hospital outside of opening hours.

## 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.**

# Endoscopy

The service had enough nursing and support staff to keep patients safe, which was in line with national guidance this ensured endoscopy staffing met safe levels in the endoscopy suite, recovery and the decontamination area.

Managers accurately calculated and reviewed the number and grade of nurses, and healthcare assistants needed for each shift in accordance with national guidance.

The service had low vacancy rates. The service had three whole time equivalent (WTE) unfilled vacancies for registered nurses and 1.5 WTE for patient administrators. The service employed four registered nurses, five healthcare assistants and one administrative staff.

The service had reducing sickness rates. The average sickness rate of staff was 9.5% from January 2022 to June 2022. The service had high sickness rates in January, February and March 2022 of between 13% to 15%. This reduced from April to June 2022 to 3% and 5% respectively. The sickness rate included COVID-19 self-isolation.

The service had an increased rate in the use of agency nurses. The service used agency staff to cover 60.5 shifts from January to June 2022. The service block book agency nurses in order to have consistency and continuity of service delivery.

Managers ensured agency staff had a full induction and understood the service. The service did have bank staff, all bank staff were required to complete the same induction as substantive staff with competency sign off. Agency staff were given a local induction to the service and their competencies for endoscopy were discussed, documents we reviewed confirmed this.

## 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.**

The service had enough medical staff to keep patients safe. Medical staff worked under practising privileges. The clinical lead for the service was employed by InHealth. The clinical governance team and operations team maintained oversight of all doctors with practising privileges and monitored mandatory training completion in line with provider policy.

The service had a practising privileges policy which set out the terms and conditions for medical staff working under practising privileges.

The service had three regular consultants who completed sessional lists for endoscopy procedures and were responsible for reviewing pathology results for their patients and liaising with NHS trusts and patient GPs.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. Staff used secure electronic and paper-based patient records to document the patient's needs. Paper-based documentation was scanned and included with the electronic patient record.

# Endoscopy

We reviewed nine sets of patient records, all records were contemporaneous, legible, signed and dated. Staff had demonstrated patient information has been correctly recorded.

The service completed quarterly records audits and the World Health Organisation five steps to safer surgery check list audits. The record audits completed in July 2021 showed that only 11 out of the 25 records audited had been completed fully from admission to discharge. However, there was a significant improvement in the results of the documentation audit in September 2021 (20 out of 21), January 2022 (22 out of 25) and April 2022 (23 out of 25).

The WHO checklist audit for the same time period showed 100% compliant for all quarters apart from January 2022 where one WHO checklist was not completed correctly at the start of the procedure.

Records were stored securely, in locked filing cabinets within the administration office. Paper records were scanned to form the electronic patient record. Staff had individual usernames and passwords to access the records 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. We reviewed the service's policy for medicines management and saw it was version controlled and had been modified in May 2021. The policy was comprehensive and gave information regarding: the prescribing, storage, and dispensing of medicines; controlled drugs (CDs); record keeping; adverse drug reactions; and audits.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Patient records showed details of medicines being taken in advance of an appointment and the discussion completed during consultation regarding whether medicines should continue on the day of planned procedure.

Staff completed medicines records accurately and kept them up-to-date. We reviewed nine patients' records which detailed the dose of medicines, route and time of administration.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in the procedure room in locked cupboards in line with national guidance.

The service kept controlled drugs (CDs) at the premises and these were stored in the procedure room in line with national legislation. We reviewed the CD register during our inspection and saw all entries and checks had been completed appropriately and in line with guidance. We checked a range of medicines and all were in-date.

Nurses used patient group directions (PGDs) to administer medicines in line with the provider's established policy. Nurses completed additional training in medicines management as well as medicines management competencies on the use of patient group directions (PGD) and controlled medicines management.

The service completed quarterly medicines management audits which showed full compliance with the provider's procedure for the storage, security, record keeping and disposal of medicines.

Staff learned from safety alerts and incidents to improve practice. We saw that any safety alerts were shared by the service manager with the wider team.

# Endoscopy

## Incidents

**The service had processes in place to manage patient safety 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.**

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the service's policy.

From July 2021 to June 2022 the service had reported 37 incidents, 17 of which were clinical. There was one serious clinical incident and records showed the incidents were reported and investigated appropriately in line with the providers policy and feedback shared with staff to facilitate improvement and learning.

The service had no never events reported. Never Events are serious, largely preventable patient safety incidents that should not happen if all available preventative measures have been used.

Staff understood the duty of candour. They knew how to be open and transparent, and how to give patients and families a full explanation if and when things went wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was one incident reported that meet the threshold for the duty of candour.

## Are Endoscopy effective?

Inspected but not rated 

We do not currently rate effective 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.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as National Institute of Health and Care Excellence (NICE), the World Health Organisation (WHO), five steps to safer surgery checklist, and the American Society of Anaesthesiologists (ASA). Staff could access policies and procedures electronically.

Managers checked to make sure staff followed guidance. The service had an audit programme which reviewed staff compliance with policy, this included infection prevention and control audits, medicines management and pharmacy annual audit, and patient documentation audits. If non-compliance or the need for additional training was identified by the audit, this was addressed by managers and action was taken to ensure compliance or for staff to complete additional training.

## Nutrition and hydration

**Staff gave patients food and drink when needed.**

# Endoscopy

Patients were informed to arrive to appointments fasted at the time of their bookings and were reminded during pre-assessments on the telephone. Fasting times and bowel preparation for all procedure types were in line with national guidance.

Depending on the procedure they had, patients were offered a snack and hot or cold beverage of their choice after their procedure.

## Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Staff asked patients about pain during pre-assessments, during and after treatment. They documented pain using an established scoring system and documented this in the patient's records.

Sedation was available, and staff worked with patients to identify the most appropriate level of sedation for their individual needs and planned procedure.

## 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.**

Outcomes for patients were positive, consistent and met expectations. The service provided endoscopy results immediately after the procedure, which meant patients could review their treatment options with their GP or referring doctor at their next appointment. Where results, such as pathology results, required further scrutiny, staff informed patients when to expect these.

The service had key performance indicators (KPIs) in place to monitor performance. The service's performance consistently met the KPI standards in all areas. The service had a caecal intubation target rate of 95%, data provided by the service demonstrated this had been met consistently from January to June 2022.

The service audited polyp detection rate and polyp retrieval success rate (percentage) retroflexion. Records provided showed the service performed consistently to a high standard.

The service had target rate of 95% for bowel preparation quality. Audit data provided by the service showed that the bowel prep quality in colonoscopy and sigmoidoscopy was improving and close to the target rate at 94.5% for colonoscopy and 91.8% for sigmoidoscopy in quarter 2 of 2022.

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

Managers shared with staff audit outcomes. Records showed audits were discussed at monthly staff meetings.

# Endoscopy

The service received accreditation by the Joint Advisory Group (JAG) in October 2019 and was last assessed in November 2021. JAG accreditation is a patient-centred and workforce-focused scheme based on principles of independent assessment against recognised standards and is a formal recognition that a gastrointestinal endoscopy service has demonstrated competence to deliver against criteria set out in the JAG standards.

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care staff were registered with their appropriate professional bodies.

The service had systems and processes in place to receive evidence annually from doctors about appraisals and professional registration as part of their practising privileges agreement.

Managers gave all new staff a full induction tailored to their role before they started work. We saw evidence of competency based training for all clinical staff, which based on their role and responsibilities, including competency based assessment for each procedure, cleaning and decontamination of endoscopes and medicines management.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for the service was 100%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff attended continuing professional development courses.

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

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We saw the team worked very well together and delivered care and treatment in a co-ordinated way.

There were positive working relationships between all staff, and they told us they were all focused on providing the best care possible to patients. As the service was small, we were told the team communicated effectively.

Safety briefings and debriefs took place before and after each procedure list, attended by all staff, and we saw there was inclusive and supportive discussions. Briefings included an overview of the planned procedure, medication likely to be needed, potential risks and plans for discharge.

Staff worked across health care disciplines and with other agencies when required to care for patients. Histology samples were sent to the provider's pathology laboratory and test results were returned to the service within a maximum of five days. Results were reviewed by the endoscopist and sent to the patients GP or referring consultant to inform them of the findings.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**



# Endoscopy

The service is open Monday to Saturday 8am to 6pm

Referrals were triaged to ensure patients were on the correct pathway and listed for the correct investigation. Capacity would be reviewed to accommodate urgent requests.

## Health promotion

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

Staff assessed each patient's health at each appointment and provided support for any individual needs to live a healthier lifestyle. Endoscopists and nursing staff had individual conversations about diet and health promotion after procedures. Staff provided information on lifestyle choices which might relieve patients' symptoms. We saw examples of patient information leaflets.

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

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff explained how they would carry out and document a capacity assessment if required, using the mental health assessment questionnaire.

Staff received and kept up to date with training in the Mental Capacity Act, which formed part of the mandatory training programme. Records showed that 100% of staff had completed this training. Staff knew how to access policies on the Mental Capacity Act.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records.

## Are Endoscopy caring?

This was the first time we had 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.**

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. We observed interactions between staff and patients and saw that they were respectful, friendly and considerate. Care was taken to ensure privacy throughout their procedure.

# Endoscopy

Staff followed policy to keep patient care and treatment confidential. Patients had privacy for discussions pre procedure, during the procedure and in separate cubicles in the recovery area.

In the annual 2022 patient satisfaction survey 100% of patients said their privacy and dignity was respected during the procedure and while in recovery.

Patients said staff treated them well and with kindness. In the 2022 patient satisfaction survey 100% of patients that responded said that staff were kind, compassionate, caring and patient.

Patients had a positive experience at the service with 67% of patients rating their experience as excellent, 28% as very good and 5% as good.

We observed during our inspection that staff worked hard to ensure the patient's experience was comfortable and positive. Staff provided reassurance, information and support throughout their procedure; they actively encouraged patients to ask questions.

## Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us that staff listened to their concerns and responded to their needs. Patients said they were made to feel safe and comfortable during the procedure.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. All staff we spoke with had a clear focus on patient care and aimed to provide the highest standard of care possible to all patients at the service.

Staff demonstrated empathy when having difficult conversations. Staff spoke to patients with compassion and empathy when discussing the procedure or discussing any results.

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

## Understanding and involvement of patients and those close to them

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

Staff 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 said staff explained the procedure, checked what procedure they were having and checked their identity.

# Endoscopy

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment. Comments and survey results were discussed at team and management meetings with the aim of improving the patients experience.

Patients gave positive feedback about the service. In the 2022 patient satisfaction survey 94% of patients said risks and complications were explained to them and 99% said they had the opportunity to ask questions before signing a consent form. In addition, 100% of patients that responded said that results of the test were explained to them.

## Are Endoscopy responsive?

Good 

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

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

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

Managers planned and organised services, so they met the changing needs of the local population. The service planned services in consultation with the local clinical commissioning group and local NHS trust. The service was commissioned to provide community-based endoscopy service through GP referral on the six weeks pathway.

The service has an established inclusion and exclusion criteria which was agreed with the service commissioners. The service was open six days a week and provided elective endoscopy procedures by appointment only, at a time to meet the needs of the patient group. Appointments were generally arranged by telephone through a central booking team. Staff would assess whether patients met the referral criteria.

Staff said patients were contacted to book an appointment within 48 hours and were seen at the service within four weeks. Patients we spoke with confirmed being able to access the service in a timely manner. The environment was appropriate, and patient centred.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. The outcome of each contact was recorded. In the previous 12 months missed appointments were 0.9% and patient cancellations were 1.1%.

To reduce the number of missed appointments patients were telephoned 24 hours before the appointment. Staff also checked if patients understood all the instructions they needed to follow to prepare for the procedure to ensure they would attend fully prepared.

Managers also monitored and minimised any service cancellations by the service. In the previous 12 months service cancellations due to clinical reasons was 2.9% and non-clinical reason was 0.9%.

## 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.**

# Endoscopy

The service took account of patients' individual needs. Staff had access to communication aids to help patients become partners in their care and treatment. Communication needs were assessed, flagged up and reasonable adjustments implemented, to ensure patients had the information they required in line with Accessible Information Standards.

Staff could arrange for interpreters and written information in other formats or languages, including British Sign Language (BSL), if this was required. There was a hearing loop installed to support patients with hearing aids.

There was easy access to the facilities for patients with mobility difficulties. However, patients were required to be able to transfer on to the trolley unaided and to change position during the procedure with minimal assistance. This was outlined in the referral criteria.

There were effective systems to ensure information about the procedure and aftercare was shared before appointments. Patients received a text message to remind them of their appointments. Staff told us they informed patients of any delays on the day patients attended for their appointment.

## 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. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. There were regular capacity and demand meetings which allowed staff to review attendance rates and demand on the service.

The service monitored key performance indicators (KPIs) and provided information to the commissioners monthly. Procedures should be undertaken within six weeks of referral and the service monitored the reason for any delay, the appointment outcome and whether discharge summaries were sent within five working days. Patients were offered an earlier appointment based on clinical urgency.

Endoscopy reports were issued directly following the procedure and pathology reports within five days. An audit of bi-annual audit for report turnaround time in 2022, along with the KPI data, showed the service mostly met the five-day report writing target.

There was a suspected cancer pathway with agreed protocols for onward referral. Patients were given an information leaflet so they would know what to expect from the service as well as the local hospital once this referral was made.

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint policy stated complaints would be acknowledged within three days and fully investigated and responded to within 20 days. The policy described the process for independent external adjudication to settle any unresolved issues.

# Endoscopy

Managers investigated complaints and identified themes. The provider held weekly quality meeting where senior leaders discussed all complaints and reviewed the responses agreed by the investigating manager.

Managers shared feedback from complaints through emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received 10 complaints in the previous 12 months. Records showed they were resolved in line with the complaint's procedure.

## Are Endoscopy well-led?

Good 

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

### Leadership

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

The provider had a corporate management structure which included a chief executive officer, chief medical officer and a director of clinical quality. The unit was supported by the lead nurse and a clinical lead endoscopist. The service was overseen by the registered manager who was the Head of Endoscopy Statics. Day to day operational leadership was provided by the lead nurse and clinical lead.

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

The lead nurse demonstrated leadership and professionalism. All staff spoke very highly of the management team and felt they were always approachable and actively involved in all aspects of the service. Staff told us they were encouraged to develop their knowledge and skills and were supported to attend training courses.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

The service was focused on providing a high-quality endoscopy service for adults. The vision and mission were to make healthcare better, to be the most valued and preferred provider for patients and to increase the number of patients served from new locations.

All staff were introduced to the vision and mission when first employed during the corporate induction. We observed the vision was displayed on the staff noticeboard at the service.

# Endoscopy

The service had a clear vision and there was a clearly formulated strategy to deliver this vision. There were plans to develop a sustainable staffing model, understand the key market opportunities, maintaining operational efficiency and high clinical quality. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

## 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.**

Managers supported an open and honest culture through leading by example and promoting the service's values. Managers told us they operated an 'open door' policy and were always happy for staff to discuss, challenge and raise ideas. Staff corroborated this and said they always felt comfortable discussing ideas and raising concerns; they felt confident any issues would be responded to positively and dealt with appropriately.

All staff we spoke with told us they felt respected, supported and valued.

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

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

There was an effective clinical governance structure which included a range of meetings that were held regularly including an endoscopy senior management meeting, clinical governance meeting, staff meetings and an endoscopy user group meeting.

Staff discussed recruitment, mandatory training, appraisals and staff feedback at the monthly head of department meetings. Incidents and complaints were reviewed weekly at the Complaints, Litigation, Incidents & Compliments (CLIC) meeting. The CLIC team analysed incidents and complaints to identify shared learning to prevent reoccurrence at a local and organisational level.

Staff at the unit had monthly meetings. We saw that meeting minutes followed a set agenda which included details of performance, updates on risks, training and any feedback from patients or audit outcomes. Staff could access minutes which were stored in a shared electronic file.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Performance was monitored through an audit programme which included non-clinical and clinical areas such as infection control and prevention audits. Outcome from audits were shared with the team. Any non-compliance was addressed by managers and we were told that staff were responsive to any concerns raised.

## 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.**

# Endoscopy

The service had a risk register which detailed risks associated with the service and business continuity. Risks, actions, mitigations and designated responsibilities of staff were recorded clearly. We saw that the risks identified were reviewed regularly and any mitigations recorded. All risks were rated according to likelihood and impact, and actions to reduce risks were documented; these involved liaison with external services where appropriate.

Performance was monitored on a local and corporate level. Progress in delivering services was monitored through key performance indicators (KPI). Performance dashboards and reports were produced which enabled comparisons and benchmarking against other InHealth services.

The service had a planned programme of audits. We saw the programme was detailed and enabled managers to effectively monitor and review the quality of care and clinical processes, and to identify where improvements were needed. Managers had clear oversight of audit processes and progression.

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

## Information Management

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

Staff had access to the organisation's computer systems and could access latest guidance and communication about changes for the service.

Information Governance and confidentiality training were included as part of the staff induction and annual mandatory training programme, which ensured that staff were aware of the requirements of managing patient's information and that information was managed in line with the General Data Protection Regulations (GDPR).

Computer terminals were locked during the inspection or manned to prevent unauthorised access to patient information.

Managers told us that data relating to patient outcomes was routinely monitored. The results from patient surveys were reviewed and used to improve the service.

## 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 had monthly meetings with the commissioners and shared information on significant events, incidents, complaints and compliments.

The service completed annual patient satisfaction surveys, and the result was used to inform service development. The results of the 2022 patient satisfaction survey showed 67% of patients rated their experience of the service as excellent, 28% as very good and 5% as good.

# Endoscopy

The service completed a staff survey in 2022, however due to the poor uptake and to retain anonymity, this was not an internally published individualised result for the unit. Managers told us a new contract to provide the service had been finalised with the commissioners, and that they will be now working with the team to increase morale over the next couple of months and repeat the staff survey.

The service held monthly staff meetings to share information about safety, quality and performance. The lead nurse and the registered manager also disseminated corporate updates to staff.

## Learning, continuous improvement and innovation

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

The provider has been working with an international charity to help recruit from a pool of skilled refugees that have been displaced from their homes. The provider has offered 26 positions within endoscopy, and the Braintree service will be benefiting from this recruitment to help fill the current vacancies.

The service has made a commitment to green sustainability by establishing initiatives to reduce its waste.

The service has introduced training for staff to become a designated dignity champion. The dignity champion advocates for a compassionate, patient-centred and efficient service and also plays an active role in influencing improvements to the way the service is delivered.